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**A STUDY OF BODY DISSATISFACTION AND DRIVE FOR
THINNESS BETWEEN AFRICAN-AMERICAN AND
CAUCASIAN COLLEGE WOMEN**

Suzanne M. Monroe, B. S.

**A Thesis Presented to the Faculty of the Graduate School
of Lindenwood College in Partial Fulfillment of the
Requirements for the Degree of
Master of Arts**

1997

ABSTRACT

The purpose of this study is to explore the similarities and/or differences in body dissatisfaction and drive for thinness between Caucasian and African-American college women. The Eating Disorder Inventory-2 (EDI-2) as well as questions measuring hours spent reading women's magazines and family, close friends, and significant other's view on the importance of physical thinness was distributed to 18 to 25 year old African-American and Caucasian college women at Southern Illinois University at Edwardsville (SIUE). The EDI-2 is a self-report questionnaire that consists of 91 questions which generate 11 independent subscales. Only 3 of the 11 subscales were analyzed: 1) Drive for Thinness, 2) Body Dissatisfaction, and 3) Social Insecurity. A total of 66 women participated in the study; 25 African-Americans and 41 Caucasians. This study found that Caucasian College women had greater body dissatisfaction and a greater drive for thinness than African-American college women. Moreover, Caucasian college women perceived physical thinness as being more important to their family, close friends, and significant others than African-American college women. These findings support previous research that there is greater body dissatisfaction and a greater amount of eating disorder behavior (e.g., drive for thinness) among Caucasian college women than African-American college women.

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CHAPTER I

INTRODUCTION

This study will examine differences and/or similarities regarding body dissatisfaction and behaviors associated with eating disorders (e.g., drive for thinness). Research suggests that women in American culture value appearance and physical attractiveness more than achievement. Mintz (1988) explains how the quest for beauty and the importance of attractiveness are critical to the feminine gender role orientation in addition to being the key element to self-concept and self-esteem in women.

Over the past few decades, there have been significant cultural changes which have had a direct impact upon women in society. The trend in today's society is to be slim because thin is beautiful (Romeo, 1993).

Attempts to achieve thinness have indirectly encouraged dieting, exercise, as well as additional ways of reducing weight, which have been associated with eating-related problems and body dissatisfaction (Mintz & Betz, 1988). In an effort to achieve society's expectations of thinness, women have resorted to various methods to reduce weight, including using laxatives, fasting, intense exercise, self-induced vomiting, or a combination of these behaviors (Harris, 1995).

The mass media plays an important role in reinforcing society's pressure to be thin (Silverstein, Perdue, Peterson, & Kelly, 1986). Media messages that place high value on physical attractiveness target the young female population.

Many of these young women internalize these messages and pursue the physical standard to be extremely thin (Myers & Biocca, 1992).

The influence of the media on body image is an effective way of expanding Western ideals of feminine beauty (i.e., ideal body image of thinness) within the African-American culture (Pumariega, Gustavson, Gustavson, Motes, & Ayers, 1994). Due to Western influence, studies have shown that African-American women are equally at risk as Caucasian women for internalizing similar attitudes toward body image, weight, and behaviors related to eating disorders (Pumariega et al., 1994).

However, additional studies suggest that Caucasian college women experience greater social pressure than African-American college women to be thin (Powell & Kahn, 1995). Moreover, African-American college women reported greater body satisfaction than Caucasian college women (Gray, Ford, & Kelly, 1987). It would appear that the African-American culture does not place as much emphasis on physical thinness when assessing beauty (Root, 1990).

Statement of Purpose

Due to the antagonistic findings on body dissatisfaction and eating disorder behaviors (e.g., drive for thinness), the purpose of this study is to confirm differences of body dissatisfaction and drive for thinness between African-American and Caucasian college women. This paper will now explore literature focusing on media influence on body image and eating disorder behaviors, cultural differences between African-American and Caucasian groups in terms of

body image (e.g., different levels of social approval of weight and appearance), and the differences as well as similarities in research findings on body dissatisfaction and eating disorders between African-American and Caucasian women.

Hypotheses

Even though research findings on body and dissatisfaction between black and white women have shown to be antagonistic, there appears to be a stronger support for differences in body image between black and white women; specifically, Caucasian college women's tendency to be more dissatisfied with their body and display more eating disorder behavior than African-American college women (Gray et al., 1987; Powell & Kahn, 1995). Therefore, this study hypothesizes that:

- H1) Caucasian college women will have greater body dissatisfaction than African-American college women;
- H2) Caucasian college women will have a greater drive for thinness than African-American college women.

CHAPTER II

LITERATURE REVIEW

Research suggests that the socialization and treatment of women in modern American society leads women to develop eating disorders (Silverstein, Perdue, Peterson, & Kelly, 1986). Throughout society, women learn through the socialization process that appearance is more valuable than accomplishment. Grubb, Sellars, and Waligroski (1993, p. 1003) concluded that "there has been an increasing preoccupation with weight and appearance among females in the population in recent years."

Mintz (1988) explains that an almost impossible body image is idealized by American society such that young women are attempting to copy it and may be subconsciously pressured into eating disorder behaviors. The quest of beauty and the importance of attractiveness are essential to the feminine gender role orientation as well as being key to the self-concept and self-esteem in women (Cash & Smith, 1982).

Furthermore, Romeo (1993) discusses how over the past few decades there have been significant cultural changes which have had a direct impact upon women in society. Society's trend is in the direction to be slim because thin is beautiful. Models, dancers, and actresses are continually seen in the mass media, including *Glamour* magazine, and women are attempting to look like them in their efforts to be more physically attractive.

Slenderness is viewed by most females as the single most important determinant of physical attractiveness, and more than three-fourths of women

who diet view appearance rather than health as their primary reason for wanting to lose weight (Connor-Greene, 1988). In addition, women not only place more emphasis on appearance as a reason to maintain ideal weight than do men, but they are also more likely to use a variety of weight-loss strategies, even those which are known to be dangerous (1988). Women of past generations depended more upon dieting behavior to lose weight. Today's society not only encourages, but experts advise women to exercise as well as diet to lose weight (Romeo, 1993). Unfortunately, for women who develop anorexia nervosa or bulimia nervosa, cultural values of diet and exercise are taken to the extreme and for many of these women these values lead to death (1993).

Body dissatisfaction among women has been associated with eating-related problems as well as the use of various methods to reduce weight, including laxatives, fasting, intense exercise, self-induced vomiting, or a combination of these behaviors in an attempt to achieve the cultural expectations of thinness (Harris, 1995). The majority of the thin "ideals" of society may be categorized as having one of the major symptoms of an eating disorder. What this says about today's society is significant: Females desire the body size of a person who is extremely thin (Wiseman, Gray, Mosimann, & Ahrens, 1992).

Levenkron (cited in Myers & Biocca, 1992) discusses that for young women with eating disorders, all their fears and concerns of life decrease and then equate with their body weight. "Success with the external pressures and internal fears of everyday life is measured in inches and pounds" (1992, p. 113). Therefore, a hard-working perfectionist, the eating disordered woman works

extremely hard towards a thinner body which she believes promises beauty, success, and happiness. Unfortunately, the obsession to achieve this thin ideal body image may sometimes result in fatality.

Media Influence

The emphasis the media places on the ideal body image to be thin may be responsible for body size overestimations which women make; therefore, indirectly causing increases in anorexia nervosa and bulimia nervosa. Research on content analysis of the media has shown that the media portrays a consistent thinning body ideal image for women. This image is represented by models whose "curves alternate" and weights are continually below average (Myers & Biocca, 1992).

The mass media plays a critical role in reinforcing society's pressure to be thin. The media promotes a slimmer, more weight conscious standard for women than men. The standard of bodily attractiveness for women is slimmer now than it has been in the past (Silverstein et al., 1986). At the same time, preferred body shapes of women have become slimmer and women's actual weights have increased, creating an even greater difference between "real" and "ideal" (Connor-Greene, 1988).

Research indicates that by comparing the "ideal" image of the female body as shown in *Playboy* magazine and the Miss America Pageant with the average body size of women over a 20 year period of time (1959-1978), there has been a significant shift toward a thinner ideal body (Garner, Garfinkel, Schwartz,

& Thompson, 1980). Hamilton and Waller (1993) discuss how often the media's portrayal of the ideal female body will have some influence on the development of anorexia nervosa and bulimia nervosa. Moreover, if women are encouraged to view extreme thinness as desirable through its portrayal in the media, "then perceiving one's own body as larger than it is may encourage dieting in order to try and achieve that goal" (1993, p. 838).

Romeo (1993) explains how magazines and journals devote entire issues to themes of physical fitness and dieting. Silverstein et al. (1986) conducted a study of four women's and four men's magazines to determine what type of messages the magazines were sending to its readers. The findings of this study indicate that in the four women's magazines, there were 63 diet food ads and only 1 diet food ad for the men's magazines. In addition, the total number of articles associated with nonfood, figure-enhancing products was 96 for the women's magazines and 10 articles for the men's magazines (1986).

Lautman indicates how advertising most often represents some ideal future self and sells a product to its viewers which will assist in attaining this ideal future self (cited in Myers & Biocca, 1992). The growing pressure for women to lose weight is demonstrated by the increase in the number of diet articles published in women's magazines in recent years (Connor-Greene, 1988).

In a survey of 33,000 readers of *Glamour* magazine, Wooley and Wooley (cited in Connor-Greene, 1988) studied women's attitudes toward their weight and shape. The findings indicate 42% of the women reported that weight loss would make them the happiest, in contrast to the 22% who selected "success at

work," 21% selected "a date with an admired male," and 15% selected "hearing from an old friend."

Magazine articles indicate an overall increase in emphasizing weight loss over a 30 year time period (Wiseman, Gray, Mosimann, & Ahrens, 1992). Media messages and the target of young females place a high value on physical attractiveness. Research suggests that females' self-concepts appear to be more strongly related to their attitudes about their bodies' physical attractiveness than its effectiveness (Myers & Biocca, 1992).

Myers and Biocca (1992, p. 118) explain that "sociological research suggests that advertising and programming which emphasize the pursuit of the ideal body image may have an effect on young women's perception of their own bodies." Many young women have internalized these ideal body image messages and are pursuing a physical standard which is to be unrealistically thin.

The standard to be thin may not even begin in the media, but due to the popularity of television, movies, and magazines, the media are likely among the most influential promoters of the standard to be thin. Therefore, the mass media plays a significant role in promoting a thin standard of attractiveness among women which may help explain the outbreak of eating disorders and body dissatisfaction (Silverstein et al., 1986).

Body Dissatisfaction

According to Abraham and Beaumont (cited in Grubb et al., 1993, p. 1004), "negative self-evaluation, in general, and dissatisfaction with body size, in

particular, are prominent factors in the etiology of eating disorders.” Mintz (1988) also indicates a significant relationship between eating disorders and a low self-esteem, in addition to a negative body image with obsessive thoughts regarding appearance and weight.

Studies indicate there are relationships between body satisfaction ratings and women’s sense of worth with interactions with family and peers. Young women, between the ages of 18 - 24 years old, reported body image satisfaction relating more to social variables than to self-variables. Body dissatisfaction has found to be negatively correlated with social confidence and competence (Hawkins, Turell, & Jackson, 1983).

Research suggests that college women are more dissatisfied with their bodies than men and body dissatisfaction may begin as early as puberty. This idea has enhanced interest in the role of the body in adolescent and college women’s development (Rauste-von Wright, 1989). College women’s satisfaction with their body parts and processes, low levels of body dissatisfaction, and positive evaluations of appearance, health, and fitness were associated with “a clear educational, career, and life purpose as well as sense of wellness” (Harris, 1995, p. 324).

Grubb et al. (1993) reported that women with eating disorders have a very low opinion of their body image and attractiveness. The more inaccurate women are about their body size, the more dissatisfied they are about themselves. Furthermore, body dissatisfaction and drive for thinness are so strong in women

with eating disorders, they are willing to take serious health risks to achieve their "ideal body" (Beren & Chrisler, 1990).

Dissatisfaction with certain body areas tends to influence perceptions of attitudes toward physical appearance. The appearance of body image has consistently been found to influence social feedback which affects other aspects of self (Harris, 1995). Furthermore, women develop this sense of self from observation of their own behaviors, reactions of others to the self, and social cues that suggest which characteristics of the self are most essential (Myers & Biocca, 1992).

History is repeating itself, "thin is in while women starve and abuse their bodies" (Silverstein et al., 1986, p. 53). Research indicates that in the mid-1920's, models in *Vogue* and *Ladies Home Journal* magazines were as slim as they are now, in addition to the widespread of eating disorders among young women during that time (1986).

Factors which have been contemplated as fostering the facilitation of body dissatisfaction include, freedom from structure, college atmosphere, academic demands, and food services (Dickstein, as cited in Harris, 1995). "Physical attractiveness, body image satisfaction, weight concerns, and eating problems have become especially salient issues on many college campuses" (1995, p. 315).

Cultural and Environmental Influence

Women internalize a social model of the ideal body image. This "socially represented ideal body image" is integrated from cultural representations of ideals

of physical beauty. In today's society, the ideal body image may be represented mostly by the mass media. However, it is also influenced by each woman's interactions with close peers, family, and social groups (Myers & Biocca, 1992).

Eating disorders such as anorexia nervosa and bulimia nervosa are complicated conditions believed to have individual, familial, and sociocultural predisposing factors. These factors along with additional "maladaptive" eating behaviors have reached critical levels in the female college population (Hawkins, McDermott, Seeley, & Hawkins, 1992). Research indicates that 61% of college women had some type of eating-related problem and only 33% of the sample reported eating behaviors which could be viewed as normal (Mintz & Betz, 1988).

Research suggests that college women's attitudes toward weight, shape, and appearance are influenced by subgroups on their campus. Certain social contexts, such as clubs or sororities, appear to be instrumental to the development of eating disorders (Connor-Greene et al., 1994). Therefore, eating disorders may develop due to the combination of many factors, including physiological, psychological, and sociological (Romeo, 1993).

Since thinness and attractiveness are linked in our culture, it is likely that women who are particularly attentive to appearance standards are additionally sensitive to pressures about being thin (Connor-Greene et al., 1994). "The cultural message that a woman should be thin carries the implicit assumption that one has the ability, as well as the responsibility, to choose and maintain a certain body type" (Connor-Greene, 1988, p. 32).

Cultural messages create positive stereotypes of beauty, success, and health, as well as the image of being in control. These messages have become comparable with the socially ideal body. Moreover, negative stereotypes of poor health and loss of control have become associated with obesity. This ideal body has then been internalized by young women and their goal becomes to transform their body shape and achieve this ideal body (Myers & Biocca, 1992).

Women have endured discomfort and physical disability in the pursuit of societal standards of attractiveness. Today's restrictive diets have been compared to foot binding and corseting in that they may produce serious medical complications in an attempt to conform with society's view of beauty (Connor-Greene, 1988).

Freedman (1986) explains how the role of sociocultural expectations continues to be "underemphasized" in experimental as well as theoretical literature, and the role of societal influence needs to be closely explored. Men, in our society, are judged by the qualities of their minds and women are judged by the qualities of their bodies. Nonetheless, women with eating disorders are vulnerable to the cultural pressures of being thin. Thinness then assumes a critical role as these women magnify the necessity to be thin and believe that once they become thin they will be happy, successful, and confident (Beren & Chrisler, 1990).

Harris (1995, p. 317) suggests "women students who adjust to the challenges of late adolescence and the demands of university life may have more well-adjusted ideas and attitudes regarding their bodies than do women who are

psychosocially maladjusted.” Women at more advanced levels of development may also feel more efficient and powerful and will experience greater feelings of body satisfaction. Therefore, “achieving intimate relationships, maintaining wellness, feeling academically autonomous, and establishing and clarifying one’s purpose may significantly influence body attitudes” (1995, p. 317).

Over time, women have tried to change their bodies to conform to the current era’s image of beauty (Ehrenreich & English, cited in Wiseman et al., 1992). Social climate factors including pressure to be thin, traditional female sex-role socialization, and competitiveness have been considered contributors to the development of body dissatisfaction and eating disorders (Brown, Cross, & Nelson, 1990).

Social Approval

Many studies focus on women with eating disorders and their need for social approval. Research indicates that women with eating disorders and high levels of body dissatisfaction reported a significantly higher need for social approval compared to women who do not have eating disorders or body dissatisfaction (Beren & Chrisler, 1990). Boskind-White and White (1983) examined dependence on others for approval and suggested that women with eating disorders are “good little girls” who are always meeting the needs of others and always aiming to please.

Women with anorexia nervosa or bulimia nervosa reported fears of abandonment and lack of autonomy in their interpersonal relationships

(Friedlander & Siegel, 1990). Connor-Greene et al. (1994) suggest that it is possible that social support, involvement, and dependence could either encourage or discourage eating disorder behaviors, depending on the norms of the specific social group.

The development of identity and autonomy are said to be related to interpersonal relationships for young women. Due to this relationship, modifying and controlling the body may seem to be a way for young women with eating disorders to meet their needs for respect, love, and power (Wurmur, 1989).

Frederick and Grow (1996) suggest that women who experience a lack of autonomy and self-determination were likely to fail to develop global self-esteem. "A young woman who grows up in an environment that fails to support her needs for autonomy may learn to shift her focus from satisfying her own needs to satisfying the needs of others" (1996, p. 224). Therefore, women may increase their risk of developing an eating disorder as way of regaining some sense of control and self-worth.

The female norm of dietary restraint, combined with the social and academic pressures of college, may make college women especially vulnerable to developing an eating disorder (Connor-Greene, 1988). Furthermore, research suggests increased rates of eating disorder behaviors and high levels of body dissatisfaction among members of subcultures, professions, or social groups which place high value on or require physical attractiveness and thinness (Connor-Greene et al., 1994).

Discrepancies in Body Dissatisfaction and Eating Disorder Behaviors Between African-American and Caucasian Women

Anorexia nervosa and bulimia nervosa are two types of eating disorders which are considered to be so dominated by Western culture that they have been categorized as "culture bound" syndromes (King, 1993). More specifically, anorexia nervosa is viewed as a "culture change syndrome whose onset may be triggered in people who migrate to countries of higher prevalence and who are subject to the stresses of acculturation" (1993, p. 205).

Research proposes that if, or when, women of various racial groups internalize the Caucasian norms of thinness as the body image ideal, a degree of eating disorder behavior and body dissatisfaction will occur (Pate, Pumariega, Hester, & Garner, 1992). Akan and Grilo (1995, p. 186) state "weight, eating disorders and attitudes, and body dissatisfaction are influenced by cultural factors."

Although society consists of various subcultures with different values and physical characteristics, cultural norms of physical appearance for American women have traditionally been based on the genetic and biological characteristics of Caucasian women (Mazur, 1986). There has been a critical deficit in research of eating disorders and body image among African-American women.

"Traditional African-origin standards of feminine attractiveness have been considered different than those of Caucasians, so it was thought that African-American women were less susceptible to the ideal of thinness" (Pumariega, Gustavson, Gustavson, Motes, & Ayers, 1994, p. 6).

Powell and Kahn (1995) found that Caucasian women choose a significantly thinner ideal body size more often than African-American women. In addition, they express more concern than African-American women about dieting and weight loss. Moreover, Caucasian women experience greater social pressure to be thin as well as having more eating-related problems than African-American women.

Research suggests a significantly lower rate of eating disorders and less emphasis on eating habits and weight in general among African-American college women compared to Caucasian college women (Gray, Ford, & Kelly, 1987). In addition, Harris (1994) suggests that African-American college women, between the ages of 17 and 23 years, report more satisfaction with and positive feelings toward their bodies and less body dissatisfaction than Caucasian college women.

For many women in American culture, their body image often defines their sense of self. Although this may be true for Caucasian women, it may be less true for women of racial minority groups (Osvold & Sadowsky, 1993). Root (1990) discusses how African-American culture may be more accepting of larger women, and both African-American males as well as females may not place as much emphasis on being thin when judging beauty than would Caucasian males and females. Furthermore, African-American women more than Caucasian women may be able to ignore the predominant Caucasian media message which portrays excessive thinness as a requirement for a happy and successful life (1990).

Powell and Kahn (1995) indicate that Caucasian males reported thinness as being more important in women they date than it was for African-American males. In addition, "African-American males expressed more willingness to date larger-than-ideal women and expected less ridicule for dating a larger woman than did Caucasian men" (1995, p. 194).

Dolan (1991) suggests that in contrast to Caucasian women, there are fewer African-American women who seem to experience eating disorders. However, additional research proposes that African-American women participate in both restrictive and nonrestrictive eating and dieting behaviors. Thus, the occurrence of eating-related problems among the African-American female population appears to be increasing (Thomas & James, 1988).

African-American women are not a homogeneous population. There are differences in family characteristics and awareness of mainstream norms of attractiveness. Therefore, experiences may influence the extent to which Caucasian women standards of the body are internalized (Harris, 1994).

In contrast to the idea that African-American women are not experiencing as many eating disordered and body dissatisfaction problems as Caucasian women, research suggests that the expansion of Western ideals of feminine beauty have changed the perceptions and beliefs that African-American women are less susceptible to the ideal body image of thinness. There has been an increase of African-American models and fashion magazines which comply with the Western standards of beauty (Akan & Grilo, 1995). Additional studies report

cases of eating disorders of African-American women which are similar to those found among Caucasian women (Pumariega et al., 1994).

Due to the fact that no large studies have addressed the issue of eating disorders and the health risks among African-American women, there is a lack of knowledge leading to not fully understanding eating disorders and the possibility of morbidity and mortality (Pumariega et al., 1994). Pumariega et al. (1994, p. 14) discuss how "African-American women are at risk for eating disorders in at least equal proportions to their White counterparts and African-American women have adopted similar attitudes toward body image, weight, and eating as their White counterparts, thus contributing to their risk for these disorders."

Research indicates that body image for African-American women may develop from concerns about sexism, racism, daily stressors, and past childhood experiences (White, cited in Harris, 1994). Additional findings report how being teased for a length of time throughout childhood and adolescence about weight and size is associated with disordered eating behaviors, attitudes, and body dissatisfaction among African-American and Caucasian college women. These findings indicate there are important racial differences in regard to various aspects of eating, dieting, and body image among college women (Akan & Grilo, 1995).

Akan and Grilo (1995) conducted a study with 98 undergraduate Caucasian and African-American females and found that Caucasian women reported greater levels of disordered eating and dieting behaviors as well as attitudes and greater body dissatisfaction than African-American women. Low

self-esteem and high public self-consciousness were also associated with increased levels of eating disordered problems, attitudes, and body dissatisfaction.

Another study was organized by Powell and Kahn (1995) using African-American and Caucasian undergraduate females as participants. The results of this study indicate that Caucasian women reported feeling significantly more pressure to be thin than did African-American college women. The Caucasian women also reported being more concerned about weight and dieting than did the African-American college women.

Several factors may protect African-American women from developing anorexia nervosa and bulimia nervosa as well as body dissatisfaction. Gray, Ford, and Kelly (1987) suggest the governing Caucasian culture typically upholds the thin Caucasian woman as the ideal body image and perfect concept of beauty. African-American women who do not identify with the Caucasian culture may easily reject society's ideal of thinness. Therefore, African-American women may be more accepting of their bodies and have a more positive attitude about their body size than Caucasian women, even though studies indicate that the average African-American female is heavier than her Caucasian counterpart (Hsu, 1987).

Conclusions

Overall, some studies suggest that African-American and Caucasian women are equally susceptible or at risk for developing eating disorders because Western ideals of feminine beauty are influencing the way African-American

women view the ideal body image of thinness (Pumariega et al., 1994). However, at the same time, other studies indicate Caucasian college women experience greater social pressure to be thin than African-American college women (Powell & Kahn, 1995), African-American women report more satisfaction with their bodies than Caucasian women (Gary et al., 1987), and African-American culture in general, including African-American males, do not place as much importance on physical thinness when assessing beauty (Root, 1990). Nonetheless, research findings of body image, body dissatisfaction, and eating disorder behaviors (e.g., drive for thinness) between black and white college women are contradictory and antagonistic. Therefore, more research needs to be done in the area of body image/dissatisfaction between African-American college women and Caucasian college women in order to meet the needs of these two populations (Mazur, 1996).

CHAPTER III

METHODS

Sample and Data-Collection Method

With permission from the professors, classrooms were non-randomly selected at Southern Illinois University at Edwardsville (SIUE) for the distribution of the Eating Disorder Inventory-2 (EDI-2), as well as questions measuring family, friend, and media influence on African-American and Caucasian college women's body image (see Appendix A). Classes were chosen based on the time of the day it was convenient for the researcher to distribute the inventory and whether the class had a high female composition. Subjects were mostly selected from Gender and Minority Studies courses. A few of the women subjects were selected from courses in Social Problems and General Sociology. Students were informed of the researcher's identity before the EDI-2 was distributed and that they were in no way obligated to participate, i.e., their participation would be strictly voluntary. Moreover, students were told that they would remain anonymous and that the information they provided would be kept confidential.

The sample entailed 66 female college students; 41 were Caucasian and 25 were African-American. The age of the subjects ranged from 18 to 25 with a mean age of 22.5.

Description of SIUE Student Body

According to the Fact Book: Institutional Research and Studies, (1996), there is approximately 11,000 students enrolled at SIUE. Students are from 99 Illinois counties, 45 different states, and 57 nations. Fifty-seven percent of the students are female, 81% are white, 23% are 19 years old or less, 44% are 22 to 24 years old, and 33% are 25 years or more.

Measurement

The Eating Disorder Inventory-2 (EDI-2) is a self-report measure of symptoms prevalently associated with eating disorders such as anorexia nervosa and bulimia nervosa. In a non-clinical setting, such as this study, the EDI-2 helps identify those who may be at risk for developing an eating disorder. However, it is important to note that the EDI-2 is not a diagnostic tool and subsequently will not be use as such for this study. Specific subscales, which are described later in the method's section, will be selected to compare and contrast black and white college women's perception on body image/dissatisfaction and drive for thinness.

The EDI-2 consists of 91 questions that generate 11 subscales. Respondents rate whether each item "never," "rarely," "sometimes," "often," "usually," or "always" applies to them. A six point coding system was used. A score of six was assigned to a response farthest in the "symptomatic" direction (i.e., never or always; depending on the direction the item was keyed) and a score of 1 was assigned to responses farthest in the "asymptomatic" direction (i.e., never or always; depending on the direction the item was keyed). The 11

subscales are Drive for Thinness, Bulimia, Body Dissatisfaction, Ineffectiveness, Perfectionism, Interpersonal Distrust, Interoceptive Awareness, Maturity Fears, Asceticism, Impulse Regulation, and Social Insecurity. However, not all subscales were analyzed in this study. Drive for Thinness, Body Dissatisfaction, and Social Insecurity were the only subscales analyzed. According to Gardner (1990), this is acceptable because each subscale is independent of each other and each subscale is only one dimension to multidimensional eating disorders such as anorexia and bulimia nervosa. The EDI-2 was distributed as a whole because if the subscales and items were presented in a different chronological order, it may have had an affect on the validity(Gardner, 1990).

Drive for Thinness can be described as a “relentless pursuit for thinness,” which is a fundamental feature of eating disorders (Bruch, 1982). Items on this subscale address the fear of gaining weight, preoccupation with weight gain, and an exorbitant concern with dieting.

Body Dissatisfaction measures “dissatisfaction with the overall shape and size of those regions of the body that are of greatest concern to those with eating disorders (i.e., stomach, hips, thighs, buttocks)” (Garner, 1990, p. 5). Body dissatisfaction is viewed as a major element responsible for initiating and sustaining behaviors related to weight control in people with eating disorders.

Social Insecurity measures subjects’ beliefs that social relationships are tense, unrewarding, insecure, and generally of poor quality. This negative view of relationships conjures feelings of social self-doubt and unhappiness with oneself.

This dimension of eating disorders may provide a good indication as to the degree in which friends and significant others influence one's body image.

Hundreds of research citations have indicated that the EDI is a valuable research instrument for measuring symptoms of eating disorders (Gardner, 1990). Drive for Thinness and Body Dissatisfaction have both proven to be strong indicators of body image and have proven to have a high level of construct validity (1990).

Items 92 through 96 were additional items that were used as independent variables (see Appendix B). Item 92 reflects the influence of the family on the respondent's drive for thinness and body dissatisfaction/satisfaction by measuring the families' importance of physical thinness. Responses ranges from very important to not important. A four point coding system was used; four indicates physical thinness as being very important to family members and one as not being important.

Item 93 measures the respondent's perception of his or her friends' and/or significant other's attitude on the importance of being physically thin. Again, responses ranged from very important to not important, and a four point coding system was used; four indicated physical thinness as being very important to friends and/or significant others and one as not important.

Item 94 measured the amount of hours per week respondents were exposed to magazines which focused on physical beauty and appearance. The purpose of this item was to measure the influence of such magazines (i.e., media) on respondent's level of body dissatisfaction and drive for thinness. Responses

were coded from one to four, the higher the number the more hours of reading magazines that focus on physical beauty and appearance. In addition, items 95 and 96 are questions measuring age and race.

Data analysis

This study will use a t-test to compare and contrast differences in Body Dissatisfaction, Drive for Thinness, Social Insecurity, friends/significant other's importance – as well as family importance – of physical thinness, and the number of hours reading magazines that focus on physical beauty among African-American and Caucasian college women. Pearson's correlation (r) will also be used to test the level of association between Body Dissatisfaction, Drive for Thinness, and Social Insecurity.

CHAPTER IV

RESULTS

There was a significant mean difference in Drive for Thinness between African-American college women and Caucasian college women. White college women average 7.214 points higher on the "drive for thinness" subscale than black college women. The t-test for equality of means shows this relationship as being highly significant ($t=3.64$; $df=64$; 2-Tail Sig = .001).

Table 1

T-test for Independent Samples of Black and White College Women
by Drive for Thinness

Variable	Number of Cases	Mean	SD	SE of Mean
Drive for Thinness				
Caucasian	41	25.85	8.07	1.26
African- American	25	18.64	7.38	1.48

Mean Difference = 7.214

Levene's Test for Equality of Variances: $F = 1.59$ $p = .212$

t-test for Equality of Means				
Variances	t-value	df	2-Tail Sig	SE of Diff
Equal	3.64	64	.001	1.98
Unequal	3.72	54.41	.000	1.94

The findings of this study also display a higher level of body dissatisfaction among Caucasian college women. As shown in Table 2,

Caucasian college women averaged 7.138 points higher on the “body dissatisfaction” subscale than African-American college women. The t-test for equality of means shows this relationship between black and white college women’s level of body dissatisfaction as being highly significant ($t=2.47$; $df=64$; 2-Tail Sig. = .016).

Table 2

T-test for Independent Samples of Black and White College Women
by Body Dissatisfaction

Variable	Number of Cases	Mean	SD	SE of Mean
Body Dissatisfaction				
Caucasian	41	39.10	11.15	1.73
African-American	25	31.96	11.87	2.38

Mean Difference = 7.138

Levene’s Test for Equality of Variances: $F = .293$ $p = .590$

t-test for Equality of Means				
Variances	t-value	df	2-Tail	SE of Diff
Equal	2.47	64	.016	2.89
Unequal	2.43	48.21	.019	2.94

There was no significant difference in social insecurity between black and white college students. As seen in Table 3, there was only a mean difference of .062 on the “social insecurity” subscale between black and white college women.

Moreover, according to the t-test for equality of means, this relationship was not significant ($t=.05$; $df=64$; 2-Tail Sig. = .964).

Table 3

T-test for Independent Samples of Black and White College Women
by Social Insecurity

Variable	Number of Cases	Mean	SD	SE of Mean
Social Insecurity				
Caucasian	41	22.34	5.16	.81
African-American	25	22.28	5.72	1.14

Mean Difference = .062

Levene's Test for Equality of Variances: $F = .057$ $p = .812$

t-test for Equality of Means				
Variances	t-value	df	2-Tail	SE of Diff
Equal	.05	64	.964	1.36
Unequal	.04	46.82	.96	1.40

Even though there wasn't a significant mean difference in social insecurity between black and white college women, social insecurity did significantly correlate with body dissatisfaction and almost significantly correlated with drive for thinness. As seen in Table 4, there is a direct relationship between social insecurity and body dissatisfaction ($r = .3008$). This correlation is highly significant ($p = .014$). By squaring r ($.3008 \times .3008$), one

can explain variation in one variable via the variation of another variable. The square of .3008 is .0905 (9.05%). Thus, the variation of social insecurity explains 9.05% of the variation in body dissatisfaction.

Social security and drive for thinness were also directly related ($r = .2340$); this relationship was almost significant at .059. The square of .2340

Table 4

Pearson's Correlation of Drive for Thinness, Body Dissatisfaction, and Social Insecurity

	Body Dissatisfaction	Drive for Thinness	Social Insecurity
Body Dissatisfaction	1.000 (66) p = .	.7088 (66) p = .000	.3008 (66) p = .014
Drive for Thinness	.7088 (66) p = .000	1.000 (66) p = .	.2340 (66) p = .059
Social Insecurity	.3008 (66) p = .014	.2340 (66) p = .059	1.000 (66) p = .

(Coefficient / (Cases) / 2-Tailed Significance)

“.” is printed if a coefficient cannot be computed.

is .0548 (5.48%). Thus, the variation of social insecurity explains 5.48% of the variation in drive for thinness. However, one cannot confidently make this assertion since the correlation of social insecurity and drive for thinness was not quite significant ($p = .059$).

As stated earlier, there was not a significant mean difference in social insecurity between black and white college women. However, there was a significant difference in close friends and significant other's importance of physical thinness between Caucasian and African-American college women.

Table 5

T-test for Independent Samples of Black and White College Women by Close Friends/Significant Other's Importance of Physical Thinness

Variable	Number of Cases	Mean	SD	SE of Mean
Close Friends/ Significant Others				
Caucasian	41	2.44	.81	.126
African- American	25	1.76	.93	.185

Mean Difference = .6790

Levene's Test for Equality of Variances: $F = .125$ $p = .725$

t-test for Equality of Means				
Variances	t-value	df	2-Tail	SE of Diff
Equal	3.13	64	.003	.217
Unequal	3.03	45.57	.004	.224

As seen in Table 5, there was a .679 mean difference (scores ranged from 1 to 4) in close friends and significant other's perceived importance of physical thinness between black and white college women. According to the t-test for equality of means, this relationship is highly significant ($t=3.13$; $df=64$; 2-Tail Sig. = .003)

Table 6

T-test for Independent Samples of Black and White College Women
by Family Importance of Physical Thinness

Variable	Number of Cases	Mean	SD	SE of Mean
Family Importance				
Caucasian	41	2.10	.83	.130
African- American	25	1.60	.87	.173

Mean Difference = .4976

Levene's Test for Equality of Variances: $F = .531$ $p = .469$

t-test for Equality of Means				
Variances	t-value	df	2-Tail	SE of Diff
Equal	2.32	64	.023	.214
Unequal	2.30	49.20	.026	.216

There was also a significant difference of family importance of physical thinness between Caucasian and African-American college women. As seen in Table 6, there is a .4976 mean difference (scores ranged from 1 to 4) in perceived family importance of physical thinness between black and white college women. This relationship is highly significant ($t=2.32$; $df=64$; 2-Tail Sig. = .023).

There was not a significant mean difference in hours reading magazines between black and white college women. As seen in Table 7, there was a difference of .1453 mean points in reading magazines that focused on physical appearance and beauty between black and white college students. The item measuring "hours reading magazines" was coded as such: 1= less than 1 hour; 2 =

between 1 and 2 hours; 3 = between 2 and 4 hours; and 4 = more than 4. (note: one code point did not equal one hour). Therefore, it cannot be said that Caucasian college women averaged .1453 more mean hours since the level of measurement is not at the interval level (it is ordinal). Nonetheless, according to the t-test for equality of means, this difference in mean points in reading magazines between black and white college women was not significant ($t = .72$; $df=62$; 2-Tail Sig.=.477).

Table 7

T-test for Independent Samples of Black and White College Women
by Hours Reading Magazines

Variable	Number of Cases	Mean	SD	SE of Mean
Hours Reading Magazines				
Caucasian	41	1.54	.81	.126
African-American	23	1.39	.72	.151

Mean Difference = .1453

Levene's Test for Equality of Variances: $F = .867$ $p = .356$

t-test for Equality of Means				
Variances	t-value	df	2-Tail	SE of Diff
Equal	.72	62	.477	.023
Unequal	.74	50.20	.463	.197

CHAPTER V

DISCUSSION

The hypothesis of this study was supported: Caucasian college women displayed both a greater drive for thinness and greater body dissatisfaction than African-American college women. These findings reaffirm Powell and Kahn's (1995) theory that Caucasian college women choose a significantly thinner ideal body than African-American college women as well as having more concern than African-American women about dieting and weight loss.

Powell and Kahn (1995, p. 193) also stated "White women reported feeling significantly more pressure to be thin than Black women." Moreover, Caucasian college women avoided wearing certain types of clothing, avoided social gatherings due to body appearance, believed controlling weight was important, and worried about their shape more than African-American college women.

In addition, Akan and Grilo (1995) found that weight, eating behaviors and attitudes, and body dissatisfaction are influenced by cultural factors. Although African-American college women indicated significantly higher Body Mass Index than Caucasian college women, the Caucasian women reported greater levels of disordered eating and dieting behaviors and attitudes as well as body dissatisfaction than the African-American college women (1995). Therefore, the finding of this study that Caucasian college women have a greater drive for thinness and have greater body dissatisfaction than African-American college women is supported by findings of previous studies.

Research indicates that the African-American culture is more accepting of women larger than society's thin ideal and places less value on thinness when assessing social desirability than Caucasian culture. The African-American culture seems to "protect" African-American women from eating disorder behaviors (i.e., drive for thinness) and body dissatisfaction by providing an environment where extreme thinness is not encouraged or emphasized (Root, 1990). Furthermore, Balogun (cited in Harris, 1994) suggested that African-American women may be more satisfied with their bodies even with more weight due to their cultural values which accentuate other aspects of the physical self as criteria for attractiveness, therefore views of heavier set women are seen as less negative.

Caucasian college women reported stronger influence of family, close friends, and significant others than African-American college women. These findings are supported by Harris's (1995) study, which found that body dissatisfaction influences perceptions of attitudes toward physical appearance. The appearance of body image has continually been found to influence social feedback which affects other aspects of self. Individuals develop this sense of self from observations of their own behaviors, reactions of others to self (e.g., peers), and social cues that suggest which characteristics of the self are most essential (Myers & Biocca, 1992).

According to Powell and Kahn (1995), it is not surprising that African-American college women perceived physical attractiveness and thinness as less important by their close friends and significant others than Caucasian college

women. Powell and Kahn (1995), for example, discussed how African-American college males reported being more willing to date larger women than Caucasian college males. African-American males also stated they felt they would be less ridiculed than Caucasian males if they dated larger women. Root (1990) suggested that African-Americans may be able to disregard the prevalent white media message, which emphasizes the ideal of thinness for a happy, successful life more than Caucasians.

Thus, it is apparent that peers, close friends, and significant others have an influence on the way African-American college women and Caucasian college women view their body and possibly their behavior to amend body dissatisfaction (i.e., drive for thinness). Not only does research suggest there is a social influence on the image women have of their bodies (Harnes, 1995; Powell & Kahn, 1995), but additional findings of this study support the idea of societal influence on body image as well. Social insecurity was found to be correlated with body dissatisfaction and drive for thinness. In other words, the perceived low quality (i.e., relationships are tense, disappointing, and unrewarding) of women's relationships is correlated with women's attitude toward their bodies and their attempt to amend that dissatisfaction (i.e., drive for thinness). It is clear that college women's perception of social relationships has a role in the construction of women's image of their body.

Just as social insecurity has a role in body dissatisfaction and drive for thinness, building positive relationships can have an equal impact on the perception of women's body image. Harris (1995) asserted that by maintaining

wellness, feeling academically autonomous, and achieving positive interpersonal relationships have a significant influence on women's attitudes on their body image. Therefore, the quality of college women's friends and significant others (i.e., being accepting of one's physical appearance) may have a significant impact on whether college women have a positive image of their bodies. More research needs to be done in the area of acceptance of physical appearance by close friends and significant others on the impact of body image.

Research suggests media plays a significant role in reinforcing society's pressure to be thin (Silverstein et al., 1986). Myers and Biocca (1992) reported that advertising and programming emphasize the pursuit of the ideal thin body image, which effects young women's perception of their own bodies. Young women internalize these media messages and seek the physical standard to be excessively thin.

However, there was no significant mean difference in hours of reading women's magazines which focused on physical appearance between Caucasian and African-American college women. These findings support Pumariega et al.'s (1994) assertion that African-American women are equally susceptible to the ideal body image of thinness, which is promulgated through the expansion of Western ideals of feminine beauty. There has been an increase of African-American models and fashion magazines which comply with the Western standards of beauty (1994). Thus, it can be speculated that African-American and Caucasian women are equally susceptible to magazine's promulgation of the

Western ideal of body image, because this study did not discover a difference in the media exposure of the ideal body of thinness.

Limitations

One limitation of this study is its inability to generalize its findings beyond the sample, because the college students obtained for this study were not randomly selected and the sample was small. At best, the findings of this study may be generalized to the whole SIUE student body. However, that would be a tentative doing since the sample was small. If the sample size was larger, the findings may have been different.

Another result of a nonrandom sample is a biased sample. For example, classrooms selected were mainly from afternoon classes due to research convenience.

An additional limitation is that the women selected for this study mainly came from Minority Studies and Gender-role courses. Women who enroll in these courses may have different feelings about the body than women who choose not to enroll in such classes. Furthermore, the women who participated in this study were between the ages of 18-25 years old. Therefore, one cannot generalize these findings outside this age group.

Conclusions

In summary, Caucasian college women had greater body dissatisfaction and a greater drive for thinness than African-American college women. Caucasian college women perceive their family, close friends, and significant others as viewing physical attractiveness and thinness as being more important than African-American college women. This may partially explain the reason for the research discrepancy in body dissatisfaction and drive for thinness between African-American and Caucasian college women.

Nonetheless, research has suggested that African-American culture is more accepting of larger women and does not place as much emphasis on being thin when assessing beauty than would Caucasians (Root, 1990). Powell and Kahn (1995) also stated that African-American males are more willing to date larger women than Caucasian males. This cultural difference in African-American and Caucasian views of the "ideal body image" appears to be the impetus behind discrepancies in body dissatisfaction and subsequent drive for thinness between African-American and Caucasian college women.

Future research should be done on the cultural influence on body image and eating disorder behaviors. More specifically, longitudinal studies with larger samples need to be conducted to better understand the effects of cultural influences on weight, eating attitudes and behaviors, and body image. Future studies should also explore specific developmental periods, such as puberty and adolescence, which are important times for dieting and body image development (Akan & Grilo, 1995).

In order to generalize these findings to other groups, additional studies need to focus on adolescent, middle aged, and elderly African-American and Caucasian women of diverse sociodemographic attributes. Future studies should also explore differences and similarities among diverse groups via qualitative and quantitative methods to better understand how cultural variables affect socialization procedures which view the body differently (Harris, 1994).

University and college counselors need to consider not only the established predictors of diagnosing eating disorders, but also the larger cultural influences which affect women's lives. Counselors need to assess how much each woman identifies with her own ethnic background in addition to how much she identifies with the dominant Caucasian culture (Osvold & Sodowsky, 1993).

APPENDIX A

INSTRUCTIONS

Your ratings on the items below will be made on the EDI-2 Answer Sheet. The items ask about your attitudes, feelings, and behavior. Some of the items relate to food or eating. Other items ask about your feelings about yourself.

For each item, decide if the item is true about you ALWAYS (A), USUALLY (U), OFTEN (O), SOMETIMES (S), RARELY (R), or NEVER (N). Circle the letter that corresponds to your rating on the EDI-2 Answer Sheet. For example, if your rating for an item is OFTEN, you would circle the O for that item on the Answer Sheet.

Respond to all of the items, making sure that you circle the letter for the rating that is true about you. DO NOT ERASE! If you need to change an answer, make an "X" through the incorrect letter and then circle the correct one.

1. I eat sweets and carbohydrates without feeling nervous.
2. I think that my stomach is too big.
3. I wish that I could return to the security of childhood.
4. I eat when I am upset.
5. I stuff myself with food.
6. I wish that I could be younger.
7. I think about dieting.
8. I get frightened when my feelings are too strong.
9. I think that my thighs are too large.
10. I feel ineffective as a person.
11. I feel extremely guilty after overeating.
12. I think that my stomach is just the right size.
13. Only outstanding performance is good enough in my family.
14. The happiest time in life is when you are a child.
15. I am open about my feelings.
16. I am terrified of gaining weight.
17. I trust others.
18. I feel alone in the world.
19. I feel satisfied with the shape of my body.
20. I feel generally in control of things in my life.
21. I get confused about what emotion I am feeling.
22. I would rather be an adult than a child.
23. I can communicate with others easily.
24. I wish I were someone else.
25. I exaggerate or magnify the importance of weight.
26. I can clearly identify what emotion I am feeling.
27. I feel inadequate.
28. I have gone on eating binges where I felt that I could not stop.
29. As a child, I tried very hard to avoid disappointing my parents and teachers.
30. I have close relationships.
31. I like the shape of my buttocks.
32. I am preoccupied with the desire to be thinner.
33. I don't know what's going on inside me.
34. I have trouble expressing my emotions to others.
35. The demands of adulthood are too great.
36. I hate being less than best at things.
37. I feel secure about myself.

38. I think about bingeing (overeating).
39. I feel happy that I am not a child anymore.
40. I get confused as to whether or not I am hungry.
41. I have a low opinion of myself.
42. I feel that I can achieve my standards.
43. My parents have expected excellence of me.
44. I worry that my feelings will get out of control.
45. I think my hips are too big.
46. I eat moderately in front of others and stuff myself when they're gone.
47. I feel bloated after eating a normal meal.
48. I feel that people are happiest when they are children.
49. If I gain a pound, I worry that I will keep gaining.
50. I feel that I am a worthwhile person.
51. When I am upset, I don't know if I am sad, frightened, or angry.
52. I feel that I must do things perfectly or not do them at all.
53. I have the thought of trying to vomit in order to lose weight.
54. I need to keep people at a certain distance (feel uncomfortable if someone tries to get too close).
55. I think that my thighs are just the right size.
56. I feel empty inside (emotionally).
57. I can talk about personal thoughts or feelings.
58. The best years of your life are when you become an adult.
59. I think my buttocks are too large.
60. I have feelings I can't quite identify.
61. I eat or drink in secrecy.
62. I think that my hips are just the right size.
63. I have extremely high goals.
64. When I am upset, I worry that I will start eating.
65. People I really like end up disappointing me.
66. I am ashamed of my human weaknesses.
67. Other people would say that I am emotionally unstable.
68. I would like to be in total control of my bodily urges.
69. I feel relaxed in most group situations.
70. I say things impulsively that I regret having said.
71. I go out of my way to experience pleasure.
72. I have to be careful of my tendency to abuse drugs.
73. I am outgoing with most people.
74. I feel trapped in relationships.
75. Self-denial makes me feel stronger spiritually.
76. People understand my real problems.
77. I can't get strange thoughts out of my head.
78. Eating for pleasure is a sign of moral weakness.
79. I am prone to outbursts of anger or rage.
80. I feel that people give me the credit I deserve.
81. I have to be careful of my tendency to abuse alcohol.
82. I believe that relaxing is simply a waste of time.
83. Others would say that I get irritated easily.
84. I feel like I am losing out everywhere.

(Continued)

- 85. I experience marked mood shifts.
- 86. I am embarrassed by my bodily urges.
- 87. I would rather spend time by myself than with others.
- 88. Suffering makes you a better person.
- 89. I know that people love me.
- 90. I feel like I must hurt myself or others.
- 91. I feel that I really know who I am.

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ANSWER SHEET

David M. Garner, PhD

A = ALWAYS U = USUALLY O = OFTEN S = SOMETIMES R = RARELY N = NEVER

1	AUOSRN	20	AUOSRN	39	AUOSRN	58	AUOSRN	76	AUOSRN
2	AUOSRN	21	AUOSRN	40	AUOSRN	59	AUOSRN	77	AUOSRN
3	AUOSRN	22	AUOSRN	41	AUOSRN	60	AUOSRN	78	AUOSRN
4	AUOSRN	23	AUOSRN	42	AUOSRN	61	AUOSRN	79	AUOSRN
5	AUOSRN	24	AUOSRN	43	AUOSRN	62	AUOSRN	80	AUOSRN
6	AUOSRN	25	AUOSRN	44	AUOSRN	63	AUOSRN	81	AUOSRN
7	AUOSRN	26	AUOSRN	45	AUOSRN	64	AUOSRN	82	AUOSRN
8	AUOSRN	27	AUOSRN	46	AUOSRN			83	AUOSRN
9	AUOSRN	28	AUOSRN	47	AUOSRN	65	AUOSRN	84	AUOSRN
10	AUOSRN	29	AUOSRN	48	AUOSRN	66	AUOSRN	85	AUOSRN
11	AUOSRN	30	AUOSRN	49	AUOSRN	67	AUOSRN	86	AUOSRN
12	AUOSRN	31	AUOSRN	50	AUOSRN	68	AUOSRN	87	AUOSRN
13	AUOSRN	32	AUOSRN	51	AUOSRN	69	AUOSRN	88	AUOSRN
14	AUOSRN	33	AUOSRN	52	AUOSRN	70	AUOSRN	89	AUOSRN
15	AUOSRN	34	AUOSRN	53	AUOSRN	71	AUOSRN	90	AUOSRN
16	AUOSRN	35	AUOSRN	54	AUOSRN	72	AUOSRN	91	AUOSRN
17	AUOSRN	36	AUOSRN	55	AUOSRN	73	AUOSRN		
18	AUOSRN	37	AUOSRN	56	AUOSRN	74	AUOSRN		
19	AUOSRN	38	AUOSRN	57	AUOSRN	75	AUOSRN		

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APPENDIX B

92. How important does your family feel it is to be physically thin? Check one.
 very important important somewhat important not important
93. How important does your close friends, including your significant other, feel it is to be physically thin? Check one.
 very important important somewhat important not important
94. How many hours a week do you spend reading magazines that focus on physical appearance (e.g., Glamour, Cosmopolitan, etc.)? Check one.
 less than 1 between 1 and 2 between 2 and 4 more than 4
95. How old are you ____?
96. What is your race? Check one:
 Caucasian
 African-American
 other _____

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