THE DEVELOPMENT AND VALIDATION OF THE APPEARANCE SATISFACTION QUESTIONNAIRE-THE FIRST CULTURALLY APPROPRIATE MEASURE FOR BODY IMAGE IN BLACK WOMEN

A THESIS IN

Psychology

Presented to the Faculty of the University
of Missouri-Kansas City in partial fulfillment of
the requirements for the degree

MASTERS OF ARTS

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Kansas City, Missouri
2020

THE DEVELOPMENT AND VALIDATION OF THE APPEARANCE SATISFACTION QUESTIONNAIRE-THE FIRST CULTURALLY APPROPRIATE MEASURE FOR BODY IMAGE IN BLACK WOMEN

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ABSTRACT

Current theories in body image postulate that body dissatisfaction predicts eating disorder pathology. Previous research in body image with Black women claims that Black women do not experience body dissatisfaction and suggests that being Black may act as a protective factor against body image concerns. Alternatively, eating disorder research suggests that Black women engage in disordered eating behavior at similar, if not higher rates, when compared to White women. This discrepancy in findings may be due to the currently narrow understanding of body dissatisfaction. Research in body image and Black women suggest that Black women experience pressure to adhere to a body type not currently captured in body image measures. Specifically, they experience pressure to have a slim thick body (i.e., small waist, larger buttocks) with a lighter skin tone and straighter hair. The aim of this study was to assess the validity of a body image measure (the Appearance Satisfaction Questionnaire; ASQ) created to assess body image concerns specific to Black women. Further, it aimed to assess additional maladaptive behaviors and effects of poor body image in Black women (i.e., sexual risk taking behavior and acculturative stress). A total of 189 Black women were recruited through the university and snowball sampling. An exploratory factor analysis was conducted and three factors were identified (Slim Thick, Personal Beliefs,

and Societal Beliefs). The ASQ total and subscales demonstrated good internal consistency. Pearson product correlations demonstrated positive correlations with current body image measures and measures of disordered eating. The ASQ also demonstrated positive correlations with acculturative stress, but not sexual risk taking behaviors.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the College of Arts and Sciences have examined a thesis titled "The Development and Validation of the Appearance Satisfaction Questionnaire - The First Culturally Appropriate Measure for Body Image in Black Women," presented by Salomé Adelia Wilfred, candidate for the Master of Arts degree, and certify that in their opinion it is worthy of acceptance.

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ACKNOWLEDGMENTS

I would first like to thank my thesis chair, Dr. Jenny Lundgren, for her contributions and her endless support and constant words of encouragement. Her assistances and guidance to challenge current psychological theories has helped immensely in shaping the researcher I have dreamt of becoming. Next, I would like to thank Alicia Harrington for all her amazing assistance, for listening to me talk out my research methods, and her hard work in putting this survey together and disseminating it. I would like to thank the University of Missouri-Kansas City Inclusion and Diversity Department for funding this project. Finally, I would like to thank all the Black women who completed this survey and their willingness to be honest and share their important experiences.

CHAPTER 1

INTRODUCTION

Current theories about body image and body image dissatisfaction are not inclusive or culturally informed. This has resulted in inaccurate notions about the role of body image in the development of disordered eating behavior, as well as health behaviors broadly, in ethnically-underrepresented individuals. In order to improve health and body image satisfaction for underrepresented individuals, assessment methodology must be designed and new theories must be developed. This thesis aims to make a significant contribution toward these efforts.

Background of the Problem

Current body image literature postulates that Black women do not suffer from poor body image and suggests that being Black acts as a protective factor against the development of body dissatisfaction (Schaefer et al , 2018). A majority of these findings are based on research comparing Black women to White women. As an example of the methodological approach often taken in comparative body image studies, Quick and Byrd-Bredbenner (2014) had Black and White college women complete measures assessing body image, disordered eating behavior, socio-cultural media influences, and depression severity. They found that Black women, compared to White women, endorsed significantly fewer weight and shape concerns, fewer disordered eating behaviors, and less pressure to adhere to unrealistic weight and shape goals, and, consequently, concluded that being Black was protective against the development of eating disorders for the college women (Quick & Byrd-Benner, 2014). In contrast, when a comparative approach is not utilized in body image research, studies have found different conclusions. As an example, a study conducted *exclusively* with Black

women examined the relationship between internalization of the thin body ideal and disordered eating behavior. Researchers found that internalization of the thin body ideal was a predictor of drive for thinness and bulimic behaviors among Black college women (Gilbert et al., 2009). Unlike the study conducted by Quick and Byrd-Benner, Gilbert and colleagues examined the relationship between variables *within* group opposed to comparing the relationship between variables *among* racially different groups. The contrasting results from these studies demonstrate that a comparative approach does not reflect an accurate and nuanced understanding of Black women's body image experiences.

A significant limitation in body image research is the utilization of measures that were developed in predominately White female samples. Kelly and colleagues (2012) examined the validity of current measures used to assess body dissatisfaction and eating disorders. They found that many of the measures used to assess eating disorders and body image were not psychometrically equivalent across races. Measures assessing binge eating and other disordered eating behaviors demonstrated factor loadings that varied across race, suggesting that these measure may be assessing different underlying constructs between Black and White women. Investigators also found differences in slope intercepts across races on measures assessing body dissatisfaction. They proposed that Black women may have a lower threshold for endorsing items on certain measures of body dissatisfaction. (Kelly et al., 2012). Further, research has found that the body ideal among Black women does not align with that of White women. Specifically, Black culture appears to idealize long and straighter hair, lighter skin, bigger buttocks, and bigger breasts (Capodilupo, 2015), and more generally, an hour glass figure (Overstreet et al., 2010). Pop culture often refers to this body

type as slim thick. Most measures of body image are not designed to assess these body ideals or their potentially negative sequelae.

In addition to limitations with the assessment of body image among Black women, the current literature is overly focused on the relationship of body image to disordered eating behavior and ignores its potential association with increased risky sexual behaviors (Wingood et al., 2002) and acculturative stress (Perez et al., 2002). In relation to risky sexual behaviors, Crosby and colleagues (2002) interviewed 522 African-American adolescents to identify correlates with engagement in voluntary sex with casual partners. Researchers found that lower levels of body satisfaction correlated with voluntary sex with an increased number of causal partners (Crosby et al., 2002). This is particularly important because research on White women has demonstrated that lower levels of body satisfaction is related to *decreased* sexual behavior (Quinn-Nilas et al., 2016). These contrasting findings demonstrate that Black and White women's experience with poor body image may present differently. Researchers are unclear on cause of these differing results, but Crosby suggests that Black women with poor body image may have more casual partners because they feel their ability to find a long term partner is limited.

Additionally, there is limited research on sexual script development in Black women, but research has shown that African-American women's understanding of 'appropriate' sexual behaviors are informed through sex role socialization (Stephens & Phillips, 2005). Women's and African-American studies have identified images of African-Americans' sexuality. One prevalent image is the Jezebel. The Jezebel is presented as a sexually deviant, promiscuous Black women (West, 1995). This image remains prevalent in the media today. Due to the limited representation of Black women in the media and their presentation in

sexual roles, Black women may experience heighten pressure to adhere to the sexual script of Black women as promiscuous. Based on Crosby's findings (2002), body image concerns may impact their endorsement of the Jezebel stereotype and their engagement in risky sexual behaviors.

Finally, acculturative stress and its relationship with body dissatisfaction has not been extensively researched. Acculturative stress is defined as the stress which occurs as a result of adapting to a host culture (Berry, 1990). One source of this stress is discrimination, which is often experienced by individuals from historically underrepresented groups. Perez and colleagues (2002) found that Black women who reported high levels of acculturative stress also experienced high levels of body dissatisfaction and bulimic symptomatology. A better understanding of elements that influence body image in Black women may improve our pathway theories in the development and maintenance of body dissatisfaction and disordered eating in Black women.

Creating a measure that identifies and assesses body image concerns relevant to Black women could shift the field's current understanding and definition of body dissatisfaction. It may also assist in identifying the maladaptive health-related behaviors Black women engage in or experience due to body dissatisfaction, such as disordered eating, risky sexual behaviors, and acculturative stress.

Aims of the Current Study

This study aims to evaluate the psychometric properties and factor structure of a measure, the Appearance Satisfaction Questionnaire (ASQ), which was created to assess body image ideals and body image dissatisfaction among Black women in a culturally relevant way. A secondary aim of this study is to explore the relationship of body image

dissatisfaction with maladaptive health-related behaviors including disordered eating, sexual risk-taking, and acculturative stress.

Definition of Terms

Several terms that are frequently used in the body image and eating disorder literature will be used throughout this thesis. Common terms are defined below.

1. **Body image** is a construct that involves cognitive, emotional, behavioral, and interoceptive components related to one's body and how one views their body (Cash, 2012).
2. **Body dissatisfaction** refers to one's perception of and satisfaction with their physical attractiveness and appeal (Cash et al., 2002).
3. **Jezebel stereotype** is a portrayal of Black women as promiscuous, immoral, and sexual deviant (West, 1995). It originates from slave owners and was utilized to portray Black women as promiscuous individuals who seduced White males and therefore could not be perceived as rape victims, because Black women always desired sex (West, 1995).
4. **Internalization of the thin- ideal** is the degree to which an individual endorses and strives for beauty, thin body shape and weight, consistent with white, Western beauty standards. Internalization of this thin-ideal has been established as a risk factor for body dissatisfaction and the development of eating disorders in white females (Thompson & Stice, 2001).
5. **Sexual risk taking behaviors** include having multiple sexual partners, a non-monogamous partner, higher frequency of not using condoms during sexual activity, and higher frequency of unprotected sexual encounters (Wingood et al., 2002).

6. **Disordered eating behavior** includes behaviors that comprise DSM-5 eating disorder diagnoses, such as dietary restriction, purging of food and calories through multiple methods, binge eating, and excessive exercise (Neumark-Sztainer et al., 2007).

CHAPTER 2

REVIEW OF LITERATURE

Body Image

Body image is a complex construct that involves cognitive, emotional, behavioral, and interoceptive components related to one's body and how one views their body (Cash, 2012). Although one's body image can range from negative to positive, a large focus of research in body image is on the negative aspects, or body dissatisfaction, and its causal relationship to the development of eating disorders. This review will focus exclusively on these constructs in relation to body dissatisfaction.

Cognitions are the thoughts one has about their body. Cognitive aspects of body image include negative thoughts about one's weight and body shape (e.g., "my lips are too big, my breasts are too small"), overvaluation of weight and shape in relation to perception of self-worth or ability (e.g., equating thinness to individual success and well-being), and preoccupation with weight and shape (i.e., spending a lot of time thinking about weight and shape) which ultimately interferes with daily functioning (Cash & Brown, 1987). Attitudinal experiences for individuals with eating disorders is the belief that being thin is the only important aspect of their self-image and believing that they are weak, unlovable and incompetent if they are not thin (Cooper & Fairburn, 1987).

Emotional aspects of body image are the feelings an individual experience's in relation to their body. As an example, it is the intense and definite fear of gaining weight that drives disordered eating behavior (Cooper & Fairburn, 1993).

Behavioral aspects of body image are the actions that one engages in as a result of their body image concerns (e.g., body avoidance and body checking; Fairburn, 2008). Body

avoidance behaviors often include the avoidance of mirrors, weighing machines, wearing tight clothes or being photographed. This avoidance is usually due to the emotional distress that occurs when one is exposed to their body (Rosen, 1990). Body checking behaviors can include frequent weighing and shape checking through pinching or touching certain body parts of concern, measuring body parts, assessing the tightness of clothes, or frequently looking in mirrors to check certain body parts (Fairburn, 2008).

The final facet of body image is interoception. Interoception relates to the sensory and perceptual experience of one's body (Cash & Green, 1986). For example, research has demonstrated that individuals with anorexia nervosa and bulimia nervosa significantly overestimated their body size compared to healthy controls (Mohr et al., 2010; Mohr et al., 2011).

Theories of Body Image Development and Body Dissatisfaction

Two primary theories have been developed to explain body dissatisfaction: the Tripartite Influence Model and the Self-Discrepancy Model.

Tripartite Influence Model

The Tripartite Influence Model (Thompson et al., 1999) posits that body dissatisfaction results from perceived pressures to be thin and internalization of the thin-ideal. As Figure one illustrates, these societal pressures usually emerge from family, friends, and the media (Thompson et al., 1999).

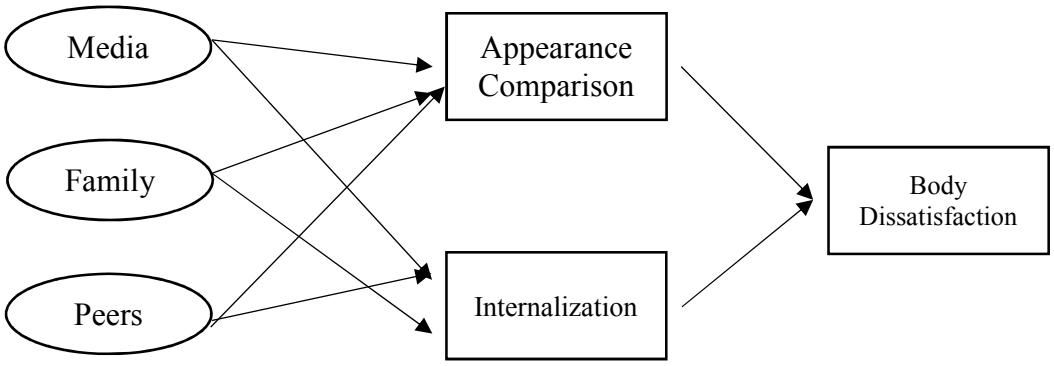

Figure 1.

Original Tripartite Influence Model (Thompson et al., 1999) Figure reprinted from Lovering, Rodgers & Franko, 2018

Thin-ideal internalization is the degree to which an individual endorses the thin-ideal standard of beauty (Thompson & Stice, 2001). Stice (1998) suggests that thin-ideal internalization is the result of individuals internalizing standards held by significant and respected others. Thus, aligning with this standard becomes a form of social reinforcement. This social reinforcement usually comes in the form of comments or actions that serve to perpetuate the thin-ideal and often come from family and peers. A common example of a comment that socially reinforces the thin-ideal is: "Have you lost weight? You look great!" An example of an action that perpetuates the thin-ideal is the common casting of thin women in female leads in movies. In these examples, comments praising and idealizing losing weight or being thin, and the media's demonstration that to be successful one should be thin, maintains the belief that being thin is good. Due to society's emphasis on thinness and emphasis on beauty in the form of thinness, body image dissatisfaction has become very common, and in a seminal paper it has been described as "normative discontent" (Rodin et al., 1984).

Self-Discrepancy Theory

The Self-Discrepancy Theory posits that there are three domains of the self: the actual self, the ought self, and the ideal self (Higgins, 1987). This theory was recently applied to body dissatisfaction and suggests that discrepancy between the actual and ideal selves may lead to negative affect and instigate engagement in unhealthy behaviors in an attempt to rectify the discrepancy (Wonderlich et al., 2010). Research suggests that the larger the discrepancy between one's actual and ideal self, the greater one's level of body dissatisfaction (Wonderlich et al., 2010). In relation to internalization of the thin-ideal, an individual's ideal self is likely to align closely with the thin-ideal and they believe that their perceived actual self does not align closely with the ideal self. As Figure 2 demonstrates, this dissonance results in increased levels of body dissatisfaction, which research has shown to be highly associated with eating disorders (Lantz et al., 2017; Mason et al., 2016). The greater the distance between actual self and ideal self, the greater body dissatisfaction one experiences.

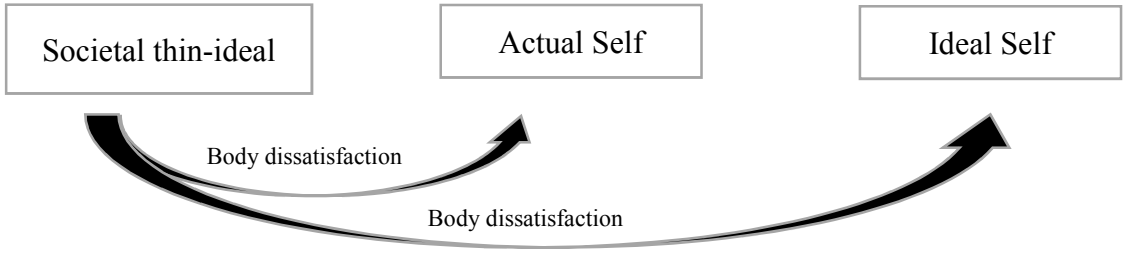

Figure 2.

Self-Discrepancy Theory Model for Body Dissatisfaction

Role of Body Image in the Development of Disordered Eating Behavior

The primary eating disorders in the DSM-5 are: anorexia nervosa, bulimia nervosa and binge eating disorder (BED). Core features of anorexia nervosa and bulimia nervosa

highlight the role of body image in their development and maintenance: disturbed body image/body dissatisfaction, preoccupation with weight and shape, excessive concern with dieting, and pursuit of thinness (American Psychiatric Association, 2012). Although body image disturbance is not a criterion for binge eating disorder, research has shown individuals diagnosed with BED report preoccupation with weight and shape and that all body image constructs (weight/shape dissatisfaction, weight/ overvaluation, weight/shape preoccupation, and fear of gaining weight) were significantly associated with binge eating frequency (Lydecker et al., 2017). As Figure 3 (Transdiagnostic model of eating disorders) shows, high levels of body dissatisfaction (evidenced by over-evaluation of weight and shape) are associated with unhealthy dietary restriction (Fairburn et al., 2003), binge eating (Fairburn, 2008), and compensatory behavior (Fairburn et al., 2003).

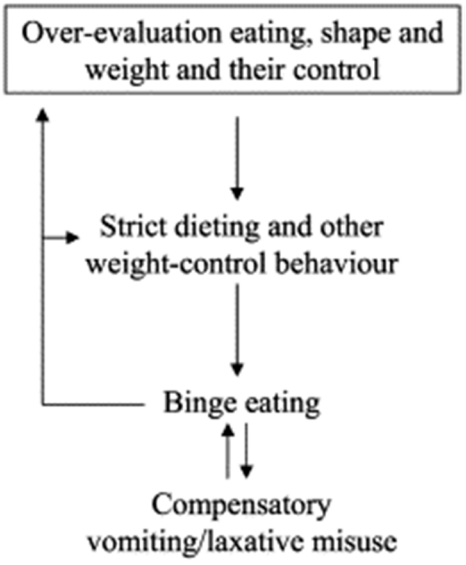

Figure 3.

Transdiagnostic Model of Eating Disorders (Fairburn, Cooper & Shafran, 2003)

Correlational Studies Examining the Relationship between Eating Disorders and Body Image.

When comparing individuals with an eating disorder diagnosis and individuals without an eating disorder diagnosis, research has found elevated levels of body dissatisfaction in individuals diagnosed with eating disorders. In a study conducted by Hagman and colleagues (2015), females diagnosed with anorexia nervosa and females not diagnosed with anorexia nervosa were recruited to examine body size overestimation and body dissatisfaction. Participants were shown a static digital image of their frontal profile which was distorted between 20 and 30% too wide or too thin. Participants then adjusted the image until the figure matched the size the participant perceived themselves to actually be and their ideal size. The percentage discrepancy between an individual's actual and perceived size represented *body size distortion* and percentage discrepancy between an individual's perceived and ideal size signified *body dissatisfaction*. Participants also completed self-report measures of drive for thinness and body dissatisfaction. Participants with anorexia nervosa demonstrated higher levels of body dissatisfaction through percentage discrepancy and reported greater body dissatisfaction on self-report measures compared to participants in the control condition (Hagman et al., 2015).

Body image distortions are also prevalent in individuals with bulimia nervosa. As part of a study examining neural correlation of body satisfaction, Mohr and colleagues (2010) recruited individuals diagnosed with bulimia nervosa and individuals not diagnosed with bulimia nervosa. Similar to the previously discussed study, participants examined distorted self-portraits. Participants were then asked to select an image matching their ideal body size and their actual body size. Body satisfaction was measured as the discrepancy between self-

perception and ideal perception. Participants also completed measures assessing attitudes toward their body and how they experience their body. Individuals with bulimia nervosa showed a more positive rating of their thinner sized image and estimated their presented larger image to be more realistic compared to the control group. These results demonstrate that the individuals diagnosed with bulimia nervosa experience higher levels of body dissatisfaction compared to the individuals without bulimia nervosa (Mohr et al., 2010).

Limited research has examined the association between body image and binge eating disorder. Lydecker, White, and Grilo (2017) assessed body image constructs in treatment seeking individuals with BED and found that all body image constructs were significantly associated with binge eating frequency. Research has found that individuals with BED have demonstrated significant improvements in body image as well as binge eating in treatments focused solely only body image and not weight loss. These findings suggest poor body image plays a significant role in the maintenance of all eating disorders.

Longitudinal Studies Examining the Relationship between Eating Disorders and Body Image.

Researchers have also demonstrated that elevated levels of body dissatisfaction are a significant predictor in the development of disorder eating (Stice & Agras, 1998; Wertheim et al., 2001; Stice et al., 2002). Body dissatisfaction, specific to thin-ideal internalization, has been identified as a casual risk factor for eating disorder development (Thompson & Stice, 2001). Specifically, research studies have demonstrated that body dissatisfaction predicts future engagement in behaviors related to eating disorders, such as restrictive eating (Wertheim et al., 2001) compensatory behaviors (Stice & Agras, 1998) and binge eating (Stice et al., 2002).

A longitudinal study with 435 adolescent females assessed predictors of future eating problems. Participants were recruited from grades seven, eight, and ten and completed self-report measures assessing drive for thinness, body dissatisfaction, bulimic behaviors, eating behaviors, self-esteem, teasing, depression, and body mass index. Measures were completed at baseline and eight months later. After controlling for eating behaviors at time one, results found that drive for thinness and body dissatisfaction at time one predicted restricted eating at time two (Wertheim, et al., 2000). This is significant because, restrictive eating is a key factor in the eating disorder diagnosis of anorexia nervosa (Fairburn, 2008).

Research has also examined body dissatisfaction as a predictor of future engagement in behaviors specific to bulimia nervosa. Stice and Agras (1998) recruited 218 female college seniors and assessed perceived sociocultural pressure, thin-ideal internalization, body dissatisfaction, dieting, negative affect, and bulimic symptoms. All of these measures were assessed using self-report. Participants completed these measures at a baseline and at a nine month follow up. Results showed that perceived social pressures to be thin, body dissatisfaction, dieting, and negative affect predicted onset of binge eating and compensatory behaviors (i.e., self-induced vomiting). Body dissatisfaction was one of the most influential factors in predicting the onset of compensatory behaviors and binge eating. Most importantly, these results were found in individuals who were initially symptom free and did not endorse any eating disorder behaviors at the beginning of the study (Stice & Agras, 1998).

Longitudinal studies have identified body dissatisfaction as a predictor of binge eating. For example, Stice, Presnell, and Spangler (2002) conducted a longitudinal study examining the relationship between body dissatisfaction and binge eating. Two hundred and

thirteen high school students were recruited and completed self-report questionnaires at baseline, 10- and 20- month follow up. Participants completed measures assessing dieting, body dissatisfaction, appearance overvaluation, perceived pressures to be thin, modeling of eating disorders, depressive symptoms, anxiety symptoms, anger, self-esteem, emotional eating, social support, and binge eating. Researchers found that elevated dieting, body mass, body dissatisfaction, appearance overvaluation, perceived pressure to be thin, and modeling of eating disturbances predicted greater risk for binge eating onset at the 20-month follow up. (Stice et al., 2002).

Disordered Eating and Body Image in Black Women

Although there is significant research (reviewed above) on the relationship among body image and disordered eating, few studies have examined the relationship between disordered eating and body image exclusively in Black women. The studies that have examined this relationship often found that body dissatisfaction related to thin ideal internalization is not related to disordered eating (Stojek & Fischer, 2013; Perez & Joiner, 2002). For example, Perez and Joiner (2002) examined the relationship between body dissatisfaction and bulimic symptoms among Black and White women. Participants completed self-report measures assessing self-perception of body image and eating behaviors. Results demonstrated a curvilinear relationship between self-perception of body image and bulimic symptoms. Specifically, Black women perceiving themselves as underweight *or* overweight predicted bulimic symptoms. A study conducted by Stojek and Fisher (2013) also demonstrated the relationship between disordered eating and body image. In a college sample of Black and White women, participants completed self-report questionnaires assessing drive for thinness and eating disorder pathology at baseline and then

again during a three-month follow-up. The investigators found that while Black women endorsed lower scores on measures of drive for thinness they continued to demonstrate increases in disordered eating at the follow-up. Specifically, Black women reported increased scores on the restraint scale which reflects individuals engaging in behaviors such as going eight or more hours without eating, following dietary rules, and avoiding specific foods or food groups (Stojek & Fisher, 2013).

Despite the inconsistent findings with body image and Black women, studies have found that Black women engage in disordered eating behavior at similar rates as White women (Swanson et al., 2011; Goeree et al., 2011) despite research suggesting that they experience less body dissatisfaction compared to White women. One study examined the validity of eating disorder measures among Black women using the Eating Disorder Examination-Questionnaire subscales (Restraint, Eating Concerns, Shape Concerns and Weight Concerns) to assess disordered eating behavior. Investigators found that Black women reported similar rates compared to White norming groups on subscales assessing Shape Concerns and Weight Concerns (Cotter et al., 2015). Another study examined the prevalence of disordered eating behavior in 10,123 adolescents in the United States (Swanson et al., 2011). Results found that Black adolescents reported similar rates of binge eating disorder and higher rates of bulimia nervosa and subthreshold binge eating disorder compared to White adolescents. These investigations did not assess the relationship between body dissatisfaction and disordered eating but it does demonstrate the prevalence of disordered eating behavior in Black adolescents (Cotter et al., 2015; Swanson et al., 2011). Similar findings were demonstrated in another sample of Black adolescents. In a sample of

2,379 girls who were assessed over multiple years, Black adolescents reported higher rates of bulimic behaviors and demonstrated clinical levels of bulimia nervosa (Goeree et al., 2011).

Based on current theories, body dissatisfaction predicts disordered eating behavior. Yet, the previously identified studies have demonstrated that Black women are engaging in disordered eating behavior but are *not* reporting elevated rates of body dissatisfaction. These conflicting results may be due to narrow definitions of body dissatisfaction and inadequate measurement.

Assessments of Body Image

The majority of body image instruments focus primarily on feelings about or satisfaction with one's appearance and the internalization of the thin-ideal body type. Below are the most commonly used measures to assess thin-ideal internalization and body dissatisfaction in body image research.

Eating Disorder Measures

Eating Disorder Examination-Questionnaire

The Eating Disorder Examination-Questionnaire (EDE-Q; Fairburn & Beglin, 1994) is a 32-item self-report questionnaire used to assess the presence of eating disorders as well as provide descriptive information regarding eating disorder symptoms (Fairburn & Beglin, 1994). The EDE-Q is a commonly used measure to assess body dissatisfaction due to its ability to also assess the presence of eating disorder pathology. The EDE-Q is a self-report version of the Eating Disorder Examination, a structured clinical interview, designed to assess eating disorder pathology (Cooper & Fairburn, 1987). The EDE-Q consists of 4 subscales that are used to evaluate the cognitive and behavioral aspects of eating disorders. The four subscales are: Restraint, Eating Concerns, Weight Concerns, and Shape Concerns.

Example items from the EDE-Q are: “Have you been consciously trying to restrict the amount of food you eat to influence your shape and weight?”; “Have you had a strong desire to lose weight?”; “How thin have you wanted to be?” Luce and colleagues (2008) established normative scores on the EDE-Q with undergraduate women. They reported descriptive data for raw scores on EDE-Q Global and subscales (Global: $M = 1.59$, $SD = 1.32$; Restraint: $M = 1.29$, $SD = 1.41$; Eating Concerns: $M = 1.59$, $SD = 1.13$; Shape Concerns: $M = 2.29$, $SD = 1.68$; Weight Concerns: $M = 1.89$, $SD = 1.60$). Additionally, Quick and Byrd-Bredbenner (2014), demonstrated internal consistency in the subscales of the EDE-Q among White undergraduate women (Restraint: $\alpha = 0.84$; Eating Concerns: $\alpha = .79$; Weight Concerns: $\alpha = .85$; Shape Concerns: $\alpha = .90$).

Thin-Ideal Internalization Measures

Body Shape Questionnaire

The Body Shape Questionnaire (BSQ; Cooper et al., 1987) is a 34-item self-report questionnaire designed to assess concerns associated with body shape and size. The development of this measure was based on open-ended questions with the focus on experiences of “feeling fat.” Specifically, the researchers sought information on the importance that individuals put on being slim, as well as their attitudes toward being fat (Cooper et al., 1987). Example items from this measure are: “Have you been afraid that you might become fat (or fatter)?”; ‘Have you worried about your thighs spreading out when sitting down?”; “Have you pinched areas of your body to see how much fat there is?” da Silva and colleagues (2014) examined the validity of the measure among Brazilian university students. The results from this study demonstrated good internal consistency ($\alpha = .97$; da Silva et al., 2014).

Body Image Assessment

The Body Image Assessment (BIA; Williamson et al., 1985**)** is composed of nine silhouettes varying in size. Individuals are asked to pick a body size that matches their perception of their current body size as well as a figure that matches their ideal body size. The discrepancy between the current and ideal images is operationalized as a measure of body dissatisfaction. Specifically, the BIA measure is conceptually related to body image distortion, drive for thinness and body dissatisfaction. Williamson and colleagues (1989) examined the reliability of this measure among 689 female participants. Specifically, 123 participants were diagnosed with bulimia nervosa, 50 were diagnosed with bulimia nervosa-binge eating subtype, 10 were diagnosed with anorexia nervosa, 47 were identified as obese, and 425 were healthy controls. Discrepancy scores between perceived body shape and ideal body shape demonstrate good test-retest reliability for all groups, $r(689) = .80$ (Williamson et al., 1989).

Pressure to Conform to Thin-Ideal

Sociocultural Attitudes Towards Appearance Questionnaire-4

The Sociocultural attitudes towards appearance questionnaire-4 (SATAQ-4) is a 22-item self-report questionnaire created to assess internalization of the thin-ideal and appearance related pressures to conform (Schaefer et al., 2014). The SATAQ-4 is based primarily on of the tripartite influence model which suggests that individuals are pressured from powerful social agents to adhere to a societal appearance standard. These social agents are: family, peers, and the media. The appearance standard this measure is based on is the thin-ideal, assessing specifically, internalization of the thin-ideal (Thompson et al., 1999). Subsequently, the items in this measure reflect the pressures an individual receives from

friends, family, and the media to achieve the thin-ideal as well as internalization of the thin-ideal. Example items from the SATAQ-4 are: “I want my body to look very thin”; “I feel pressure from my family members to look thinner”; “I feel pressure from the media to look thinner.” The SATAQ-4 has demonstrated to be correlated with scores on measures of eating disorder symptomatology and body dissatisfaction that aligns with internalization of the thin-ideal (Schaefer et al., 2014). Schaefer and colleagues established the validation of the SATAQ-4 among undergraduate females. The results of this study demonstrated raw mean scores on measures assessing thin-ideal internalization ranged between 2.69 and 3.41. Additionally, raw scores on measures assessing perceived pressures ranged between 2.30 and 3.77. The subscales of the SATAQ-4 have also demonstrated good internal consistency (Internalization: Thin/Low Body Fat: $\alpha = .87$; Internalization: Muscular/Athletic: $\alpha = .91$; Pressures: Family: $\alpha = .90$; Pressures: Peers: $\alpha = .90$; Pressures: Media: $\alpha = .95$; Schaefer et al., 2015).

Limitations of the Current Body Image Literature

Representation in Researchers and Participants

Representation in research is the integration of issues of race and ethnicity in all aspects of the research process to allow culturally adequate understanding of sensitive information (Clauss-Ehlers et al., 2019). Cox (2004) suggests that all racial/ethnic groups participating in a study should be represented on the research team in order to adhere to an ethical practice. This representation provides the racial/ethical perspectives to the research process, which allows for more accurate and appropriate interpretation of the data and conclusions. Mizock and Harkins (2012) demonstrated the impact that racial and ethnic representation can have on the research process, specifically the information participants are

willing to provide. Mizock and Harkins had researchers interview participants on race and culture and examined the differences in the content participants provided when participants were matched on the race of the interviewee (i.e., Black researcher and Black participant) and when they were not matched (i.e., White researcher and Black participant). They found that participants preferred when the researcher matched their race. Specifically, Black participants reported increased comfort and honesty when being interviewed by Black researchers. Although this study was interview-based, the findings demonstrate the importance of researcher representation in the research process.

A majority of body image research with individuals from underrepresented communities has been conducted primarily by White researchers. Mizock and Harkins (2012) demonstrated that this can impact the responses of participants. Specifically, participants may change responses to avoid reinforcing stereotypes of their race or participants may be wary of dubious intentions of the researcher (Sherman, 2002). This lack of representation can effect participant's responses, and can influence interpretations of the data. Cushman (1996) described that researchers are susceptible to presenting research through their subjective notions of culture. Researchers' worldviews are rooted in their professional knowledge and idiosyncratic experiences. Subsequently, conscious and unconscious factors lead researchers toward unwarranted assumptions based on their data (Clauss-Ehlers, et al., 2019). This can result in inadequate theories and conclusions when working with different cultures.

Representation is also important in research samples. Body image research has historically involved large samples of White women. The lack of representation in the body image literature presents two important concerns. First, because White women are over-represented in body image studies, researchers are likely to receive more accurate and

generalizable information for White women. In contrast, the small number of Black participants in these studies leads to decreased generalizability and lack of accurate representation of the Black experience. Table one demonstrates examples of studies that concluded Black women do not experience body dissatisfaction.

Table 1.
Commonly Cited Studies Comparing White and Black Women and Body Dissatisfaction

Studies	Population	Findings
Botta, R. A (2000). The mirror of television: A comparison of Black and White adolescents' body image. *Journal of Communication, 50*(3), 144-159.	178 Participants 33 Black adolescents 145 White adolescents	Black adolescents were more satisfied with their bodies compared to White adolescents based on a measure that assessed how often they felt their hips, thighs, and butt were too large.
Schooler, D., Ward, L. M., Merriwether, A., & Caruthers, A. (2004). Who's that girl: Television's role in the body image development of young white and black women. *Psychology of women quarterly*, *28*(1), 38-47.	635 Participants 87 Black females 548 White females	Among Black women, viewing Black-oriented television predicted healthier body image based on a measure assessing drive for thinness and the BSQ.
Ordaz, D. L., Schaefer, L. M., Choquette, E., Schueler, J., Wallace, L., & Thompson, J. K. (2018). Thinness pressures in ethnically diverse college women in the United States. *Body image*, *24*, 1-4.	864 Participants 135 Black females 131 Hispanic females 598 White females	White women experience higher peer pressure compared with Black and Hispanic women based on scores on the SATAQ-4. Pressure was assessed only in relation to drive for thinness.
Quick, V. M., & Byrd-Bredbenner, C. (2014). Disordered eating, socio-cultural media influencers, body image, and psychological factors among a racially/ethnically diverse population of college women. *Eating behaviors*, *15*(1), 37-41.	1445 Participants 229 Asian females 154 Black females 153 Hispanic females 839 White females	Black women may be protected from disordered eating, negative body image, and societal media pressures based on the SATAQ-3 and EDE-Q. Pressure was assessed only in relation to drive for thinness.
Schaefer, L. M., Burke, N. L., Calogero, R. M., Menzel, J. E., Krawczyk, R., & Thompson, J. K. (2018). Self-objectification, body shame, and disordered eating: Testing a core mediational model of objectification theory among White, Black, and Hispanic women. *Body image*, *24*, 5-12.	880 Participants 116 Black females 133 Hispanic females 631 White females	Black women reported significantly lower levels of self-surveillance, and disordered eating compared to White women and score similarly to White women on measures of body shame. When Black women assessed without comparison researchers found body shame was significantly correlated with

	disordered eating within the Black participants.

Second, and to build on what was noted above, of the body image studies that include women of color, the majority are comparative (Capodilupo & Forsyth, 2014). This comparative approach has the potential to obfuscate critical aspects of the experience of Black women due to the tendency to regard White women's experience as the norm to which women of other ethnicities are compared (Capodilupo & Forsyth, 2014). This comparative approach also reinforces the notion that White women's experiences of body satisfaction is the norm, and failing to endorse the same negative experiences as White women unequivocally means body dissatisfaction is not prevalent. For example, Quick and Byrd-Bredbenner (2014) conducted a study with a sample of 1445 college women (11% of participants identified as Black). Quick and Byrd-Bredbenner concluded that Black women were protected from body dissatisfaction by simply comparing the mean scores on the EDE-Q and SATAQ-4 to the means scores of the women who identified as White. As a result, some researchers concluded that differences in scores between Black and White women mean that Black women are *satisfied* with their bodies. While research demonstrates that Black women score lower on measures assessing body dissatisfaction, in relation to thin-ideal internalization (Quick & Byrd-Bredbenner, 2014; Grabe & Hyde, 2006), it is unclear if there is a clinically significant difference.

This perspective also minimizes the cultural and ethnic differences both between Black and White women and within the Black population. As an example of the latter, Gilbert, Crump, Madhere, and Shultz (2009) evaluated 146 Black female students at a historically Black college. Participants were asked to identify their ethnicity (e.g., African American, African, and Afro-Caribbean) to examine the relationship between internalization of the thin-ideal and eating disorder pathology within a diverse Black population.

Researchers found that internalization of the thin-ideal and drive for thinness were moderated by ethnicity and only significant for African-American women (Gilbert et al., 2009). This is critical because a majority of comparative body image studies lump Black women together without acknowledging the ethnic differences within the Black population.

Non-Inclusive Content in Measures

Validated assessments measures are expected to include items reflecting the construct of interest (Clark & Watson, 1995). In the context of body image research, it is (should be) expected that the content of measures assesses the aspects of body image that are salient to the population being studied. Seminal social comparison theory in psychology, for example, has demonstrated that social comparisons are made to like others (Festinger 1954). Therefore, it is likely that Black women are comparing themselves to other Black women and to a body image ideal that is valued within their culture. Assessment instruments need to include constructs and questions that are appropriate to and inclusive of the group(s) being evaluated.

Kelch-Oliver and Ancis (2011) conducted individual interviews and focus groups with Black women and found that Black women's unique experience of body dissatisfaction was simply not being captured in current research. This is likely the result of current research and measures for body image focusing on weight and thinness while Black women report idealizing more shapely and curvaceous body ideals (Kelch-Oliver & Ancis, 2011), specifically, a body shape that idealizes a small waist with large hips and butt (Harrison, 2003). Only recently have researchers started to examine the aspects of body image that are important to Black individuals. Capodilupo (2015) conducted a study with 230 women who identified as African-American and/or Black American. Participants were instructed to

complete a battery of measures, one of which was the Physical Appearance Discrepancy Questionnaire (PADQ; Altabe 1998). Individuals were asked to list features that they 1) actually possess, 2) ideal features they wish they possessed, and 3) traits they believe are idealized by their culture. The five most frequently listed traits for their own ideal were: Long/longer hair, toned/muscular physique, flat/toned stomach, clear/smooth skin, bigg/er buttocks. The five most frequently listed cultural ideals were: long/longer hair, light/er skin, bigg/er buttocks, bigg/er breast, and straight hair (Capodilupo, 2015). These results suggest that the body characteristics frequently used in body image assessments are not reflective of the ideal body characteristics of Black women.

As another example, Overstreet and colleagues (2010) examined perceptions of body ideals and their influence on body dissatisfaction in 116 Black and 222 White women. They found that Black women preferred their ideal body to be curvier with medium breast and big buttocks, and that 60% of Black women preferred an hour glass figure which consisted of wider bust and thighs paired with a thin waist. In contrast, White women preferred their ideal to be slender with medium breast (Overstreet et al., 2010). Together, these studies demonstrate that the ideal body shape to which Black women prescribe may not embody thinness. The content of most body image measures specifically highlights the thin-ideal and does not assess other body ideals. Assessing Black women with measures containing exclusive content that does not align with their own or their cultures' ideal has led to the current notion that Black women do not experience body dissatisfaction.

What is Known About Body Image in Black Women?

A common finding in body image studies of Black women is that body image is a multidimensional construct and factors other than body size and shape may be influencing

the evaluation of one's appearance (Overstreet et al., 2010; Shaw et al., 2004; Smith et al., 1990).

While Black women may be experiencing pressure to achieve an array of physical characteristics deemed attractive compared to White women, who mainly focus on the thin-ideal of beauty (Kelch-Oliver & Ancis, 2011), it is important to note a variety of other physical characteristics specific to Black women and body image. Black women struggle with other concerns over facial features, the complexion of their skin, and the length of their hair (e.g., Hughes & Hertel, 1990; Neal & Wilson, 1989). Limited research has explored these cultural specific body image concerns, and they are reviewed below.

Skin

American history, specifically Black history during and after slavery, has demonstrated that the skin tone of African Americans has played a significant role in the treatment of and attitudes about Black people. These societal attitudes, demonstrated from White people toward Black people, are reflected back in to the Black community by its members (Kendi, 2016). For example, more affluent or socially desirable African Americans historically created elite organized clubs known as "blue vein" societies (Okazawa-Rey et al., 1987). A number of requirements needed to be met to join these clubs that reflected White standards of desirability, and therefore beauty. Membership was primarily based on embodying White physical characteristics such as passing the "paper bag" test which meant skin tone needed to be lighter than a paper bag or light enough for visibility of "blue veins." Similarly, there was a "comb test" for "good hair" which mandated hair should be straight enough for a comb to easily pass through (Hall, 1995; Okazawa-Rey et al., 1987). The "black is beautiful" movement (Hall, 1995) challenged this notion such that light skin

became less uniformly desirable, yet dark skin was still not deemed ideal (Hall, 1995; Okazawa-Rey et al., 1987). Black women continued to desire light skin and identify it as the beauty ideal (Falconer & Neville, 2000; Hill, 2002). Subsequently, this idealized beauty ideal continued to negatively impact the self-esteem of Black women such that Black women with darker skin experienced lower self-esteem when compared to Black women with lighter skin (Thompson & Keith, 2001).

Empirical research has supported this. Specifically, Bond and Cash (1992) examined the prevalence of skin tone satisfaction in relation to body image among Black women using the Skin Color Questionnaire. Items included: "How satisfied are you with the shade of your own skin tone"; "Compared to most African-American people, I believe my skin color is…"; and "If I could change my skin color, I would make it…". They found that individuals who were dissatisfied with their skin tone desired a lighter tone and that this was associated with greater body dissatisfaction. Further, individuals held personal skin tone ideals that were lighter than their self-perceived skin tone, and most of the women reported believing that Black men found light skin most attractive (Bond & Cash, 1992). They concluded that Black women internalize the idea that light skin is more desirable/attractive, but were unable to assess the impact of this internalization. Research demonstrates that pressure for lighter skin tone is perpetuated through the media with the majority of Black women in magazines having light or medium skin tones (Boepple & Thompson, 2018; Hazell & Clarke, 2008; Schooler et al., 2004).

Recent studies have developed this work further by beginning to explore the impact of skin tone ideals on health behavior and well-being. Buchanan and colleagues (2008) examined 117 Black women and found that higher levels of skin tone monitoring (e.g.,

worrying about how my skin color looks to other people, frequency of comparing skin color with others) was associated with general body shame and skin tone dissatisfaction. Further, they found that skin-tone monitoring, body shape and size monitoring, and body shame overlapped by only 7% of variance suggesting that skin tone and body shape are unique aspects of body image in Black women (Buchanan et al., 2008).

In the same way that body dissatisfaction predicts disordered eating behavior among white women (Fairburn et al., 2003), skin tone dissatisfaction has been shown to predict skin bleaching. Skin bleaching is the practice of using toxic chemicals to lighten one's skin complexion. Exposure to skin bleaching chemicals has a variety of adverse health effects, most notably mercury poisoning, exogenous ochronsis, and skin cancer (Benn et al., 2016). Despite these harmful effects, research suggests that, worldwide, 35% of Blacks bleach their skin (James et al.,2016).

Hair

As previously discussed, Black standards of beauty have historically been created and reinforced by White standards of beauty (Okazawa-Rey et al., 1986), and the literature suggests that appearance standards for women of color are set by White norms (Boepple & Thompson, 2018). This White standard of beauty is also demonstrated through desirable or "good hair" which was a standard in Black elite groups, such as Historically Black Sororities (although this standard no longer exists), created for club membership. "Good" hair was deemed hair that a 'normal' comb could easily go through (Okazawa-Rey et al., 1986). Black women have endured a number of hair treatments to reflect this type of hair. Popular hair treatments have ranged from using hot combs that were heated on stove tops to straighten hair to chemicals commonly used by hairdressers to straighten hair. All of these techniques

involve an extensive amount of time as well as burn and damage Black women's hair. Johnson and colleagues examined attitudes and experiences about hair among 1,190 Black and White females. They found that Black women experience greater levels of anxiety related to their hair, and spend more money and time on their hair compared to White women (Johnson et al., 2017).

While the research examining hair in relation to body satisfaction is limited, studies have found that the socially desirable hair style (i.e., straight, long hair) is depicted in all forms of media (Schooler et al., 2004; Hazell & Clarke, 2008; Boepple & Thompson, 2018). To illustrate this, Boepple and Thompson (2018) examined a single issue from 17 different magazines aimed toward female audiences and examined a number of variables, one of which was hair texture and style. After coding 3,440 images of women, they found that a majority of the Black women had long, straight hair. The impact of these images on self-esteem and health behaviors is unknown (Boepple & Thompson, 2018).

Body

Black women report an ideal body type that is more curvaceous (Overstreet et al., 2010) and report engaging in body modifying behaviors, such as exercise (Ashley & Jung, 2017) to achieve this body type. Ashley and Jung (2017) demonstrated this in a study examining the willingness and motivation to engage in body modification to attain an ideal body image. The investigators interviewed 30 Black women in America and South Africa and asked participants questions about how they identify body image for Black women, the role of the media in their perception of Black women's bodies, and the behaviors they engage in to attain the ideal body for Black women. They found that participants' ideal shape consisted of large buttocks and a thin and tone waist. Participants also reported that the media

played a prominent role in their desire to modify their bodies to be more curvaceous. Finally, engaging in exercise aimed at maximizing their buttocks and minimizing their waist was the most commonly used form of body modifications. While this study demonstrated that Black women are conscious of their shape, it also found that Black women experienced some level of pressure from their peers, media, and romantic partners to modify their bodies.

Body modification behaviors can be more extreme than exercise. The American Society of Plastic Surgeons reported that over 1.2 million African Americans underwent plastic surgery in 2013. This was a 5% increase compared to the previous year. Alternatively, there was only a 3% increase in White Americans (American Society of Plastic Surgeons, 2013). This trend continued in 2015, with a 3% increase in African-Americans undergoing plastic surgery compared to only a 1% increase in White Americans (American Society of Plastic Surgeons, 2015). Some suggest this increase is the result of Black women being more conscious of body shape than ever before (Poran, 2006). Additionally, surgeries involving buttock implants increased by 98% and buttocks lifts increased by 44% between 2013 and 2014 (American Society of Plastic Surgeons, 2015). Unfortunately, due to the expense of plastic surgery, some women seek services through unsafe means to attain a larger buttocks. This harmful approach has led to occurrences of extreme illness and in some cases death; many of these incidents have involved Black women (Martin, 2015).

Black women's engagement in body modification behaviors is important to note for two reasons. First, as previously discussed, current research in body images suggests that Black women do not suffer from poor body image. In contrast, however, African-Americans have one of the highest yearly increases in plastic surgery compared to other races (i.e., White, Asian-American, and Hispanic; American Society of Plastic Surgeons, 2013;

American Society of Plastic Surgeons, 2015) suggesting that Black women do experience some level of body dissatisfaction. Failing to acknowledge and rectify the current notion that Black women do not experience body dissatisfaction may continue to put Black women at risk of unhealthy behaviors such as body modifications behaviors (Ashley & Jung, 2017), binge eating (West, 1995), self-objectification (Buchanan et al., 2008), sexual risk taking behaviors, (Wingood et al., 2002; Crosby et al., 2001), and acculturative stress (Perez et al., 2002). Therefore, an improved understanding of Black women's body image experience has the potential to inform better the mechanisms of change to improve healthy behaviors among Black women.

Culture Specific Considerations Related to Body Image in Black Women

Current body image theories are rooted in thin ideal internalization (Capodilupo, 2015; Capodilupo & Kim, 2014; Overstreet et al., 2010). These theories have been used to better understand the development and maintenance of body dissatisfaction. Due to the inadequate amount of research understanding body image and Black women, new culture specific constructs need to be developed the understand the intersectionality of being Black and a female and its impact on the development of body dissatisfaction in Black women.

Impact of Double Consciousness

Double consciousness is a term identified by W.E.B Debois (1903) and is defined as the psychological dilemma of trying to negotiate between two different standards. This experience can be extended to standards of beauty. Greene (1990) suggested that Black women, in particular, are posed with the challenge of resisting the internalization of negative messages about Black women, which simultaneously emphasizes Whiteness as the standard of beauty, while also acknowledging the importance of fitting into mainstream culture. This

mainstream media is heavily controlled and dictated by White standards (Boepple & Thompson, 2018). This dissonance may account for body dissatisfaction in Black women, as well as the inconsistent findings in current research examining body image in Black women.

Black women report experiencing distress between fulfilling two corporate identities that are contradictory (Hesse-Biber et al., 2010). While research demonstrates Black culture values more curvaceous and shapely bodies, mainstream and Eurocentric standards value thin bodies and White physical characteristics. Black women report feeling that this value extends to Black men, such that they believe Black men also value more Eurocentric body types and physical features (Poran, 2006). This experience leads to feelings of invisibility if a Black woman fails to meet this standard (Capodilupo & Kim, 2014). This feeling can result in engaging in potentially unhealthy eating behaviors or body modification behaviors to attain the valued ideal. As a result, Black women may experience distress and body dissatisfaction due to attempting to attain these ideals, and consequently, experience more emotional distress when they fail to attain either ideal.

Social Comparison and the Jezebel stereotype

The Jezebel is a character created by slave owners and used to portray Black women as promiscuous and sexually immoral (West, 1995). This image was created to suggest that Black women could not be rape victims because they always desired sex and, therefore, were sexually deviant (West, 1995). While this language is no longer used, the image of Black women as sexually deviant and sexually immoral continues to be demonstrated through music videos, rap music, and movies (Turner, 2010). This representation of Black femininity has many negative implications. As an example, Gan, Zillmann, and Mitrook (1997) found that White college students were more likely to rate Black women negatively compared to

White women after exposure to both sexually charged and devoted-love type music videos. In another study, George and Martinez (2002) had participants read a vignette involving rape and found that when the victim was a Black women participants were more likely to find her culpable. The Jezebel character has become less overt but these studies demonstrate the continued sexual perception of Black women. The representation of Black women as hypersexual has negative implications for Black women (Gan et al., 1997) based on the theory of self-objectification.

Self-objectification theory posits that women learn to view themselves through an observer's perspective (Fredrickson & Roberts, 1997). Anderson, Holland, Heldreth, and Johnson (2018) conducted a study with White undergraduate students. Using an eye-tracker researchers found that participants attended more often and for longer durations to the sexual body parts of Black women compared to White women. Additionally, using Go/No Go Association Task, researchers found that Black women were associated with animals and objects to a bigger degree than White women. These findings demonstrate the continued sexual objectification of Black women. Similar to the self-objectification theory the continued representation and belief that Black women are hypersexual has the potential to negatively impact Black women's sexual behaviors and engagement due to the maintained belief that Black women are promiscuous. Townsend and colleagues (2010) examined the impact of the Jezebel stereotype in 270 African American adolescents. Researchers found that endorsement of the Jezebel stereotype was related to the perception that risky sexual behaviors were less harmful (Townsend et al., 2010).

Festingers social comparison theory suggests that individuals compare themselves to like others (Festinger, 1954). Further, the Tripartite Influence Model (Thompson, et al.,

1999) suggests that individuals experience pressures from family, peers, and media to prescribe to a certain ideal. Attempts to socially compare one's self and to align with the Jezebel stereotype (that the media or peers may pressure Black women to adhere) may put Black women at risk for other maladaptive behaviors, such as high risk sexual behaviors. Wingood, DiClemente, Harrington and Davies (2002) assessed body image and sexual behaviors among 522 African-American adolescents. After controlling for depression, self-esteem, and body mass index, they found that adolescents who were more dissatisfied with their body image were more likely to fear abandonment due to negotiating condom use, more likely to perceive they have fewer options for sexual partners, more likely to perceive themselves as having limited control in the sexual relationships, and more likely to engage in unprotected sex (Wingood et al., 2002).

Further, theories in self-objectification have also found that self-objectification can lead to body shame, which can lead to body dissatisfaction (McKinley & Hyde, 1996). This theory has been supported when assessing for skin tone satisfaction in Black women (Buchanan et al, 2008). Since the Jezebel stereotype is not being captured, continued perpetuation of the Jezebel stereotype has the potential to increase self-objectification in Black women which may be impacting body dissatisfaction.

The Jezebel stereotype potentially impacts the development of body dissatisfaction. Historically, Black women were juxtaposed against White standards of beauty, especially in the context of hair type and skin tone. Black women who were lighter-skinned and embodied European features were treated better. Alternatively, Black women who were darker-skinned and embodied Black features were treated more poorly (Patton, 2006). White society had identified whiteness as beautiful and blackness as ugly. Therefore Black women who

reflected European features were perceived as more attractive and allotted more opportunities. This perpetuated information and preferential treatment towards certain Black women, who reflected "whiteness," led to what scholars identify as the Lily Complex (Jones & Shorter-Gooden, 2003). The Lily Complex is defined as altering, disguising, and covering your physical self in order to assimilate and be accepted as more attractive. While extent research has explored this notion in the context of hair and skin tone. No research has explored this in the context of body type.

The modern day Jezebel has come to reflect not only sexualization of Black women but also the ideal body type for Black women within Black culture. The modern day Jezebel has come to be identified as a Black women who still exemplifies European physical features (i.e., lighter-skinned, thinner nose, straighter hair) but also a body type often referred to as slim thick. The slim thick body type is similar to the hourglass body type, such that it is: a small waist, large butt, and large breast. These are similar to the physical features previous research in Black women report feeling pressure from their culture to ascribe (Capodilupo, 2015). Black women are frequently praised by the media when they reflect this Jezebel stereotype or the slim thick body type (e.g., Beyoncé, Blac Chyna, Cardi B, Nicki Minaj). With little representation of Black women and little diversity in Black women representation in the media, the Black women who are represented and considered attractive become a source of social comparison. Body dissatisfaction can result due to the extension of the Lily Complex in the context of body type. Specifically, Black women may experience pressure to adhere to the slim thick body type because it was been deemed as acceptable by wider and White society as well as Black culture. This has the potential to lead Black women to engage in behaviors to alter their body to assimilate and be more attractive.

Acculturative Stress

Acculturative stress is defined as the stress which occurs as a result of adapting to a host culture (Berry, 1990). One source of this stress is discrimination which is often experienced by individuals from historically underrepresented groups. The host or dominate culture often establishes norms and standards individuals living in that society are encouraged to conform. Not only are individuals encouraged to conform but can be punished when one fails to conform. Acculturative stress has been found to be related to depression (e.g., Hovey, 2000) and interpersonal problems (e.g., Nicholson, 1997). Cash and Pruzinsky (1990) suggests that part of one's body image is heavily influenced and shaped by one's cultural norm and expectations. Individuals will often change their body image to better conform to cultural norms. Being part of a society which highlights female slenderness and has established whiteness as the standard of beauty may encourage individuals from a different cultures to adhere to this body type to better assimilate. Due to the reinforcement associated with white standards of beauty, women may acculturate to white standards of beauty and experience problems in the domain of bode image and eating disorders. Black women may be especially susceptible to trying adhere to an accepted body type due to their status as Black and female. Perez and colleagues (2002) assessed acculturative stress, body image dissatisfaction, and eating disorder symptoms among Black, Hispanic, and White women. Investigators found that Black women who reported higher levels of acculturative stress and body dissatisfaction experienced higher levels of bulimic symptomatology. More importantly, while acculturative stress and body dissatisfaction predicted disordered eating behavior in White women the interaction of body dissatisfaction *and* acculturative stress was not significant in predicting disordered eating behavior; and it was significant for Black

women. This is important to note because these findings suggest that the combination of acculturative stress *and* body dissatisfaction is unique to Black women in predicting disordered eating behavior. Additional research should be conducted to further explore the relationship between body dissatisfaction and acculturative stress especially when addressing culture specific body ideals that may lead to body dissatisfaction.

Summary and Purpose of Study

Research has demonstrated that body image dissatisfaction leads to disordered eating behavior, depression, and anxiety (Stice, 2002; Stice et al., 2011). A number of measures have been created and validated to assess body image dissatisfaction among women, and the majority of this research has been conducted predominantly with White women. Current research suggest that Black women do not struggle with body dissatisfaction and suggest that being Black acts as a protective factor from body dissatisfaction (Schooler, et al., 2004; Botta, 2000). More inclusive research has also identified a discrepancy between current measures of body dissatisfaction and Black women's experience with body image. No study to date has created a body image measure specific to Black women. Therefore, the goal of this thesis is to evaluate a newly created measure, the Appearance Satisfaction Questionnaire (ASQ), to assess body image and body dissatisfaction in Black women.

My long term research goal is to identify maladaptive and pathological behaviors Black women are susceptible to due to body dissatisfaction. Specifically, identifying behaviors that have not historically been researched and evaluated as associated with poor body image. My objectives in this study, therefore, are to validate an inclusive measure of ideal body image in Black culture (the ASQ), and explore the negative health implications specific to Black women with body dissatisfaction. My central hypothesis is that this new

body image measures will be valid and perform better than currently available assessment instruments at identifying body image concerns among Black women. Further, I hypothesize that individuals scoring high in body dissatisfaction, utilizing the new measure, will also score high on measures assessing maladaptive behaviors, specifically risky sexual behaviors and acculturative stress. My rationale for this research is that its successful completion can be expected to provide an inclusive and validated body image assessment for Black women for use in future research and clinical settings.

Specific Aim 1: Establish the factor structure of a newly developed measure, the Appearance Satisfaction Questionnaire, in assessing body dissatisfaction in Black women.

H1: I hypothesize that the Appearance Satisfaction Questionnaire (ASQ) will have a multi-factor structure. Specifically, three factors will be demonstrated. The hypothesized factors are: internalization of the slim thick ideal, appearance related pressures to adhere to the slim thick ideal and double consciousness.

Specific Aim 2: Establish discriminant and convergent validity of a newly developed measure assessing body satisfaction in Black women

H1: I hypothesize that the ASQ will demonstrate discriminate validity with the Body Shape Questionnaire (Cooper et al., 1987) and Sociocultural Attitudes towards Appearances Questionnaire-4 (Schaefer et al., 2015). H2: I hypothesize that the ASA will demonstrate convergent validity with the Skin Color Questionnaire (Bond & Cash, 1992),Objectified Body Consciousness Scale (McKinley & Hyde, 1996), and the Makeup Questionnaire (Smith et al., 2017)

Specific Aim 3 (Exploratory): Examine health behaviors associated with body dissatisfaction.

H1: I hypothesize that the ASQ will be correlated with the Eating Disorder Examination-Questionnaire (Fairburn & Beglin, 1994) and the Binge Eating Scale (Gormally, 1982). H2: I hypothesize that the ASQ will be correlated with sexual risk taking behaviors measured by the Risk Behaviors measures (Hawes & Berkley-Patton, 2014). Finally, I hypothesize the ASQ will correlate with Sexualized Clothing Questionnaire (Smith et al., 2017).

Specific Aim 4 (Exploratory): Examine current social constructs that influence body dissatisfaction.

H1: I hypothesize that the ASQ will correlate with acculturative stress measured by the S.A.F.E scale (Mena et al., 1987).

CHAPTER 3

METHODS

Pre-Thesis Methods: Development of the Appearance Satisfaction Questionnaire

Based on Clack and Watson (1995) the constructs to be assessed were grounded in current literature. The identified constructs in the ASQ were: internalization of the slim thick body type, pressure from peers, society, and family to adhere to the slim thick body type, and double consciousness. The construct of internalization was based on focus groups, interviews, and self-report questionnaires conducted with Black women (Capodilupo, 2014; Overstreet et al., 2010). The results from these studies found that Black women internalized the ideal body (i.e., long straight hair, light skin, big buttocks) and this internalization was associated with negative appearance evaluations (Capodilupo, 2014). Additionally, based on scholars conceptualization of The Lily Complex, Black women may be internalizing these standards of beauty that initiate engagement in behaviors to alter their physical self to assimilate and be seen as more attractive.

The construct of pressure was identified based on qualitative and interview based research with Black women. Kelch-Oliver and Ancis (2011) found that Black women are currently experiencing pressure from media and society to adhere to a specific body ideal type that is emphasized for Black women. Additionally, Ordaz and collegues (2018) conducted a study utilizing Black women. Black women identified their family and peers as elements that they experience pressure from to conform to the thin ideal. While the ASQ is not being used to assess for thin ideal internalization, family and peers may play an important role in the development of body dissatisfaction evidenced by perceived pressure from family and peers to adhere to the slim thick body ideal. Poran (2006) also found, through

interviews, that Black women were experiencing pressures from the opposite sex to adhere to a certain body type reflective of the slim thick body type. Capodilupo (2015) further supported this in an investigation in which Black women identified body parts they believed were idealized by their culture. This has the potential to lead to experiencing pressures to conform.

Finally, double consciousness was identified due to present opposing beauty ideals between Black and White cultures. Beauty has come to be defined by the "ruling class" (Patton, 2006). Historically, and currently, the ruling class is White. Therefore, White beauty is the standard against all women were measured (hook, 2015; Patton, 2006). Society continues to function under the notion of whiteness as beauty. While Black culture has identified an ideal not wholly reflective in Whiteness, Black women are still part of a society that values and reinforces women embodying established White standards of beauty. The construct of double consciousness aims to assess the experience of Black women trying to navigate and adhere to two opposing beauty ideals. This dissonance has the potential to lead to body dissatisfaction due to trying to attain both ideals that are unattainable and contradictory.

An initial pool of 81 items was generated with the goal of producing an exhaustive and comprehensive list to assess the target body ideal (Clark & Watson, 1995). A focus group consisting of seven women, who identified as Black, was conducted to receive feedback on the items as well as to discuss experiences specific to body image in Black women. Participants reported that the body image ideal for Black women consisted mainly of: thin waist, large buttocks, large hips, long hair (either curly or straight), light skin and small nose. This body type was further supported by current literature on body image in

Black women (Capodilupo, 2015; Overstreet et al., 2010). After receiving feedback from the focus group, an expert in the field of eating disorders and scale development was contacted to receive feedback on the items for the developed scale.

Subsequently, a pool of 51 items (11 internalizations, 21 pressures, 12 double consciousness) was generated. Consistent with guidelines proposed by Clark and Watson (1995), items were created to assess target constructs. Internalization items were written to assess internalization of the slim thick body type (11 items). Pressure items were written to assess perceived pressures from one's family, same sex and opposite sex peers to attain the slim thick body type (21 items). Double consciousness items were written to assess the dissonance between internalization of societal norms and cultural norms which may influence higher levels of body dissatisfaction. Items are straightforward and worded simply to make this measure accessible to a wide demographic and socioeconomic population. Item are anchored on a 5-point Likert scale 0 (*never*), 1 (*rarely*), 2 (*sometimes*), 3 (*often*), 4 (*always*) for the internalization and pressure items. Respondents were asked to rate their agreement with each item using a 5-point Likert scale 0 (*definitely disagree*), 1 (*mostly disagree*), 2 (*neither agree nor disagree*), 3 (*mostly agree*), 4 (*definitely agree*) for double consciousness items.

Thesis Methods

Participants and Recruitment

Participants included Black women from the community through flyers in local coffee shops and students from the University of Missouri-Kansas City (UMKC). Participants needed to be 18 years or older to participate in this study. Students were recruited through the UMKC Psychology Departments undergraduate research pool.

Community participants were recruited through advertisement on social media platforms (i.e., Facebook and Instagram), fliers placed on the UMKC campus (e.g., for staff and visitors) and through snowball sampling. Black women were exclusively recruited due to the nature of the study and the theories being assessed. Clark and Watson (1995) suggest that preliminary pilot-testing utilize a moderately sized sample of 100 to 200 participants. Therefore, this study aimed to achieve a sample size of at least 200 participants. I intended to attain a sample of 100 from the undergraduate psychology pool and 100 through the community to ensure a diverse background in participants (i.e., SES, educational attainment, age).

Instrumentation

Participants completed a battery of measures regarding body dissatisfaction. Demographic information (age, race/ethnicity, education level, sexual orientation, and self-reported height/weight; Appendix A) was gathered. The measures that assessed body dissatisfaction included: Skin Color Satisfaction, Body Shape Questionnaire, the Sociocultural Attitude Towards Appearance Questionnaire-4, the Objectified Body Consciousness Scale, and the Makeup Questionnaire. To assess disordered eating behavior participants completed the Eating Disorder Examination-Questionnaire, and the Binge Eating Scale. To assess engagement in sexualized behaviors participants completed the Sexualized Clothing Questionnaire and Risk Behaviors Scale. The Acculturation Stress Scale was used to assess acculturative stress.

Appearance Satisfaction Questionnaire. The preliminary 51 item Appearance Satisfaction Questionnaire (ASQ) was used to assess internalization of the slim thick body

type, appearance related pressures, and double consciousness. Items are rated on a 5-point Likert Scale (*0 = never, 4 =definitely agree*). See Appendix B for copy of this scale.

Skin Color Questionnaire. Skin Color Questionnaire (SCQ; Bond & Cash, 1992) is a three item scale rated on a 9-point Likert scale that assesses skin color satisfaction (*1= extremely dissatisfied, 9 = extremely satisfied)*, self-perceived skin color (*1= extremely light, 9 = extremely dark)* and ideal skin color (*1 = much lighter, 9 = much darker)*. Bond and Cash (1992) demonstrated good reliability, with a reliability coefficient of .90. The SCQ was used to assess skin tone satisfaction. See Appendix C for copy of this scale.

Sociocultural Attitudes towards Appearances Questionnaire-4. The Sociocultural Attitudes towards Appearances Questionnaire (SATAQ-4; Schaefer et al., 2015) is comprised of 22 items and rated on a 5-point Likert scale (*1=definitely disagree, 5=definitely agree*). This measure assess internalization of the appearance ideals and appearance related pressures. Subscales of the SATAQ-4 are: Internalization of thin/low body fat, internalization of muscular/athletic, pressures from family, pressures from peers, and pressures from media. Schaefer and colleagues (2015) report internal reliabilities (α) between .87 and .95 across all subscales (Schaefer et al., 2015). The SATAQ was used to assess perceived pressures from peers, media, and family to attain the thin-ideal. See Appendix D for copy of this scale.

Body Shape Questionnaire. The Body Shape Questionnaire (BSQ; Cooper et al., 1987) is comprised of 34-items rated on a six-point Likert scale (*1= never, 6=always*). This measure assesses concerns about weight and shape, specifically the experience of "feeling fat." The BSQ has demonstrated high test-retest reliability (Cronbach's α) .88. It has also demonstrated high concurrent validity with the Body Dissatisfaction subscale of the Eating

Disorder Inventory (α = .66; Cooper, et al., 1987). The BSQ was used to assess body dissatisfaction specific to the thin-ideal. See Appendix F for a copy of this scale.

Eating Disorder Examination-Questionnaire. The Eating Disorder Examination-Questionnaire (EDE-Q; Fairburn & Beglin, 1994) is a 32-item self-report questionnaire that assesses feelings, attitudes and behaviors related to body image and eating disorders. Items are rated on a seven-point Likert Scale (*1= no days, 7 = every day*). The EDE-Q consists of four subscales: Restraint, Shape Concern, Weight Concern, and Eating Concern. This measure also yields a Global score which is the average of the four subscale scores (Fairburn & Beglin, 1994). The EDE-Q has demonstrated good internal consistency, Cronbach's α, ranging from .78 to .93 (Luce et al., 2008). The EDE-Q will be used to assess the prevalence of disordered eating. Specifically, was used to assess engagement in restrictive eating, binge eating, and compensatory behaviors. See Appendix G for copy of this scale.

Binge Eating Scale. The Binge Eating Scale (Gormally et al., 1982) is 16 item self-report questionnaire that assesses the extent to which individuals experience binge eating problems. The BES appraises the behavioral (8- items) and cognitive aspects (8-items) related to a binge. Participants respond to items assessing feelings and behaviors related to binges that reflect a range of severity *(0= no binge eating problem, 3= severe binge eating problem)*. The BES has demonstrated good test-retest reliability (r = .87; Timmermen, 1999). The BES was used to assess binge-eating behavior. See Appendix H for a copy of this scale.

Objectified Body Consciousness Scale. The Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996) is a 24- item self-report questionnaire that assesses self-objectification. Participants are asked to respond to items on a 7-point Likert Scale

(*1=strongly disagree, 7=strongly agree*). The OBCS is comprised of three subscales and has demonstrated strong internal consistency (McKinley & Hyde, 1996). The Surveillance (OBCS-S) subscale measures the extent to which an individual defines their body by how it looks opposed to how it feels (α = .89). The Body Shame (OBCS-B) subscale assesses an individual's feelings of shame associated with the belief that one's body does not conform to cultural standards (α = .89). Lastly, the Appearance Control Beliefs (OBCS- A) subscale measures whether or not an individual believes they can control their own appearance, or if it is controlled by other things (α = .72). Construct, convergent, and divergent validity of scores have also been supported (McKinley & Hyde, 1996). The OBCS was used to assess the experience of objectification and its association with body dissatisfaction. See Appendix I for copy of this scale.

Risk Behaviors Scale. The Risk Behaviors scale, developed by Berkley-Patton research lab (personal communication, April 5, 2019), was used to measure sexual risk taking behaviors. The Risk Behaviors measure has demonstrated good internal validity (α = .75) in a previous study assessing sexual risk taking behaviors in a sample of African –American church and community members (Hawes & Berkley-Patton, 2014). Specifically, this measure was used to examine utilization of contraception and condoms, number of sexual partners, and beliefs about condom use. See Appendix J for a copy of this scale.

Makeup Questionnaire. The Makeup Questionnaire (MUQ; Smith et al., 2017) is a six-item self-report questionnaire that assesses women's beliefs and attitudes in relation to one's attractiveness and confidence without makeup as well as their willingness to not wear makeup in light of how body image may impact their decisions. Participants are asked to rate items on a five-point Likert Scale (*1=strongly disagree, 5=strongly agree*). The MUQ is

composed of two scales: the Unconfident scale and the Unease scale. The Unconfident scale has demonstrated good internal consistency (α = . 77). The Unease scale has also demonstrated good internal consistency (α = . 82; Smith et al., 2017). See Appendix K for copy of this scale.

Sexualized Clothing Questionnaire. The Sexualized Clothing Questionnaire (SCQ; Smith et al., 2017) is a five-item self-report questionnaire that assesses the impact body image concerns have on what women wear as well as the pressure women feel to dress in a sexualized way. Participants are asked to rate items on a five-point Likert Scale (*1=strongly disagree, 5=strongly agree).* The SCQ is composed of two scales: the Body Discomfort and the Pressure scale. The Body Discomfort scale has demonstrated good internal consistency (α = .83). The Pressure scale has also demonstrated good internal consistency (α = .82; Smith et al.,2017). See Appendix L for copy of this scale.

S.A.F.E Acculturation Stress Scale. The S.A.F.E Acculturation Stress scale (Mena et al., 1987) is a twenty-four item measure that assesses social, attitudinal, familial, and environmental stress. Participants are asked to respond to items on a five-point Likert Scale (1= *not stressful, 5=extremely stressful*). Reasonable reliability (α= .89) has been demonstrated with African American college students (Joiner & Walker, 2002). The S.A.F.E Acculturation Stress was used to assess participant's levels of acculturative stress. See Appendix M for a copy of this scale.

Table 2.

Included measures, score interpretations and normative groups

Measure	Score Meaning	Normative group
Skin Color Questionnaire	Skin color satisfaction (*1= extremely*	66 female African American undergraduate students. Ages ranged from 18 to 37

	dissatisfied, 9 = extremely satisfied) Self-perceived skin tone *(1 =extremely light, 9 = extremely dark)* Ideal skin color *(1 = much lighter, 9 = much darker).* Total scores range from 3 to 27	
Sociocultural Attitudes towards Appearances Questionnaire -4	Higher scores mean higher body dissatisfaction. Total scores range from 22 to 110.	859 female undergraduate students 61% identified as white Ages ranged from 18 to 30.
Body Shape Questionnaire	High scores suggest greater concerns about weight and shape. Total scores range from 34 to 204.	535 women from the community, 38 patients diagnosed with bulimia nervosa
Eating Disorder Examination-Questionnaire	Higher scores suggest greater levels of eating pathology. Total scores range from 0 to 6.5.	723 college women 88% identified as White. Ages ranged from 18 to 25
Binge Eating Scale	Higher scores indicate more severe binge eating problems. Total scores range from 16 to 62.	112 overweight individuals seeking behavioral obesity treatment. 100% identified as White. Ages ranged from 24 to 67.
Objectified Body Consciousness Scale	Higher scores on the Surveillance Scale suggest someone who watches their body frequently and think of their body in terms of how it looks instead of how it feels Higher scores on the Body Shame Scale would suggest someone who believes they are a bad person if they do not fulfill cultural expectations about their body. Higher scores on the Control Beliefs Scale	121 undergraduate women 85% identified as white. Ages ranged from 17 to 39

	suggest someone who believes they can control their weight and appearance if they work hard enough. Total scores range from 24 to 168.	
Risk Behaviors Scale	Higher scores indicate higher sexual risk taking behaviors. Total scores range from 10 to 178	255 African-American or Black men and women Ages ranged from 18-82
Makeup Questionnaire	Higher scores indicate greater discomfort without makeup. Total scores range from 6 to 35	174 undergraduate women Ages ranged from 17 to 23 76% of participants identified at White
Sexualized Clothing Questionnaire	Higher scores indicate more pressure to wear sexualized clothing. Total scores range from 5 to 25.	174 undergraduate women Ages ranged from 17 to 23 76% of participants identified as White
The S.A.F. E Acculturation Stress Scale	Higher scores indicate higher levels of acculturative stress. Total scores range from 24 to 120.	248 undergraduate and graduate African American university students.

Procedure

Participants were sent a link to the consent information and battery of surveys in Qualtrics. Student participants received course credit for their participation. Community participants were compensated with one $5 Amazon gift card. To keep responses anonymous, participants submitted their contact information for the gift cards separately from the survey results.

Planned Analyses

The factor structure of the ASQ (Aim 1) were evaluated using exploratory factor analysis. Specifically, a principal axis factor analysis was conducted with oblique rotations (Promax). Factors were primarily identified by eigenvalues, specifically eigenvalues greater than one (Furr, 2017). Second, factors were identified by examining a scree plot by locating

relatively large differences or drops on plotted values. Factors were established using eigenvalues, scree plot "leveling off", and ease of interpretation. Analyses also investigated internal consistency for the entire measure as well as identified subscales using Cronbach alphas. Clark and Watson (1995) suggest that preliminary pilot-testing employ a sample size of 100 to 200 participants. Therefore, I aimed to recruit 200 participants for this investigation. Aims 2, 3 and 4 were evaluated using the Pearson product moment correlation statistic.

CHAPTER 4

RESULTS

A total of 189 women completed the survey. Most participants were recruited from the community through flyers in local coffee shops (69.3%) and the remaining participants were recruited from Psychology courses (30.7%). Participant ages ranged from 18 to 73 years (M = 31.61, SD = 13.19). The mean body mass index (BMI) was 28.8kg/m2 with a range of 17.56 to 58.26. A majority of the sample identified as African American (73%), 17 identified as African (9%), seven identified as Afro-Latina (3.7%), two as Caribbean (1.1%), three as Caribbean American (1.6%), six as other Black descent, and 16 as multiple racial identities (8.5%). A majority of the sample identified as heterosexual (84%). The mean income for this sample size was $35,000, with a range of under $15,000 to $100,000 and over.

Exploratory Factor Analysis

A principal axis factor analysis was conducted with oblique rotations (Promax). The Kaiser-Meyer-Olkin test verified the sampling adequacy for the analysis, KMO = .889. An initial analysis was run to obtain eigenvalues for each factor. Eight factors had eigenvalues over Kaiser criterion of 1 and in combination explained 65.8% of the variance. Initial eigenvalues indicated that the first three factors explained 32%, 8%, and 6% respectively. The fourth, fifth, sixth, and seventh had eigen values just over one and each explained, 4%, 3%, 3%, and 2% respectively. The forced three factor structure solution, explaining 47% of the variance was preferred because of: (a) the 'leveling off' of eigenvalues on the scree plot (Figure 4) after three factors, (b) insufficient and minimal loading on the fourth factor and (c) difficulty interpreting the fourth factor.

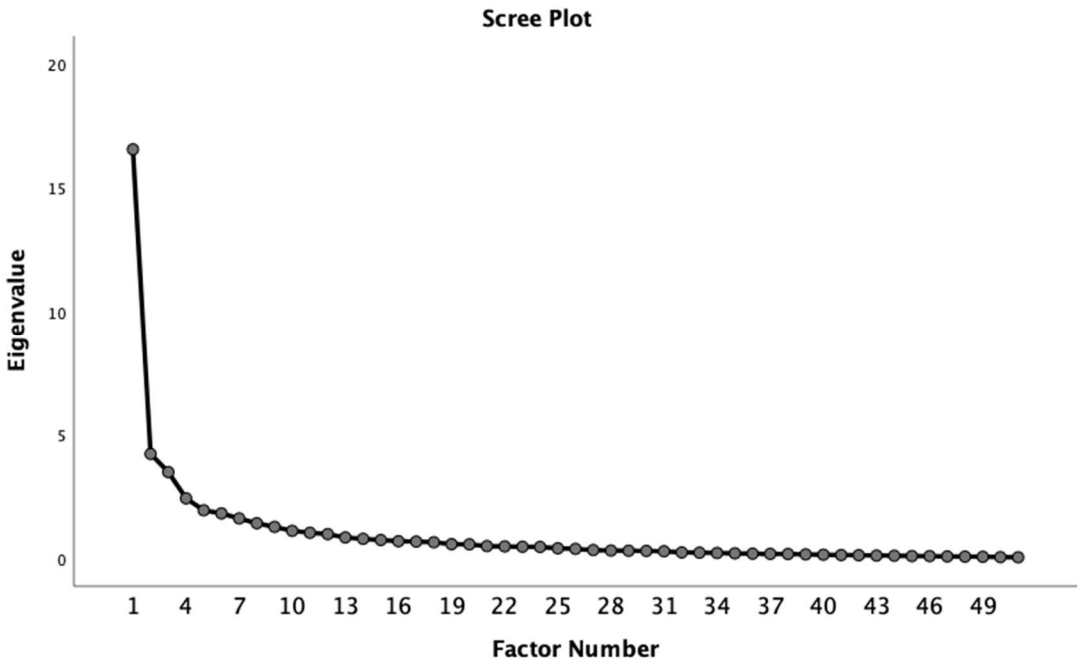

Figure 4:

Factor Analysis Scree Plot

Table 3 shows the factor matrix. The finalized ASQ demonstrated good internal consistency (Cronbachs's α=.94). The retained items did not load on the hypothesized factors, however. The hypothesized internalization and pressure to conform to the slim thick body type loaded on one factor (labeled "Slim Thick" subscale). Additionally, the hypothesized double consciousness factor loaded separately (labeled "Personal Beliefs" subscale and "Societal Beliefs" subscale). The clustering for the retained items suggest that factor 1 represents pressure to conform to the *slim thick* Black ideal (Cronbachs α= .95), factor 2 represents *personal beliefs* reflective of internalization of the White ideal (Cronbachs α= .84). This White ideal internalization is specific to European physical features (i.e., lighter skin, straighter hair). Factor 3 represents *societal beliefs* (Cronbachs α=

.80); specifically, the belief that society values stereotypical White beauty (i.e., European features) more than stereotypical Black beauty (i.e., wider nose, darker skin, kinkier hair). Table 4 shows the final measure with retained items, factor loadings, and factor names. Factor correlations were as follows: r_{12} = .35, r_{13} = .43, r_{23} = .18.

Table 3.

Appearance Satisfaction Questionnaire Item Stem Factor Loadings and Coefficients

	Factor Pattern coefficient (structure coefficient)			
Item stem	*1*	*2*	*3*	h^2
1. I feel pressure from my family to have straight hair.	.81(.70)			.54
2. I feel pressure from my family to have a certain hair curl pattern	.77(.73)		(.30)	.54
3. I feel pressure from my family to have a big butt	.80(.70)			.53
4. I feel pressure from my same sex peers to have a big butt.	.73(.71)			.50
5. I feel pressure from society to have a big butt.	.67(.69)		(.42)	.51
6. I feel pressure from my family to have a small waist	.73(.70)		.	.49
7. I feel pressure from my family to have a flat stomach	.71(.71)		(.36)	.52
8. I feel pressure from my family to have a small nose	.78(.68)			.52
9. I feel pressure from my same sex peers to have a small waist	.73(.76)	(.42)	(.32)	.63
10. I feel pressure from my same sex peers to have a flat stomach	.70(.74)	(.39)	(.31)	.57
11. I feel pressure from the opposite sex to have a big butt	.60(.67)		(.48)	.50
12. I feel pressure from the opposite sex to have a certain hair curl pattern	.63(.70)		(.42)	.51
13. I feel pressure from my family to have light skin	.72(.69)	(.35)		.52
14. I feel pressure from my same sex peers to have straight hair	.67(.68)			.47

15. I feel pressure from society to have a certain hair curl pattern	.56(.67)		.33(.56)	.55
16. I feel pressure from society to have straight hair	.60(.63)		(.40)	.43
17. I feel pressure from society to have a flat stomach	.55(.68)		.31	.54
18. I feel pressure from the opposite sex to have straight hair	.59(.65)		(.41)	.45
19. I feel pressure from my same sex peers to have a certain hair curl pattern	.61(.71)	(.40)	(.38)	.53
20. I have had or have seriously considered surgery to make my butt bigger.	.61(.50)			.30
21. I feel pressure from society to have a small waist.	.55(.68)		(.52)	.53
22. I have had or have seriously considered surgery to lose fat in my stomach	.59 (.46)			.26
23. I have exercised to make my butt bigger.	.54(.49)			.25
24. I feel pressure from the opposite sex to have a flat stomach	.51(.68)	(.38)	(.54)	.56
25. I feel pressure from the opposite sex to have a small waist.	.49(.67)	(.36)	.32(.55)	.55
26. I feel pressure from the opposite sex to have light skin	.52(.65)	(.38)	(.43)	.48
27. I have spent several hours making sure my natural hair curls have a certain hair curl pattern before going to social events.	.53(.55)			.32
28. I have used a waist trainer.	.52(.43)			.22
29. I have considered plastic surgery to reconstruct my nose.	.37 (.32)			.14
30. I believe a thinner nose is more attractive than a wider nose		.87(.82)		.64
31. I believe narrower hips are more attractive than wider hips		.81(.73)		.58

32. I believe a lighter complexion is more attractive than a darker complexion		.67(.66)		.43
33. I have or have seriously considered bleaching my skin to have a lighter complexion	(.30)	.61(.63)		.42
34. I believe a smaller waist is more attractive than a bigger waist		.58(.59)		.40
35. I have used makeup or other products to lighten my skin tone	(.35)	.50(.56)		.37
36. I believe straighter hair is more attractive than kinkier hair		.60(.64)		.42
37. Society believes a smaller waist is more attractive than a bigger waist			.82(.77)	.62
38. Society believes a flatter stomach is more attractive than a bigger stomach			.74(.66)	.46
39. Society believes a lighter complexion is more attractive than a darker complexion			.73(67)	.47
40. Society believes straighter hair is more attractive than kinkier hair		-.30	.58(.54)	.37
41. Society believes a thinner nose is more attractive than a wider nose			.58(.58)	.37

Note. 1 = Slim Thick. 2 = Personal Beliefs. 3 = Societal Beliefs. Red coefficients are items not retained for that factor.

Table 4.

Final Appearance Satisfaction Questionnaire Items by Factor.

Slim Thick	Item-Total Correlation
I feel pressure from my family to have straight hair.	.61
I feel pressure from my family to have a certain hair curl pattern	.65
I feel pressure from my family to have a big butt	.62
I feel pressure from my same sex peers to have a big butt.	.65
I feel pressure from society to have big butt.	.66
I feel pressure from my family to have a small waist	.63
I feel pressure from my family to have a flat stomach	.66
I feel pressure from my family to have a small nose	.60
I feel pressure from my same sex peers to have a small waist	.74
I feel pressure from my same sex peers to have a flat stomach	.71
I feel pressure from the opposite sex to have a big butt	.66
I feel pressure from the opposite sex to have a certain hair curl pattern	.68
I feel pressure from my family to have light skin	.64
I feel pressure from my same sex peers to have straight hair	.64
I feel pressure from society to have a certain hair curl pattern	.66
I feel pressure from society to have straight hair	.59
I feel pressure from society to have a flat stomach	.68
I feel pressure from the opposite sex to have straight hair	.63
I feel pressure from my same sex peers to have a certain hair curl pattern	.70
I have had or have seriously considered surgery to make my butt bigger.	.43
I feel pressure from society to have a small waist.	.69
I have had or have seriously considered surgery to lose fat in my stomach	.37
I have exercised to make my butt bigger.	.44
I feel pressure from the opposite sex to have a flat stomach	.72
I feel pressure from the opposite sex to have a small waist.	.70
I feel pressure from the opposite sex to have light skin	.66
I have spent several hours making sure my natural hair curls have a certain hair curl pattern before going to social events.	.54
I have used a waist trainer.	.36

I have considered plastic surgery to reconstruct my nose.	.30

Personal Beliefs

I believe a thinner nose is more attractive than a wider nose	.32
I believe narrower hips are more attractive than wider hips	.20
I believe a lighter complexion is more attractive than a darker complexion	.30
I have or have seriously considered bleaching my skin to have a lighter complexion	.36
I believe a smaller waist is more attractive than a bigger waist	.34
I have used makeup or other products to lighten my skin tone	.39
I believe straighter hair is more attractive than kinkier hair	.41

Societal Beliefs

Society believes a smaller waist is more attractive than a bigger waist	.37
Society believes a flatter stomach is more attractive than a bigger stomach	.26
Society believes a lighter complexion is more attractive than a darker complexion	.28
Society believes straighter hair is more attractive than kinkier hair	.20
Society believes a thinner nose is more attractive than a wider nose	.34

Discriminate Validity

As shown in Table 5 and contrary to my hypothesis, the total ASQ summary score did demonstrate a statistically significant correlation with the BSQ (r = . 657, p <.01). Several additional statistically significant correlations were observed between ASQ subscales scores, BSQ scores and subscales of the SATAQ- 4 (Table 5). Consistent with my hypothesis, the ASQ Societal Beliefs subscale did not correlate with BSQ scores (r = .093, p =.241), SATAQ-4 Muscle Internalization subscale (r = .140, p = .060), and SATAQ-4 Peer pressure subscale (r = .066, p =.373).

Convergent Validity

Consistent with my hypothesis, the ASQ total score correlated with OBCS total score (r = .462, p < .01). Similarly, there were statistically significant correlations between the ASQ total scores and most OBCS subscales. Table 5 shows additional correlations between ASQ subscales and OBCS subscales and total scores.

As shown in Table 5, and consistent with my hypothesis, ASQ total scores correlated significantly with the SCQ question specifically asking about skin tone satisfaction (r = -.258, p = .001). Additionally, the ASQ Slim Thick subscale correlated significantly with skin tone satisfaction (r = -.197, p < .05), ASQ Personal Beliefs subscale correlated significantly with skin tone satisfaction (r = -.467, p < .01). ASQ Societal beliefs subscale did not correlate with skin tone satisfaction (r = .125, p = .105).

When examining make-up use behaviors, consistent with my hypothesis, ASQ total score demonstrated a statistically significant correlation with MUQ scores (r = . 489, p < .01). The ASQ Slim Thick subscale correlated with MUQ scores (r = . 458, p < .01). The ASQ Personal Belief subscale correlated with MUQ scores (r = . 325, p < .01).

Inconsistent with my hypothesis, ASQ Societal Beliefs subscale did not correlate with MUQ scores (r = . 129, p = .097).

Table 5.

ASQ Correlation with Other Body Image Assessments

	Slim Thick	Personal Beliefs	Society Beliefs	ASQ Total
BSQ	.690.**	.196*	.093	.657**
SATAQ-4-Internalized_Thin	.393**	.435**	.249**	.475**
SATAQ-4-Internalized_Muscle	.432**	.465**	.140	.503**
SATAQ-4-Pressure_Family	.574**	.152*	.215**	.560**
SATAQ-4-Pressure_Peers	.512**	.473**	.006	.560**
SATAQ-4-Pressure_Media	.524**	.236**	.312**	.552**
OBCS_Body Shame	.607**	.411**	.207**	.642**
OBCS_Control	.162*	.468**	.055	.253**
OBCS_Surveillance	-.123	.168*	-.062	-.076
OBCS_Sum	.378**	.535**	.120	.462**
SCQ	-.197*	-.467**	.125	-.258**
MUQ	.463**	.325**	.129	.492**

Note. **. Correlation is significant at the p < . 01 level
*. Correlation is significant at the p <.05 level
BSQ = Body Shape Questionnaire; SATAQ-4 = Sociocultural Attitudes Towards Appearance Questionnare-4; OBCS = Objectified Body Consciousness Scale; SCQ = Skin Color Questionnaire; MUQ = Make up Questionnaire.

Eating Related Health Behaviors

Binge Eating

As shown in Table 6 and consistent with my hypothesis, ASQ total score was statistically significantly correlated with binge eating behavior assessed with the BES (r =

.506, $p < .01$). The ASQ Slim Thick subscale correlated with the BES ($r = .535$, $p < .01$). ASQ Personal Beliefs also correlated with the BES ($r = .168$, $p < .05$). Inconsistent with my hypothesis, ASQ Societal Beliefs did not correlate with the BES ($r = .017$, $p < .832$).

General Disordered Eating Behavior and Attitudes

As shown in Table 6 and consistent with my hypothesis, ASQ total score was statistically significantly correlated with the EDE-Q Global score ($r = .591$, $p < .01$), EDE-Q Restraint ($r = .447$, $p < .01$), EDE-Q Eating Concerns ($r = .586$, $p < .01$), EDE-Q Shape Concerns ($r = .541$, $p < .01$), and EDE-Q Weight Concerns ($r = .523$, $p < .01$). Table 6 shows additional correlations between the ASQ subscales and EDE-Q subscales. Inconsistent with my hypothesis, ASQ Societal Beliefs did not correlate with the EDE-Q Global score or any of the subscales (see Table 6).

Table 6.

ASQ Correlations with Health Behaviors

	Slim Thick	Personal Beliefs	Societal Beliefs	ASQ Total
BES	.535**	.168*	.017	.506**
EDE_Restraint	.480**	.068	.133	.447**
EDE_Eating Concerns	.606**	.259**	.040	.586**
EDE_Shape Concerns	.582**	.121	.115	.541**
EDE_Weight Concerns	.566**	.091	.134	.523**
EDE_Global	.632**	.149	.124	.591**
SCQ_	.434**	.464**	.073	.489**
RBQ_	.163	.037	-.065	.130

Note. **. Correlation is significant at the p <. 01 level
*. Correlation is significant at the p <.05 level
BES = Binge Eating Scale; EDE = Eating Disorder Examination-Questionnaire; SCQ = Sexualized Clothing Questionnaire; RBQ = Risky Behavior Questionnaire.

Sexual Health Behaviors

Sexualized pressure, specifically pressure to wear sexual clothing (SCQ) and sexual risk taking behavior (RBQ), were examined. As shown in Table 6, and consistent with my hypothesis, the ASQ total score correlated with SCQ total score ($r = .458$, $p < .01$). The ASQ Slim Thick subscale and Personal Beliefs subscales demonstrated statistically significant correlations with the SCQ, but the Societal Beliefs scale did not (Table 6).

Inconsistent with my hypothesis, ASQ total scores did not correlate with sexual risk taking behavior scores ($r = .130$, $p = .131$). ASQ subscales also did not correlate with sexual risk taking behaviors (see Table 6).

Acculturative Stress

Consistent with my hypothesis, ASQ total scores were statistically significantly correlated with SAFE total score ($r = . 587$, $p < .01$). Similarly, the ASQ Slim Thick subscale correlated with SAFE ($r = . 499$, $p < .01$), as did the ASQ Personal Beliefs and the SAFE ($r = .575$, $p < .01$). Inconsistent with my hypothesis, ASQ Societal Beliefs did not correlate with SAFE ($r = . 199$, $p = .157$).

CHAPTER 5

DISCUSSION

Body image research has focused on the experiences of White women, and consequently, theories of body image dissatisfaction and its negative sequelae have been either misapplied or misunderstood in reference to Black women. As an example, body image dissatisfaction has been cited as a significant predictor in the development of eating disorders (Stice & Agras, 1998; Wertheim et al., 2001; Stice, et al., 2002) despite body dissatisfaction in Black women not being fully understood or evaluated. Many theories explaining the etiology of body dissatisfaction and eating disorders (i.e., Tripartite Influence Model and Self-Discrepancy Model; Thompson et al., 1999; Wonderlich et al., 2010) were developed by White researchers and influenced by experiences of White women. While these theories have been extensively researched and validated, a majority of the women in these samples are White. This approach maintains the White female narrative in body image research. Investigations examining the relationship between body dissatisfaction in women of color have concluded that women from historically underrepresented communities, specifically Black women, do not experience body dissatisfaction (Quick & Byrd-Bredbenner, 2014; Schaefer et al., 2018). This conclusion is problematic for two reasons. First, a majority of research on body dissatisfaction focuses on the internalization of the thin (white) body shape ideal, called "thin ideal internalization." Internationalization of a thin body shape is not necessarily salient in Black culture. Second, most studies involving women of color take a comparative approach. Specifically, Black women are often compared to White women. This approach supports the notion that White women's experiences are the norm; and

when Black women do not endorse these experiences researchers mistakenly conclude that Black women do not experience body dissatisfaction. These world-view and methodological limitations in body image research perpetuates ignorance of body image concerns among Black women.

Research assessing body image concerns specific to Black women shows that the Black body ideal is focused on long hair, light skin, and bigger buttocks and breasts (Capodilupo, 2015). Colloquially, this has been referred to as the slim thick body type. While Black women experience pressure to adhere to the slim thick body type, research also suggests that Black women are still subjected to messages that Whiteness and White ideals are the standard of beauty (Patton, 2006, hooks, 2015). These opposing messages paint a more complex picture of body image and its dissatisfaction among Black women. It is critical that research begins to understand body image in Black women without attempting to implement culturally inappropriate theories on Black women. Failing to fully understand Black women's body image concerns has the potential to maintain and increase disordered eating behavior while also potentially ignoring other unhealthy behaviors.

The purpose of this investigation, therefore, was to assess the factor structure of newly developed body image measure developed specifically for Black women, the ASQ. This investigation also aimed to assess the relationship between the ASQ, and other currently used body dissatisfaction measures as well as health behaviors more broadly.

The first aim of this study was to investigate the factor structure of the ASQ. I hypothesized that items would load on factors assessing: internalization of slim thick body type, pressure to adhere to the slim thick body type, and double consciousness.

Consistent with my hypothesis, the ASQ loaded on three factors. Inconsistent with my hypothesis, they loaded on constructs assessing internalization and pressure to conform to the slim thick body type, personal beliefs about White beauty standards, and societal beliefs about White beauty standards.

Items on the Slim Thick subscale assessed pressure to adhere to the slim thick body type as well as behaviors women engage in to achieve the slim thick body type. Items originally hypothesized to assess pressure and internalization loaded together on the Slim Thick subscale. This likely occurred because items assessing internalization and pressure may be measuring the same latent construct of the slim thick body type. Additionally, individuals who internalize this ideal are likely simultaneously experiencing pressure to conform to this body type.

Contrary to my hypothesis, the Personal Beliefs and Societal Beliefs subscales loaded items assessing White beauty standards. Items hypothesized to load on the double consciousness subscale loaded separately on the Personal Beliefs subscale and Societal Beliefs subscale. It is possible that these items loaded separately because individuals may believe that society values a standard of beauty without internalizing this belief. In other words, Black women may believe that Whiteness is the standard of beauty but do not internalize it as their personal standard of beauty.

Subscales assessing pressure to adhere to the slim thick body type and subscales assessing White standards of beauty loaded separately which still supports the notion of double consciousness. Based on these results, Black women identify and experience pressure to adhere to the slim thick body type, yet still experience internalization or pressure to conform to White standards of beauty (measured by the Personal Beliefs

subscale). This suggest that Black women are attempting to navigate two opposing standards of beauty. Experiencing these opposing ideal body types can potentially lead to body dissatisfaction in a culturally unique way, reflective of the Lily Complex (Jones & Shorter-Gooden, 2004).

The Lily Complex occurs when Black women do not align with dominate culture's standard of beauty. In this case, the dominate culture is the slim thick body type or the thin ideal body type. Failing to align with these ideals encourages women to engage in body modifying behaviors that emphasize aspects of beauty based on both White society and Black culture. This is impossible to achieve, possibly leading to decreased levels of self-acceptance and continued engagement in unhealthy behaviors to achieve multiple cultural ideal (e.g., attain a slim thick body type while also attempting to reflect European physical features of longer straighter hair, lighter skin tone).

The second aim of this study was to examine the validity of the ASQ. I hypothesized that the ASQ would not correlate with current measures of body dissatisfaction focused primarily on internalization of the thin ideal. Contrary to my hypothesis, however, the ASQ correlated strongly with current body image measures assessing thin ideal internalization (i.e., BSQ and SATAQ-4). Specifically, ASQ total score and ASQ subscales, except Societal Beliefs, correlated with BSQ scores. The BSQ assess concerns associated with weight and shape and experiences of feeling fat (Cooper et al., 1987). Items focus on an individual's desire to diet or get rid of "fatty" parts of their body. Items on the ASQ, specifically the Slim Thick subscale, highlight features that reflect weight and shape concerns similar to the BSQ (i.e., flat stomach) which may explain that correlation. The BSQ also correlated with the Personal Beliefs subscale but

not Societal Beliefs subscale. These results were inconsistent with my theory, but potentially tell an important story in the context of body image and Black women. Personal Beliefs and Societal Beliefs subscales assess for White standards of beauty. Specifically, these subscale assess a personal and societal preference for a small waist, flat stomach, lighter skin, smaller nose, and straighter hair. These findings suggest that simply acknowledging society's preference for White beauty standards may not result in body dissatisfaction, which may account for the lack of correlation between the BSQ and Societal Beliefs subscale.

Also contrary to my hypothesis, the ASQ Slim Thick and Personal Beliefs subscales correlated with all SATAQ-4 subscales. These results further support the hypothesis that Black women are experiencing pressure to adhere to two body ideals. The SATAQ-4 is based on the Tripartite Influence Model (Thompson et al., 1999). This theory suggest that body dissatisfaction results from pressures to be thin and that this pressure often comes from family, friends, and the media. The ASQ Slim Thick subscale assess pressures received from family, friends, and the opposite sex to attain to slim thick body. As previously discussed, Black women may be striving for a body that emphasizes some features reflective of the thin ideal that the SATAQ-4 assesses (i.e., flat stomach, small waist). This commonality is likely accounting for the high correlation between the ASQ subscales and the SATAQ-4 subscales. Further, women who internalize White standards of beauty (measured by the Personal Beliefs subscale) may be more likely to adhere to the thin ideal assessed by the SATAQ-4 subscales.

Consistent with my hypothesis, the ASQ total score correlated with OBCS total score. The ASQ total score also correlated with all subscales of the OBCS except the

Surveillance subscale. The correlation between ASQ total, Slim Thick, and Personal Beliefs subscales and OBCS total, OBCS Body Shame and OBCS Control subscales suggest that the internalization and pressure to adhere to the slim thick ideal and White standards of beauty is associated with an individual's belief that they are a bad person because they do not meet the cultural standards of what a body should look like and their belief that they can control their own appearance. The ASQ Societal Beliefs only correlated with OBCS Body Shame subscale. This result suggest that women who believe White standards of beauty are preferred by society may also believe that they are a bad person because they do not meet cultural standards. Finally, ASQ total score correlated with OBCS total score demonstrating the relationship between self-objectification and body dissatisfaction. This relationship has been extensively studied in body image research using measures assessing for thin ideal internalization. This relationship remained consistent using the ASQ, which measures different aspects of body dissatisfaction in Black women, not solely related to thinness. Additional research assessing the relationship between ASQ and OBCS surveillance should be conducted.

Finally, consistent with my hypothesis, ASQ total score correlated with skin color satisfaction. ASQ Slim Thick and Personal Beliefs subscales also correlated with skin color satisfaction. These findings reflect previous research assessing the relationship between skin color satisfaction and body image concerns in Black women (Buchanan et al., 2008). The ASQ not only assess skin color satisfaction but also address unhealthy behaviors women engage in due to skin color dissatisfaction. Items on the ASQ Slim Thick subscale and Personal Beliefs subscale measured engagement in behaviors such as skin bleaching and using make up products to lighten ones skin complexion. ASQ

Societal Beliefs subscale did not correlate with this item. This finding further supports the hypothesis that simply believing society prefers certain physical features does not mean women will internalize that standard of beauty.

The third aim of this study was to assess the relationship between body dissatisfaction, using the ASQ, and unhealthy behavior, specifically eating disorders and sexual risk taking behaviors. Consistent with my hypothesis, ASQ total score, Slim Thick subscale and Personal Beliefs subscale correlated with binge eating measured by the Binge Eating Scale (Gormally et al., 1982). These results suggest that greater endorsement of the Black ideal is associated with increased binge eating behaviors. Results correlating the Personal Beliefs subscale and Binge Eating scale suggest that internalization of White standards of beauty in relation to skin tone, smaller hips, or smaller nose is associated with binge eating in Black women. Societal Beliefs did not correlate with the binge eating measured by the BES.

The ASQ total and Slim Thick subscale correlated with EDE-Q Global scores and all subscales, suggesting that the Black ideal is correlated with eating disordered behaviors measured by the EDE-Q. This is important to note because the ASQ Slim Thick subscale assesses for physical features beyond thinness. The ASQ Slim Thick subscales assesses for physical features that emphasize a slim thick body type (i.e., small waist, a big butt) as well as features associated with hair and curl patterns. These findings suggest that there may be culture-specific body image aspects related to disordered eating for Black women. The ASQ Personal beliefs subscale only correlated with EDE-Q Eating concerns subscale. The EDE-Q Eating concerns subscale assess features similar to binge eating (eating in secret, guilt about eating, fear of losing control). This correlation further

supports the hypothesis that internalization of White beauty standards is related to binge eating, which was also observed in the correlation between ASQ Personal beliefs subscale and the Binge eating scale described above. One hypothesis to this correlation is that Black women are constantly being exposed to messages that White is the standard of beauty. This message may be internalized which may lead to emotional distress. This emotional distress may occur because in being reminded that White is the standard of beauty, Black women are simultaneously reminded that they do not reflect that and the associated white privileges (i.e., financial and social opportunities). Based on theories of binge eating and emotional distress (Gianini et al., 2013), Black women may be engaging in these behaviors to regulate emotions in the context of limited other coping skills.

The ASQ Personal Beliefs and Society Beliefs did not correlate with EDE-Q global score, or the EDE-Q Restraint, Shape Concern and Weight Concern subscales. These results are surprising because the ASQ Personal Beliefs subscales assess White standards of beauty (i.e., preference for smaller hips, and smaller waist), which theoretically could lead to disordered eating behaviors. The Personal Beliefs subscale, however, also focuses on physical features that are not altered through eating behavior (e.g., skin tone).

Consistent with my hypothesis the ASQ total, ASQ Slim Thick and Personal Beliefs subscales correlated with greater discomfort when not wearing making up and pressure to wear sexualized clothing. These results suggest that Black women who experience pressures to adhere to the Black body ideal and internalize White standards of beauty may also feel pressure to dress in more sexualized ways and feel the need to wear make-up. These results supports previous research that suggests Black women who

experience body dissatisfaction are also more likely to endorse the Jezebel stereotype (Townsend et al., 2010). Feeling pressure to wear make-up and dress in sexualized ways may reflect aspects of the Jezebel stereotype Black women are pressured to imitate.

Inconsistent with my hypothesis, results found that there was no relationship between body dissatisfaction and sexual risk taking behaviors. While previous research has found a relationship between body dissatisfaction and sexual risk taking behaviors in Black women (Wingood et al., 2002), my findings did not support past conclusions. The measure used in this study solely focused on behaviors. Previous findings have assessed cognitive aspects/attitudes associated with sexual behavior and its reflection of the Jezebel stereotype. Using a more multidimensional measure may have provided more insight and information into attitudes, sexuality, and behaviors. Future studies should incorporate a more comprehensive measure to assess the relationship between the ASQ and sexual risk taking behavior.

My final aim examined the relationship between body image measured with the ASQ and acculturative stress. Consistent with my hypothesis, ASQ scores correlated positively with SAFE scores assessing acculturative stress. ASQ Pressure and Societal beliefs subscale were also related to acculturative stress. Acculturative stress may be related to internalization of White beauty norms, as well as pressures to conform to Black beauty standards. Black women may be adhering to this standard because they are aware of the social and professional advantages of aligning with these standards. Previous research has shown that this internalization leads to increased levels of body dissatisfaction (Perez et al., 2002).

Contextualizing these Results: Intersectionality

Intersectionality is defined as any specific social location where such systems intersect and generate a distinctive group history or experience (Crenshaw, 1989; Collins 1998; Collins, 2015). Recent feminist theorist have argued that many feminist models reflect experiences of privileged White women and fail to incorporate the impact different identifies have on self-concept and body image (Yodar & Kahn, 1993). The intersectionality of being a women and being Black creates a unique body image experience for Black women.

Current feminist theorist argue that bodies are constructed through sociocultural practices and discourses (Yodar & Kahn, 1993; Coleman, 2009) and that women are viewed solely as a body (Coleman, 2008). Additionally, scholars such as bell hooks identify and discuss the original perception of Black people as animalistic, beastly, and ugly (hooks, 2015, Kendi, 2016). The unique combination of these theories and identities create a paradox for Black women. While women are viewed as their body, Black bodies have been historically identified as animalistic and ugly. Further, despite continued rejection of traditional gender roles, ideas associated with femininity and masculinity remain prevalent in our society. These constructs also influence body image. Societal ideas of femininity often reflect concepts of White women as docile and compliant. Based on the theories that women are predominately viewed as a body and that White women have become the identity of femininity that Black women are juxtaposed against, body image concerns for Black women has the potential to be more complex. This contrast could cause Black women to experience increased pressure to adhere to societal and cultural standards of beauty since society views women as bodies and historically

viewed Black women as less beautiful and less feminine. In other words, since Black women were never considered in societies definition and understanding of femininity and because women are predominately viewed as a body, Black women may be experiencing increased pressures to adhere to certain standards of beauty knowing that they are heavily judged by their bodies.

Jones and Shorter-Gooden (2004) highlight this pressure through their qualitative research finding that some Black women shift their appearance just as one of many compromises to ensure their White coworkers feel comfortable with them and do not make assumptions about their attitude or politics. This shift is based on Black women's awareness of society's preference for Eurocentric features. This shifting may potentially help them better integrate into certain circles allowing them access to more opportunities. Additionally, there may be heightened consequences for Black women when they fail to align to societal standards of beauty and femininity (e.g., social or employment consequences).

Limited demonstrations of Black femininity further complicate perceptions of Black women. Femininity has identified White women as the standard and norm to which all women are expected to comply. Due to the stereotypes of Black femininity (i.e., Jezebel, Sapphire, Mammy) perceptions of Black women's behaviors may not align with stereotypical White femininity (i.e., docile, compliant). This may lead to social engagements in which society implicitly attempts to reform the femininity of Black women into something that is more acceptable. For example, Black women may be perceived as being more attractive when they align more closely with White physical standards of beauty such as lighter skin, straighter hair, smaller wait and flatter stomach.

Being seen as attractive in a society that views women as bodies may assist in becoming successful in different areas of life (i.e., obtaining employment, advancement in academic settings). Alternatively, society may punish Black women when they refuse to align.

The consequences of not adhering to White standards of beauty may not always be explicit, yet they are still impactful. For example, highlighting Black features (i.e., wearing ones hair naturally, not being slim) may reflect stereotypes of Black femininity that were historically used to belittle Black women and demonstrate that they were incapable of being feminine. Society and individuals may then perceive them as less feminine. Research in Black girls and adultification has found when girls are perceived as less feminine, they experience harsher punishments in school and in the juvenile system (Epstein et al., 2017). No research has explored this relationship with Black women and body image in other contexts. Additionally, the facet of socioeconomic status should also be explored as an intersecting element, possibly influencing body dissatisfaction and pressure to adhere to a specific ideal (Hesse-Biber et al., 2010).

Continued disregard of the unique intersection being Black and being female will potentially continue to ignore the inequalities *between* women and their experiences with body image. Extent research with Black women has identified a consistent feeling of invisibility (Poran 2006; Capodilupo, 2015) leading to increased emotional distress demonstrated through disordered eating behaviors (West, 1985; Jones and Shorter-Gooden, 2003; Perez, 2003) and heightened rates of anxiety and depression (Capodilupo, 2015; Capodilupo & Kim, 2014; Capodilupo & Forsyth, 2014; Jones & Shorter-Gooden, 2003). This harmful 'White women as the norm' approach in research and treatment will

inevitability perpetuate health disparities (Capodilupo, 2015; Jones & Shorter-Gooden, 2003; West, 1985).

Limitations

Despite the important findings in this study, there are notable limitations. Scale development research suggests that factor analysis should have a minimum of 200 participants. The sample size for this investigation was only 189. Therefore, current loadings should be interpreted with caution until future confirmatory analysis are conducted. Another limitation is that during the initial release of the survey numerous computer robots submitted data. Data analysis was temporarily stopped and a majority of participants were deleted because they were believed to be robots. Before releasing the survey again a Captcha was added to help distinguish human responses from robot responses. Simple mathematical problems (3 +3) were also added for additional security. Despite these security additions there is a possibility that robot responses are present. Additionally, there was little diversity in representation. A majority of the sample identified as African-American. Therefore the findings of this study may not apply or reflect the experiences of Black women who are African, Caribbean or Afro-Latina.

Strengths

Notwithstanding the limitations in this study, there are important strengths to note. This is the first body image measure created for Black women. Ideally, this measures will assist in creating future body image assessments and interventions being more inclusive of Black women and their experiences. Further, the age range of this sample assisted in receiving date from multiple age groups. Finally, this study assisted in indicating that body image concerns are not solely focused on being thin, or thin-ideal

internalization. As a result of the previous finding, this study found that body image concerns not strictly focused on being thin is still related to disordered eating behaviors. Therefore, Black women may engage in restrictive, purging, and binging behaviors without the goal of attaining thinness.

Future Directions

Factor analysis demonstrated that this measure assessed three different latent factors. Validity analyses demonstrated that the Societal Beliefs factor did not correlate with several measures. The few significant correlations between other scales and Societal Beliefs were not large. Further, based on the interpretation of these findings, it appears that the Societal Beliefs factor has limited utility. Therefore, future studies should assess this measure without items on the Societal Beliefs construct.

Poor body image is linked to higher levels of depression and anxiety in Black women (Overstreet et al., 2010; Capodilupo, 2015) and White women (Shaw et al., 2004). Future studies should examine this relationship using the ASQ. This is especially important for Black women due to the prevalence of generational trauma and systematic oppression.

Finally, this is the first body image measure created specifically for Black women; therefore these results or preliminary. Future studies should assess the validity of this measure in different populations. Specifically, examining this body ideal within different Black identities such as Africans, Caribbean's and Afro-Latinas.

In summary, the ASQ is the first culturally inclusive measure of body image for Black women. Factor analysis suggests three latent structures : Slim Thick, Personal Beliefs, and Societal Beliefs, reflecting the experience of double consciousness vis-à-vis

body image for Black women. The ASQ demonstrates convergent validity with other body image measures, and is correlated with disordered eating behaviors and attitudes, as well as acculturative stress. Its development and validation is an important first step in expanding Black representation and inclusion in the body image literature.

Appendix A. Demographic Questions

1. Age: _____
2. Gender Identity
    a. Female
    b. Transgender Female
    c. Other
3. Race? (Select all that apply)
    a. African
    b. African American
    c. Afro-Latin
    d. Caribbean
    e. Caribbean America
    f. Other Black descent_____
4. Gender Identity
    a. Female
    b. Transgender Female
    c. Other___
5. Weight: _____
6. Height: _____
7. Sexual Orientation:
    a. Heterosexual
    b. Homosexual
    c. Bisexual
    e. Other
8. Highest Level of Education:
    a. Junior High
    b. High School
    c. Some college Degree
    d. Associates
    e. Bachelors
    f. Masters
    g. Doctorate/MD/JD/Other Terminal
9. Parents Highest Level of Education
    a. Junior High
    b. High School
    c. Some college Degree
    d. Associates
    e. Bachelors
    f. Masters
    g. Doctorate/MD/JD/Other Terminal
10. Marital Statues
    a. Married (or Common law)
    b. Single
    c. Separated/ Divorced
    d. Widow(er)
11. Average Annual Income
    a. Under $15, 000
    b. $15,000 - $24,000
    e. $50,000- $74,999
    f. $75,000- $99,999

c. $25,000 - $34,000
d. $35,000 - $49,000
g. $100,000 and over

12. Are you… (Choose All that Apply)?
a. Working Full Time
b. Working Part Time
c. Home Keeper
d. Unemployed, looking for work
e. Unemployed, not looking for work
f. Unable to work
g. Full time student
h. Part time student
i. Retired

Appendix B. Appearance Satisfaction Questionnaire

We would like to know how you have been feeling about your appearance over the PAST FOUR WEEKS. Please read each question and select the appropriate response from the numbers listed below. Please answer all questions.

OVER THE PAST FOUR WEEKS:

0=Never, 1= Rarely, 2= Sometimes, 3= Often, 4= Always
1. I have or have seriously considered bleaching my skin to have a lighter complexion
2. I have used makeup or other products to lighten my skin tone.
3. I have used makeup to contour my nose.
4. I have considered plastic surgery to reconstruct my nose.
5. I have avoided going out because I did not have extensions or weave in.
6. I have spent several hours making sure my natural curls have a certain curl pattern before going to social events.
7. I have used a waist trainer.
    a. If so, for how long? Please answer in days and hours. ____days a week. ____hours a day.
8. I have exercised to make my butt bigger.
9. I have had or have seriously considered surgery to make my butt bigger.
10. I have exercised to make my stomach flat.
11. I have had or have seriously considered surgery to lose fat in my stomach.
12. I feel pressure from society to have light skin.
13. I feel pressure from society to have a small waist.
14. I feel pressure from society to have a flat stomach.
15. I feel pressure from society to have a big butt.
16. I feel pressure from society to have a small nose.
17. I feel pressure from society to have straight hair.
18. I feel pressure from society to have a certain curl pattern.
19. I feel pressure from my same sex peers to have light skin
20. I feel pressure from my same sex peers to have a small waist
21. I feel pressure from my same sex peers to have a flat stomach
22. I feel pressure from my same sex peers to have a big butt.
23. I feel pressure from my same sex peers to have a small nose
24. I feel pressure from my same sex peers to have straight hair
25. I feel pressure from my same sex peers to have a certain curl pattern.
26. I feel pressure from the opposite sex to have light skin
27. I feel pressure from the opposite sex to have a small waist
28. I feel pressure from the opposite sex to have a flat stomach
29. I feel pressure from the opposite sex to have a big butt.
30. I feel pressure from the opposite sex to have a small nose
31. I feel pressure from the opposite sex to have straight hair
32. I feel pressure from the opposite sex to have a certain curl patter
33. I feel pressure from my family to have light skin.
34. I feel pressure from my family to have a small waist.

35. I feel pressure from family to have a flat stomach.
36. I feel pressure from family to have a big butt.
37. I feel pressure from family to have a small nose.
38. I feel pressure from family to have straight hair.
39. I feel pressure from family to have a certain curl pattern.

The following statements are about how society and you might feel or think. You are asked to indicate the extent to which each statement pertains to you, personally, and society, utilizing the numbers below.

0= definitely disagree, 1=mostly disagree, 2= neither agree nor disagree, 3= mostly disagree, 4= Definitely agree.

40. Society believes lighter complexion is more attractive than darker complexion.
41. Society believes a smaller waist is more attractive than a bigger waist
42. Society believes a thinner nose is more attractive than a wider nose.
43. Society believes narrow hips are more attractive than wide hips.
44. Society believes straight hair is more attractive than kinky hair.
45. Society believes a flat stomach is more attractive than a round stomach.
46. I believe lighter complexion is more attractive then darker complexion
47. I believe a smaller waist is more attractive than a bigger waist
48. I believe a thinner nose I more attractive than a wider nose.
49. I believe narrow hips are more attractive than wide hips.
50. I believe straight hair is more attractive than kinky hair.
51. I believe a flat stomach is more attractive than a round stomach.

Appendix C. Skin Color Questionnaire

1. How satisfied are you with the shade (lightness or darkness) of your own skin color?
   Responses 1-9: (1 being extremely dissatisfied; 9 being extremely satisfied)
2. Compared to most African-American people, I believe my skin color is…
   Responses: 1-9: (1 being extremely light; 9 being extremely dark)
3. If I could change my skin color, I would make it…
   Responses: 1-9: (1 being much lighter; 9 being much darker)

Appendix D. Sociocultural Attitudes Towards Appearances Questionnaire-4

Item	Definitely Disagree				Definitely Agree
1.It is important for me to look athletic.	1	2	3	4	5
2. I think a lot about looking muscular.	1	2	3	4	5
3. I want my body to look very thin.	1	2	3	4	5
4. I want my body to look like it has little fat.	1	2	3	4	5
5. I think a lot about looking thin.	1	2	3	4	5
6. I spend a lot of time doing things to look more athletic.	1	2	3	4	5
7. I think a lot about looking athletic.	1	2	3	4	5
8. I want my body to look to look very lean.	1	2	3	4	5
9. I think a lot about having very little body fat.	1	2	3	4	5
10. I spend a lot of time doing things to look more muscular.	1	2	3	4	5
11. I feel pressure from my family members to look thinner	1	2	3	4	5
12. I feel pressure from family members to improve my appearance.	1	2	3	4	5
13. Family members encourage me to decrease my level of body fat.	1	2	3	4	5
14. Family members encourage me to get in better shape.	1	2	3	4	5
15. My peers encourage me to get thinner.	1	2	3	4	5
16. I feel pressure from my peers to improve my appearance.	1	2	3	4	5
17. I feel pressure from my peers to look in better shape.	1	2	3	4	5

18. . I get pressure from my peers to decrease my level of body fat.	1	2	3	4	5
19. I feel pressure from the media to look in better shape.	1	2	3	4	5
20. I feel pressure from the media to look thinner.	1	2	3	4	5
21. I feel pressure from the media to improve my appearance.	1	2	3	4	5
22. I feel pressure from the media to decrease my level of body fat.	1	2	3	4	5

Appendix E. Body Shape Questionnaire

Instructions: We should like to know how you have been feeling about your appearance over the PAST FOUR WEEKS. Please read each questions and circle the appropriate number to the right. Please answer all the questions.

OVER THE PAST FOUR WEEKS:

	Never	Rarely	Sometimes	Often	Very Often	Always
1.Has feeling bored made you brood about your shape?	1	2	3	4	5	6
2. Have you been so worried about your shape that you have been feeling that you ought to diet?	1	2	3	4	5	6
3. Have you thought that your thighs, hips, or bottom are too large for the rest of you?	1	2	3	4	5	6
4. Have you been afraid that you might become fat (or fatter)?	1	2	3	4	5	6
5. Have you been worried about your flesh not being firm enough?	1	2	3	4	5	6
6. Has feeling full (e.g., after eating a large meal) made you feel fat?	1	2	3	4	5	6
7. Have you felt so bad about your shape that you have cried?	1	2	3	4	5	6
8. Have you avoided running because your flesh might wobble?	1	2	3	4	5	6
9. Has being with thin women made you feel self-conscious about your shape?	1	2	3	4	5	6
10. Have you worried about your thighs spreading when sitting down?	1	2	3	4	5	6

11. Has eating even a small amount of food made you feel fat?	1	2	3	4	5	6
12. Have you noticed the shape of other women and felt that your own shape compared unfavorably?	1	2	3	4	5	6
13. Has thinking about your shape interfered with your ability to concentrate (e.g., while watching television, reading, listening to conversations)?	1	2	3	4	5	6
14. Has being naked, such as when taking a bath, made you feel fat?	1	2	3	4	5	6
15. Have you avoided wearing clothes which make you particularly aware of your shape of your body?	1	2	3	4	5	6
16. Have you imagined cutting off fleshy areas of your body?	1	2	3	4	5	6
17. Has eating sweets, cakes, or other high calorie food made you feel fat?	1	2	3	4	5	6
18. Have you not gone out to social occasions (e.g., parties) because you have felt bad about your shape?	1	2	3	4	5	6
19. Have you felt excessively large and rounded?	1	2	3	4	5	6
20. Have you felt ashamed of your body?	1	2	3	4	5	6
21. Has worry about your shape made you diet?	1	2	3	4	5	6
22. Have you felt happiest about your shape when your stomach has been empty (e.g., in the morning).	1	2	3	4	5	6
23. Have you thought that you are the shape you are because you lack self-control?	1	2	3	4	5	6

24. Have you worried about other people seeing rolls of flesh around your waist or stomach?	1	2	3	4	5	6
25. Have you felt that it is not fair that other women are thinner than you?	1	2	3	4	5	6
26. Have you vomited in order to feel thinner?	1	2	3	4	5	6
27. When in company, have you worried about taking up too much room (e.g., sitting on a sofa or a bus seat)?	1	2	3	4	5	6
28. Have you worried about your flesh being dimply?	1	2	3	4	5	6
29. Has seeing your reflection (e.g., in a mirror or shop window) made you feel bad about your shape?	1	2	3	4	5	6
30. Have you pinched areas of your body to see how much fat there is?	1	2	3	4	5	6
31. Have you avoided situations where people could see your body (e.g., communal changing rooms or swimming baths)?	1	2	3	4	5	6
32. Have you taken laxatives in order to feel thinner?	1	2	3	4	5	6
33. Have you been particularly self-conscious about your shape when in the company of other people?	1	2	3	4	5	6
34. Has worry about your shape made you feel you ought to exercise?	1	2	3	4	5	6

Appendix F. The Eating Disorder Examination-Questionnaire

The following questions are concerned with the PAST FOUR WEEKS ONLY (28 days). Please read each question carefully and circle the appropriate number on the right. Please answer all the questions.

ON HOW MANY DAYS OUT OF THE PAST 28 DAYS...	No days	1-5 days	6-12days	13-15 days	16-22 days	23-27 days	every day
1.Have you been consciously trying to restrict the amount of food you eat to influence your shape or weight?	0	1	2	3	4	5	6
2. Have you gone for long periods of time (8 hours or more) without eating anything in order to influence your shape or weight?	0	1	2	3	4	5	6
3. Have you attempted to avoid eating any foods which you like in order to influence your shape or weight?	0	1	2	3	4	5	6
4. Have you attempted to follow definite rules regarding your eating in order to influence your shape or weight; for example, a calorie limit, a set amount of food, or rules about what or when you should eat?	0	1	2	3	4	5	6
5. Has thinking about food or its calorie content interferes significantly with your ability to concentrate on things you are interested in; for example, read, watch TV, or follow a conversation?	0	1	2	3	4	5	6
6. Have you had a definite fear that you might not be able to either resist eating or stop eating?	0	1	2	3	4	5	6
7. Have you experienced a sense	0	1	2	3	4	5	6

of loss of control over eating?							
8. Have you had any episodes of binge-eating?	0	1	2	3	4	5	6
9. Have you eating in secret? (Do not count binges).	0	1	2	3	4	5	6
10. Have had a definite desire for your stomach to be flat?	0	1	2	3	4	5	6
11. Have had a definite desire for your stomach to be empty?	0	1	2	3	4	5	6
12. Has thinking about shape or weight interfered with your ability to concentrate on things you are interested in; for example, read, watch TV, or follow a conversation?	0	1	2	3	4	5	6
13. Have you had a definite fear that you might gain weight or become fat?	0	1	2	3	4	5	6
14. Have you felt fat?	0	1	2	3	4	5	6
15. Have you had a strong desire to lose weight?	0	1	2	3	4	5	6

OVER THE PAST FOUR WEEKS (28 days)....

16. On what proportion of times that you have eaten have you felt guilty because of your shape or weight? (Do not count binges).

0 - None of the times
1 - A few of the times
2 - Less than half the times
3 - Half the times
4 - More than half the times
5 - Most of the times
6 - Every time

17. Have there been times when you have eaten what other people would regard as an unusually large amount of food?
(Please Circle)

0 - No
1 - Yes

18. How many such episodes have you had over the past four weeks?

_____

19. During how many of these episodes of overeating did _____ you have a sense of having lost control?

20. Have you had other episodes of eating in which you have had a sense of having lost control but have <u>not</u> eaten an unusually large amount of food (Please circle).

0 - No
1 - Yes

21. How many such episodes have you had over the past four weeks? _____

22. Over the past four weeks have you made yourself sick (vomit) as a means of controlling your shape or weight, or to counteract the effects of eating? (Please circle).

0 - No
1 - Yes

23. On how many days out of the last 28 have you done this? [ ] [ ]

24. Have you taken laxatives as a means of controlling your shape or weight to counteract the effects of eating? (Please circle).

0 - No
1 - Yes

25. On how many days out of the last 28 have you done this? [ ] [ ]

26. Have you taken diuretics (water tablets) as a means of controlling your shape or weight, or to counteract the effects of eating? (Please circle).

0 - No
1 - Yes

27. On how many days out of the last 28 have you done this? [ ] [ ]

28. Have you vigorously exercised as a means of controlling your shape or weight, or to counteract the effects of eating? (Please circle).

0 - No
1 - Yes

29. On how many days out of the last 28 have you done this? [ ] [ ]

OVER THE PAST FOUR WEEK (28 DAYS)...	Not at All		Slightly		Moderately		Markedly
30. Has your weight influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
31. Has your shape influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
32. How much would it distress you if you had to weigh yourself once a week for the next four weeks?	0	1	2	3	4	5	6

33. How dissatisfied have you felt about your weight?	0	1	2	3	4	5	6
34. How dissatisfied have you felt about your shape?	0	1	2	3	4	5	6
35. How thin have you wanted to be?	0	1	2	3	4	5	6
36. How concerned have you been about other people seeing you eat? (Only circle 4, 5, or 6 if you have avoided some occasions.)	0	1	2	3	4	5	6
37. How uncomfortable have you felt seeing your body; for example, in the mirror, in shop window reflections, while undressing, or taking a bath or shower? (Only circle 4, 5, or 6 if you have avoided some occasions.)	0	1	2	3	4	5	6
38. How uncomfortable have you felt about others seeing your body; for example, in communal changing rooms, when swimming, or wearing tight clothes? (Only circle 4, 5, or 6 if you have avoided some occasions.)	0	1	2	3	4	5	6

Have the past four weeks been representative of the past year? (Please circle) YES NO

If no, how has the past year differed from the past four weeks?

Additional Questions on EDE-Q

*How much do you weigh at present? If uncertain, please give your best estimate.

_____lbs.

For women only:

*Over the past three months, how many menstrual periods have you had?

_____

*Have you been taking "the Pill" during these three months? 0-NO 1-YES

*Have you been pregnant of had a baby in the last four months? 0-NO 1-YES

Appendix G. Binge Eating Scale

BELOW ARE GROUPS OF NUMBERED STATEMENTS. READ ALL OF THE STATEMENTS IN EACH GROUP AND MARK ON THIS SHEET THE ONE THAT BEST DESCRIBES THE WAY YOU FEEL ABOUT THE PROBLEMS YOU HAVE CONTROLLING YOUR EATING BEHAVIOR.

#1 1. I don't feel self-conscious about my weight of body size when I'm with others.
2. I feel concerned about how I look to others, but It normally does not make me feel disappointed in myself.
3. I do get self-conscious about my appearance and weight which makes me feel disappointed in myself
4. I feel very self-conscious about my weight and frequently, I feel intense shame and disgust for myself. I try to avoid social contacts because of my self-consciousness

#2. 1. I don't have any difficulty eating slowly in the proper manner.
2. Although I seem to "gobble down" foods, I don't end up feeling stuffed because of eating too much
3. At times, I tend to eat quickly and then I feel uncomfortably full afterwards
4. I have the habit of bolting down my food without really chewing it. When this happens, I usually feel uncomfortably stuffed because I've eaten too much.

#3 1. I feel capable to control my eating urges when I want to.
2. I feel like I have failed to control my eating more than the average person
3. I feel utterly helpless when it comes to feeling in control of my eating urges
4. Because I feel so helpless about controlling my eating I have become very desperate about trying to get in control

#4 1. I don't have the habit of eating when I'm bored
2. I sometimes eat when I'm bored, but often I'm able to "get busy" and get my mind off food
3. I have a regular habit of eating when I'm bored, but occasionally I can use some other activity to get my mind off eating
4. I have a strong habit of eating when I'm bored. Nothing seems to help me break the habit

#5 1. I'm usually physically hungry when I eat something.
2. Occasionally, I eat something on impulse even though I really am not hungry.

3. I have the regular habit of eating foods, that I might not really enjoy to satisfy a hungry feeling even though physically, I don't need the food
4. Even though I'm not physically hungry, I get a hungry feeling in my mouth that only seems to be satisfied when I eat food, like a sandwich, that fills my mouth. Sometimes, when I eat the food to satisfy my mouth hunger, I then spit the food out so that I won't gain weight.

#6
1. I don't feel any guilt or self-hate, after I over eat
2. After I overeat, occasionally I feel guilt or self-hate
3. almost all the time I experience strong guilt or self-hate after I overeat

#7
1. I don't lose total control of my eating when dieting even after periods when overeat.
2. Sometimes when I eat a "forbidden food" on a diet, I feel like I "blew it" and eat even more
3. Frequently, I have the habit of saying to myself, "I've blown it now, why not go all the way", when I overeat on a diet
4. I have a regular habit of starting strict diets for myself, but I break the diets by going on an eating binge. My life seems to be either a "feast" or "famine".

#8
1. I rarely eat so much food that I feel uncomfortably stuffed afterwards.
2. Usually about once a month, I eat such a quantity of food, I end up feeling very stuffed.
3. I have regular periods during the month when I eat large amounts of food, either at mealtime or at snacks.
4. I eat so much that I regularly feel quite uncomfortable after eating and sometimes a bit nauseous

#9
1. My level of calorie intake does not go up very high or down very low on a regular basis
2. Sometimes after I overeat, I will try to reduce my caloric intake to almost nothing to compensate for excess calories I've eaten.
3. I have a regular habit of overeating during the night. It seems that my routine is not to be hungry in the morning but overeat in the evening
4. In my adult years, I have had week long periods when I overeat. It seems I live a life of either "feast or famine."

#10
1. I usually am able to stop eating when I want to. I know when "enough is "enough".
2. Every so often, I experience a compulsion to eat which I can't seem to control.
3. Frequently, I experience strong urges to eat which I seem unable to control, but at other times I can control my eating urges
4. I feel incapable of controlling urges to eat. I have a fear of not being able to stop eating voluntarily.

#11
1. I don't have any problems stopping eating when I feel full.
2. I usually can stop eating when I feel full but occasionally overate leaving me feeling uncomfortably stuffed.
3. I have a problem stopping eating once I start and usually I feel uncomfortably stuffed after I eat a meal.
4. Because I have a problem not being able to stop eating when I want, I sometimes have to induce vomiting to relieve my stuffed feeling.

#12
1. I seem to eat just as much when I'm with others (family social gatherings) as when I'm by myself.
2. Sometimes, when I'm with other people, I don't eat as much as I want to eat because I'm self-conscious about my eating.
3. Frequently, I eat only a small amount of food when others are present, because I'm very embarrassed about my eating
4. I feel so ashamed about overeating that I pick times to overeat when I know no one will see me. I feel like a "closet eater".

#13
1. I eat three meals a day with only an occasional between meal snack
2. I eat three meals a day, but I also normally snack between meals
3. When I am snacking heavily, I get in the habit of skipping regular meals.
4. There are regular periods when I seem to be continually eating, with no planned meals

#14
1. I don't think much about trying to control unwanted eating urges
2. At least some of the time, I feel my thoughts are pre-occupied with thoughts about food. I feel like I live to eat.
3. I feel that frequently I spend much time thinking about how much I ate or about trying not to eat anymore
4. It seems to me that most of my waking hours are pre-occupied with thoughts about food. I feel like I live to eat.

#15
1. I don't think about food a great deal.
2. I have strong cravings for food but they last only for brief periods of time.
3. I have days when I can't seem to think about anything else but food.
4. Most of my days seem to be pre-occupied with thoughts about food. I feel like I live to eat.

#16
1. I usually know whether or not I'm physically hungry. I take the right portion of food to satisfy me
2. Occasionally, I feel uncertain about knowing whether or not I'm physically hungry. At times it's hard to know how much food I should take to satisfy me.
3. Even though I might know how many calories I should eat, I don' have any idea what is a "normal" amount of food for me.

Appendix H. Objectified Body Consciousness Scale

7-point Likert Scale (1=strongly disagree, 7=strongly agree)

Surveillance Scale

1. I rarely think about how I look
2. I think it is more important that my clothes are comfortable than whether they look good on me
3. I think more about how my body feels than how my body looks
4. I rarely compare how I look with how other people look
5. During the day, I think about how I look many times
6. I often worry about whether the clothes I am wearing make me look good
7. I rarely worry about how I look to other people
8. I am more concerned with what my body can do than how it looks

Body Shame Scale

9. When I can't control my weight, I feel like something must be wrong with me
10. I feel ashamed of myself when I haven't made the effort to look my best
11. I feel like I must be a bad person when I don't look as good as I could.
12. I would be ashamed for people to know what I really weigh.
13. I never worry that something is wrong with me when I am not exercising as much as I should
14. When I'm not exercising enough, I question whether I am a good enough person.
15. Even when I can't control my weight, I think I'm an okay person
16. When I'm not the size I think I should be, I feel ashamed.

Appearance Control Scale

17. I think a person is pretty much stuck with the looks they are born with
18. A large part of being in shape is having that kind of body in the first place
19. I think a person can look pretty much how they want to if they are willing to work at it
20. I really don't think I have much control over how my body look
21. I think a person's weight is mostly determined by the genes they are born with
22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same
23. I can weigh what I'm supposed to when I try hard enough
24. The shape you are in depends mostly on your genes

Appendix I. Risk Behaviors

In the last 12 months, have you agreed to engage in sexual activities with your partner when you partner wanted to, but you did not?

Yes
No

In the last 12 months, have you or your partner(s) used any of the following methods of contraception/ pregnancy prevention? (Check all that apply)
-Birth control pills
-Sterilization/ Vasectomy
-Birth Control Shot (like Depo-Provera)
-Other Hormonal Contraception Method (like Birth Control Implant, Birth Control Patch, Birth -Control Ring, IUD)
-Birth Control Sponge
-Withdraw
-Cervical Cap or Diaphragm
-Female Condom
-Refuse to answer
-Other, please describe

Have you been diagnosed with any of the following in the last 12 months?
-Chlamydia
-Gonorrhea
-Human Papillomavirus (HPV)
-Syphilis
-Trichomoniasis
-Hepatitis C

Have you been diagnosed with any of the following within your lifetime?
-Chlamydia
-Gonorrhea
-Human Papillomavirus (HPV)
-Syphilis
-Trichomoniasis
-Hepatitis C

Have you engaged in the following activities within the last 12 months?
-Vaginial Sex
-Oral Sex
-Anal Sex

Have you engaged in the following activities within your lifetime?
-Vaginial Sex
-Oral Sex
-Anal Sex

Write the number of sex partners including your spouse in the last 12 months. If none, write "0". If refuse to answer respond "yes" in that box.
-With how may people have you had sex with in the past 12 months?
-How many of them were men?
-How many of them were women?
-Refuse to answer

Write the number of sex partners including your spouse within your lifetime. If none, write "0". If refuse to answer respond "yes" in that box.
-With how may people have you had sex with in the past 12 months?
-How many of them were men?
-How many of them were women?
-Refuse to answer

How often did you and your partner(s)/spouse use condoms/barriers within the last 12 months?
-Never (0%)
-Sometimes (Occasionally or 1-49% of the time)
-Usually (Most of the time or 50-99% of the time)
-Always (Every single time of 100% of the time)
-Refuse to answer

How often did you and your partner(s)/spouse use condoms/barriers within your lifetime?
-Never (0%)
-Sometimes (Occasionally or 1-49% of the time)
-Usually (Most of the time or 50-99% of the time)
-Always (Every single time of 100% of the time)
-Refuse to answer

How often did you discuss condoms with your sex partner(s) in the last 12 months? (Check one)
-Never
-Rarely
-Sometimes
-Frequently

How often did you discuss condoms with your sex partner(s) within your lifetime? (Check one)
-Never
-Rarely
-Sometimes
-Frequently

Please indicate the response that best represents your answer to each of the following statements. (Strongly Disagree=1 and Strongly Agree=6)
-Condoms are an effective method of preventing the spread of HIV and other STDs.

-Condoms are an effective method of birth control.
-Condoms are unreliable.
-Condoms are uncomfortable for both partners
-Condoms ruin the sex act
-The use of condoms can make sex more stimulating
-It is really hard to bring up the issue of using condoms to my partner
-I'm comfortable talking about condoms with my partner
-It is easy to suggest to my partner that we use a condom

Appendix J. The Makeup Questionnaire

6-point Likert Scale (1= extremely dissatisfied to 6= extremely satisfied)

1. If I do not have makeup on, I feel less attractive
2. Makeup makes me more attractive
3. If I do not have makeup on, I feel less competent
4. I feel comfortable not wearing makeup to run errands (e.g., grocery store)
5. I feel comfortable not wearing makeup to school
6. I do not leave the house without any makeup on
7. I believe women who are not wearing makeup are less attractive

Appendix K. The Sexualized Clothing Questionnaire

6-point Likert Scale (1= extremely dissatisfied to 6= extremely satisfied)

1. I do not wear revealing clothing because of body image concerns
2. I purposely wear clothing that is less sexualized because of body image concerns
3. I feel pressure by society to dress in a sexualized manner
4. On campus, I feel added pressure to dress in a sexualized manner
5. Over time, I have noticed that my attire is becoming less conservative
6. The way women dress on campus bothers me

Appendix L. S.A.F.E Acculturation Stress Scale

5-point Likert Scale (1= not stressful, 5=extremely stressful)

1. I feel uncomfortable when others make jokes about or put down people of my ethnic background
2. I have more barriers to overcome than most people.
3. It bothers me that family members that I am close to do not understand my new values.
4. Close family members and I have conflicting expectations about my future.
5. It is hard to express to my friends how I really feel.
6. My family does not want me to move away but I would like to.
7. It bothers me to think that so many people use drugs.
8. It bothers me that I cannot be with my family.
9. In looking for a good job, I sometimes feel that my ethnicity is a limitation.
10. I don't have any close friends.
11. Many people have stereotypes about my culture or ethnic group and treat me as if they are true.
12. I don't feel at home.
13. People think that I am unsociable when in fact I have trouble communicating in English.
14. I often feel that people actively try to stop me from advancing.
15. It bothers me when people pressure me to assimilate.
16. I often feel ignored by people who are supposed to assist me.
17. Because I am different I do not get enough credit for the work that I do.
18. It bothers me that I have an accent.
19. Loosening the ties with my country is difficult.
20. I often think about my cultural background.
21. Because of my ethnic background, I feel that others often exclude me from participating in their activities.
22. It is difficult for me to "show off" my family.
23. People look down upon me if I practice customs of my culture.
24. I have trouble understanding others when they speak.

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