Africentrism and Gender Role Identification: Exploring the Relationship between Appearance Commentary and Body Image

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Abstract

One of the most prominent sources of body image disturbance is sociocultural because individuals, especially women, are bombarded with messages regarding their physiques and what is considered physically attractive (Cash & Pruzinsky, 2002; Grogan, 1999; Ludwig & Brownell, 1999). These messages can be positive or negative, and they come from a variety of sources such as friends, family and the media (Cash & Pruzinsky, 2002). African American women have been found to report greater body satisfaction (Altabe, 1998; Bissell, 2002; Breitkopf, Littleton, & Berenson, 2007) and lower levels of social physique anxiety in comparison to White women (Russell & Cox, 2003; Hasse, Mountord, & Waller, 2007). Researchers have attributed these differences to African American women’s racial identification and gender role identification (Hesse-Biber, howling Leavy, & Lovejoy, 2004). However, very few studies have focused exclusively on African American women and within group differences. The studies exploring the specific traditional cultural values that help shape African American women’s body image beliefs are also scarce. This study examined the moderating effects of adherence to Africentric values and gender role identification on the relationship between appearance commentary and body image related constructs. One hundred and fifteen participants were recruited through a social networking site to complete on-line surveys. Paper and pencil versions of the survey were also administered to 65 participants recruited in a predominantly African American community in the Northeast. Hierarchical regressions revealed that high allegiance to Africentric cultural values buffered the negative effects of social pressure from media sources to be thin on body satisfaction and social physique anxiety. Contrarily, high allegiance to Africentric values promoted decreased body satisfaction along with reports of frequent exposure to interpersonal
negative appearance commentary. Femininity was found to promote increased social physique anxiety in conjunction with participants’ reports of receiving infrequent positive appearance feedback. This study provides additional insight into the factors that contribute to body image resilience. Implications for mental health counselors and recommendations for future research are addressed.
Africentrism and Gender Role Identification: Exploring the Relationship between Appearance Commentary and Body Image

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Dissertation

Presented to the Graduate School of Education and the faculty of the Counseling and Human Services department at Syracuse University in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counselor Education and Supervision

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CHAPTER I

INTRODUCTION

Decreased body satisfaction has been correlated with the development of body image disturbance and eating disorders, engagement in health compromising behaviors and psychological distress (Neumark-Sztainer, Paxton, Hannan, Haines & Story, 2006; Peterson, Tantleff-Dunn & Bedwell, 2006). Because body image disturbance is an insidious problem, prevention and intervention programs focused on factors that protect women from experiencing chronic body dissatisfaction need to be developed. According to Cash (2002), the most beneficial prevention and intervention programs integrate protective factors that promote resilience, build on clients’ strengths and safeguard recipients from the development of body dissatisfaction. The demand for research focused on factors that contribute positively to the body experience has increased in the field of counseling (Choate 2007 & 2005; Cash, 2002). Understanding the experiences of women who possess positive body image provides counselors with a platform to incorporate protective factors into practice (Choate, 2007).

Despite previous findings demonstrating that African American women tend to report higher levels of body satisfaction than women from other ethnic groups, there is little empirical evidence on the development of African American women’s body image perceptions (Woody, Falconer & Neville, 2000). In addition, the bulk of research focusing on African American women and body image has been comparative in nature, meaning that African American women’s body image perceptions have been studied in comparison to White women. Past research has also primarily focused on college and secondary students (Davison & McCabe, 2005; Molloy & Herzerberger, 1998; Ricardelli
& McCabe, 2001). Due to the comparative nature of these studies and lack of participation from the general community, the conclusions regarding the relationship between race/ethnicity and body image are unclear (Gluck & Geliebter, 2002). Researchers have reported that African American women tend to have more positive body image than their White counterparts (Altabe, 1998; Bissell, 2002; Woody et al., 2000). Scholars have also correlated African American women’s positive sense of body image with their level of identification with their race (Buckley & Carter, 2005). Little is known, however, about the relationship between adherence to specific traditional African American cultural values and the development of body image beliefs.

The current study sought to expand on research that has attempted to examine African American women’s body image satisfaction. This study sought to identify factors that protect African American women from developing body image disturbances using data gathered from African American women within both general and academic communities from various regions in the United States. The first objective of this study was to explore the relationships among received appearance commentary, body satisfaction and social physique anxiety. The second aim of this study was to explore the moderating role of Africentric worldview on the relationships between received appearance commentary, body satisfaction and social physique anxiety. The third intention was to explore the moderating role of gender role identification on the relationships between received appearance commentary, body satisfaction and social physique anxiety. The final goal of the study was to determine which construct—appearance commentary, Africentric worldview, or gender identification—has the greatest influence on body satisfaction and social physique anxiety. In the current study,
it is hypothesized that adherence to traditional African American cultural values and identification with traditional masculine or androgynous gender role traits will buffer the negative effects of appearance commentary such as body image disturbance and social physique anxiety.

One of the most significant ways in which this study has the potential to contribute to the counseling literature is that it focuses on the exploration of factors that influence body image resilience as opposed to body image disturbance and associated pathologies. The body of literature investigating protective factors that can safeguard women from the development of body image disturbance is scant, despite the demand for increased focus on resilience in the mental health field (Cash, 2002; Choate, 2005). Cash asserts that by exploring the experiences of women who possess positive body image, mental health practitioners can work with women in building resistance to the social cultural pressures that negatively influence body satisfaction. This study identifies specific variables that have the potential to serve as protectors against body image disturbance. Furthermore, individual differences within the African American subculture are explored. Examining individual differences within the African American culture navigates away from treating African American women as a monolithic whole and provides a more distinct understanding of factors contributing to issues related to body image perception development in African American communities (Woody et al., 2000). Identification of specific protective factors is essential to developing preventive and intervention programs to assist women with maintaining positive body image, and to prevent women at risk for developing poor body image from engaging in pathogenic
behaviors such as extreme avoidance, excessive dieting or exercising because of body
dissatisfaction and high levels of social physique anxiety.

This introduction begins with an exploration of the literature regarding
conceptualizations of the body, mainstream cultural messages and body image
disturbance. The introduction concludes with a description of the theoretical framework
supporting this study.

**Conceptualizing Body, Cultural Messages and Disturbance**

Body has been defined in various ways; however, most agree that it is a
multidimensional construct consisting of physiological, psychological and sociological
components (Cash, 1994; Cash & Pruzinsky, 1990; Hoyt & Kogan, 2001; Parks & Read,
1997). The body is a canvas in which the central rules, hierarchies and commitments of a
culture are engraved (Douglas, 1966); it is the symbolic medium of a culture (Lovejoy,
2001). The female body, specifically, is viewed as a cultural artifact, defined and
redefined over time in response to broad cultural and historical transformations (Hesse-
Biber, Howling, Leavy, & Lovejoy, 2004). These expansive cultural shifts have major
influence on the ideal appearance for women (Gluck & Geliebter, 2002; Striegel-Moore,
1995). Thus, women are constantly bombarded with messages about beauty, healthy
weight, and what is considered desirable (Ludwig & Brownell, 1999).

Research suggests that the cultural standards for the female body in western
societies are progressively thinning (Demarest & Allen, 2000; Perez & Joiner, 2002). In
recent years, cultural ideals in the United States have promoted very slender bodies as
most valuable (Bordo, 2003; Lee, Damhorst, & Ogle, 2009; MacNevin, 2003). These
ideals define women’s gender roles by emphasizing femininity and suggesting that
women should achieve a delicate balance of thinness without appearing to be merely skin and bones. Consequentially, an individual’s self-concept regarding body image is influenced by the degree to which cultural standards are met. Thus, the discrepancy between the actual and ideal body image is a function of the culturally defined images of desirable bodily appearances (Usmiani & Daniluk, 1997).

Recent studies have found that media images play a significant role in how women feel about their bodies (Grogan, 1999; Grogan, Williams, & Conner, 1996; Hoyt & Kogan, 2001). For example, Cororve, Fingeret and Gealves (2004) found that internalization of sociocultural messages regarding appearance mediated the relationship between awareness of these standards of beauty and body dissatisfaction. Cultural standards for physical attractiveness are constantly being shaped and reinforced by the media, the diet industry, and women’s magazines that prey on females’ anxieties. In addition to being told what is desirable, women are told how they can improve their bodies by dieting, doing crunches, leg lifts and various forms of lunges (Hoyt & Kogan, 2001). These norms have become so invasive that dieting for American women is now tantamount to normal eating (Molloy & Herzerberger, 1998; Polivy, 1987).

In addition to media, interpersonal messages from family members and friends regarding body image expectations are important to the development of individuals’ body image perceptions (Cash & Pruzinsky, 2002). According to Tantleff-Dunn and Gokee (2002), reflected appraisal, feedback on physical appearance and social comparison are the three most critical interpersonal processes in shaping body image beliefs. Reflected appraisal refers to the idea that others’ opinions influence how individuals see themselves. Feedback on physical appearance is the vehicle through which individuals
AFRICENTRISM AND GENDER ROLE

develop perceptions of how others are evaluating them. Feedback can include teasing, criticism, ambiguous comments and nonverbal communication. Negative body commentary such as teasing and criticism has been correlated with body dissatisfaction and the development of eating disorders (Neumark-Sztainer & Haines, 2004; Tantleff-Dunn & Gokee, 2002; Thompson, Herbozo, Himes, & Yamamiya, 2005). Social comparison theory suggests that the degree to which individuals compare their physical appearance to others moderates the influence that the representation of the thin, attractive ideal has on body image disturbance. Individuals who perceive a discrepancy between actual and perceived body size, and who experience negative emotions when they compare their bodies to the norm set by society are vulnerable to experiencing body image disturbance (Eriksson, Baigi, Marlund, & Lindgren, 2008; Heinberg, 1996).

Nearly one-half of American women (Cash & Henry, 1995; Peterson, et al., 2006) experience poor body image. Body image refers to one’s perceptions; feelings; thoughts (Cash, 1989); and attitude towards one’s body size, shape and aesthetics (Cash, 1994; Cash & Pruzinsky, 1990); and the behaviors that embody actions related to appearance (Banfield & McCabe, 2002; Cash & Pruzinsky, 2002). Body satisfaction focuses on the emotional and attitudinal component of body image (Cash, Ancis, & Strachan, 1997; Lee et al., 2009). Body image perception has been identified as the most significant factor in determining body satisfaction and is considered the most consistent predictor of eating disorders (Hoyt & Kogan, 2001; Thompson, Heinberg, Altabe, Tantleff-Dunn, 1999). Studies have shown that individuals who are dissatisfied with their bodies, and with their weight in particular, are more likely than those who are satisfied to engage in weight loss
behaviors, such as dietary restriction, exercise and cosmetic surgery (Ackard, Croll, & Kearney-Cooke, 2002; Lee et al., 2009; Ogle & Damhorst, 2004).

Thompson and Hirschman (1995) suggest that body satisfaction may be intricately shaped by cognitions about cultural beliefs and normative prescriptions. Due to the pervasive nature of negative body image and dissatisfaction, scholars have utilized labels such as normative discontent (Rodin, Silberstein, & Striegel-Moore, 1985) and obsession and tyranny of slenderness (Chermin, 1981) to refer to body image disturbance. However, researchers have questioned whether these terms apply to all women, particularly women from racial/ethnic minority groups, due to findings that suggest that African American women tend to report greater body satisfaction than White females (Allan, Mayo, & Michel, 1993; Breitkopf, Littleton & Berenson, 2007; Flynn & Fitzgibbon, 1998). The discrepancies between ethnic groups regarding body satisfaction suggest that there are subcultural influences that protect African American women from developing body image disturbance.

**Theoretical Framework**

The foundation of this research is supported by two major frameworks: (a) social cultural perspective (Cash & Pruzinsky, 2002); and (b) cognitive behavioral theory on body image (Cash, 2002). These perspectives provide a basis for further expanding the body of knowledge that provides insight into the protective factors influencing the development of female body image perceptions.
Sociocultural Perspective

The sociocultural perspective is an approach to understanding human behavior that focuses on how cultural values influence individual values, behavior and mental processes (Pruzinsky & Cash, 2002). Pruzinsky and Cash report that the sociocultural perspective embodies a variety of theoretical frameworks that are based on the premise that cultural values are important in understanding how individuals perceive themselves and how other individuals perceive them. For example, the degree to which individuals’ value attractiveness is shaped by the standards of attractiveness adhered to by their cultures. Thus, if the culture values attractiveness, the individual will also value attractiveness and base one’s judgments of oneself and others on the cultural standard. If the culture devalues attractiveness, the individual will consider it unimportant in judging oneself and others. The sociocultural perspective serves as a tool for deepening our understanding of how values and beliefs are shaped by individuals possessing a double consciousness (Dubois, 1903/1989 version), the consciousness of their subculture and the broader culture.

Of the numerous approaches underlying the sociocultural perspective, social expectancy and implicit personality are the most relevant to this study. According to Jackson (2002), Social expectancy theory hypothesizes that (a) agreement exists within a culture about what is attractive and who is attractive, but standards vary among cultures; (b) consensual expectations exist within cultures about attractive and unattractive others; (c) people behave differently toward unattractive and attractive individuals; (d) individuals’ differential behavior toward attractive and unattractive others results in the differences in how they respond; and (e) these behavioral differences result in differences
in the self concepts of attractive and unattractive others. Implicit personality theory provides a tool for conceptualizing the development of physical attractiveness stereotypes. According to implicit personality theory, individuals receive cultural information through direct observation of others and by exposure to cultural representations of attractiveness (Jackson, 2002).

**Cognitive-behavioral Perspective**

The cognitive-behavioral perspective on body image (Cash, 2002) asserts that both historical and proximal factors mold body image perception. Historical factors refer to past events, attributes and experiences that impact individuals’ cognitions, feelings and behaviors in relation to their bodies. Historical factors mostly pertain to socialization about the meaning of physical appearance and individuals body-focused experiences during childhood and adolescence. Salient among these factors are cultural socialization, interpersonal encounters, physical characteristics and personality traits. Through social learning, historical factors instill fundamental body image schemas and attitudes, including dispositional body image evaluations. Body evaluation refers to satisfaction or dissatisfaction with one’s body, including evaluative beliefs about it. Body image investment refers to the cognitive, behavioral, and emotional importance of the body for self-evaluation. Proximal body image factors pertain to current life events and consist of anteceding and maintaining influences on body experiences, such as internal dialogues, body image emotions and self-regulatory actions.

Specific situational cues or contextual events, such as social feedback, scrutiny or comparisons activate schema-driven processing of information about, and self-evaluations of, one’s physical appearance. This activation triggers internal dialogue
including automatic thoughts, interpretations and conclusions about one’s looks.

Appearance schematic individuals place more importance on, are more attuned to, and preferentially process information pertinent to appearance. This perspective contends that within individuals there exists a reciprocally interactive causal loop connecting external (environmental) events, internal personal factors (cognitive, affective and physical processes), and the individuals own behavior. In order to cope with distressing body image thoughts and emotions, from internal or external stimuli, individuals engage in various learned cognitive strategies or behaviors, such as avoidance, appearance fixing, and rational positive acceptance, to accommodate or adjust to environmental events. The cognitive-behavioral perspective on body image is not restrictive to pathology; it can be applied to make sense of the relationship between individuals and the development of positive body image.

**Research Questions**

The current study addressed the following research questions:

Research Question 1: Does appearance commentary (interpersonal or media pressure), Africentrism and gender role identification influence body image satisfaction and social physique anxiety?

Hypothesis 1: It is expected that appearance commentary, Africentrism and gender role identification will influence participants’ level of body satisfaction and social physique anxiety.

Research Question 2: Does Africentrism and gender identification moderate the influence of verbal commentary on body satisfaction?
Hypothesis 2: It is expected that ascription to Africentric values and rejection of traditional dominant feminine gender-role identification will serve as protective factors between appearance commentary and body dissatisfaction.

Research Question 3: Does Africentrism and gender identification moderate the influence of verbal commentary on social physique anxiety?

Hypothesis 3: It is expected that adherence to Africentric values and adherence to traditional dominant masculine or androgynous gender roles will serve as protective factors between appearance commentary and social physique anxiety.

Research Questions 4: Which variable(s), verbal commentary, Africentrism, or gender identification contributes most to body satisfaction and social physique anxiety?

Hypothesis 4: It is expected that appearance commentary will have the most significant direct influence on body satisfaction and social physique anxiety.
CHAPTER II
REVIEW OF RELEVANT LITERATURE

The following section will review some of the theoretical and empirical findings related to the development of body image beliefs. This analysis will begin with an overview of the body image literature that is relevant to this study. The body image overview will be followed by an examination of some of the specific variables, such as appearance feedback and cultural and gender role identification, that have been found to shape women’s body image satisfaction and level of social physique anxiety. This discussion will incorporate specific findings regarding African American women’s body image perception development.

Body Image

Body image is a complex, multidimensional construct that is typically comprised of affective, perceptual and cognitive components of the body experience (Cash & Pruzinsky, 2002). Body image also encompasses behavioral aspects, such as weight loss attempts, and other indications of investment in appearance (Banfield & McCabe, 2002; Davison & McCabe, 2005). If an individual is unsatisfied with her body, the term body image disturbance applies (Eriksson, Baigi, Marlund, & Lindgren, 2008). Disturbance in body image and eating occur within individual bodies and psyches, but they may also be viewed as manifestations of trouble in the social body, such as racism, sexism and classism (Lovejoy, 2001). Body image is influenced by the interaction of a number of factors, including cultural values, socioeconomic status, interpersonal relationships and media messages (Breitkopf et al., 2007).
Characteristics of negative body image such as body dissatisfaction, an affective attitudinal component of body image (Lee et al., 2009), drive for thinness and low self-esteem are strongly correlated with and are predictors of eating disturbance symptoms (Peterson, et al., 2006). Jackson (1992) indicates that over a lifespan, women are significantly more dissatisfied with their body image than are men and they place greater importance on and invest more in their appearance than do men (Gillen & Lefkowitz, 2006). This gender difference has been attributed to women’s belief that they are overweight, even when they meet or are below average weight. Some women are so dissatisfied with their perceived body size that they are driven to become thin and maintain that thinness (Molloy & Herzerberger, 1998). Strikingly high rates—greater than 80%—of eating disorders, weight pre-occupation and body dissatisfaction among college women have been documented (Cororve et al., 2004). With younger populations, findings of strong associations between body image concerns and low self-esteem among girls (Ricciardellie & McCabe, 2001) have led to the construction of body image as an important aspect of global female self-esteem (Davison & McCabe, 2006).

Unlike White women and Latina women, data show that African American women are less concerned with and are less likely to report engaging in weight loss behaviors, dieting, or being preoccupied with being thin (Briekkopf et al., 2007; Frisby, 2004). For example, adolescent African American females have been reported to view themselves as “just right” more frequently than their White female peers (Harris, 1995). In Briektkopf et al.’s. recent study examining the evaluative, affective, and behavioral components of body image of low-income women (n= 1,217), African American (n = 333) women did not report higher levels of appearance shame than their lower BMI peers.
did, while White (n = 450) and Latina (n = 434) women reported being more ashamed. The average age of participants in their study was 25 years (SD = 5.9).

**Anxiety**

General social anxiety is associated with eating pathology, fear of negative evaluation and drive for thinness (Hasse, Mountford, & Waller, 2007). Because body is a generic umbrella term, it is important to acknowledge that social physique anxiety reflects an affective component of body image (Bane & McAuley, 1998; Martin, Kilber, & Hodges-Kulinna, & Fahlman, 2006). Social physique anxiety differs from general social anxiety in the respect that it is an affective component of body image; it refers to the anxiety experienced by some when they perceive that other people are judging their bodies. It is a form of social anxiety that arises when individuals doubt their ability to present a positive image of themselves (Hart, Leary, & Rejeski, 1989) and occurs because of the prospect or presence of interpersonal evaluation involving one’s body. Aligned with self-presentational theory, social physique anxiety is theorized to emanate from the motivation to portray a particular image in regard to physique and the probability of succeeding in a specific context (Monsa, Pfeiffer, & Malina, 2008). Social physique anxiety is also analogous to the affect experienced when body-checking behaviors fail to reassure the individual about his or her body shape (Hasse et al., 2007). Monsa et al. indicates that social physique anxiety tends to vary by size so that even extremely thin individuals can be susceptible to social physique anxiety.

Women typically report higher social physique anxiety compared to males. Social physique anxiety has been mostly thought to pertain to women (Hart et al., 1989; Kowalski, Mack, Croker, Niefer, & Fleming, 2006). For example, Frederick & Morrison
(1996) reported that the females in their study appeared to be especially cognizant of the social implications of their appearance, reporting greater concern about other’s evaluations of their bodies than males. These results replicate gender differences found in other studies investigating adult samples. In Mack, Strong, Kowalski and Crocker’s (2007) study examining the influence of adolescent peer group network composition and peer influence variables on the social physique anxiety of 375 adolescents attending a private high school, females reported experiencing significantly greater body-related pressure from others than from members of their peer networks. The researchers reported that 181 of the participants were male with an average age of 15.83 years (SD = 1.50) and 194 (SD = 1.29) were females with an average age of 15.60 years.

According to Leary (1995), there are both positive and negative aspects of social physique anxiety. A positive aspect of social physique anxiety is that it helps to keep people’s behavior within socially desirable limits. For example, if individuals are never concerned with other perceptions or making undesirable impressions they are more likely to engage in inappropriate behaviors (Kowalski, Crocker, & Kowalski, 2001). On the other hand, social physique anxiety can take on negative aspects of individuals’ self-presentation when concerns become excessive (Kowalski et al, 2001). The greater the need one has to create a desired impression on others, therefore, the higher the probability the individual will experience self-presentational concerns (Amrose & Hollembeak, 2005). People who generally do not believe they are physically attractive are likely to doubt their ability to create an impression on others that they are attractive and will tend to experience social anxiety when they believe others are evaluating their physique. Thus, bodily flaws become social liabilities and even present potentials for rejection and
humiliation (Hart et al., 1989). It is well documented that young women’s social physique anxiety is associated with a number of health compromising behaviors (McHugh et al., 2008). Objectively unattractive figures, physiques that do not correspond to the cultural norm and distorted body image perceptions are constant sources of anxiety for women (Eriksson, et al., 2008; Hart et al., 1989).

Experiences of social physique anxiety have been linked to health related variables, such as exercise, sport participation or engagement in other remedial activities, dietary restraint, appearance management, cognitive deflections, seeking sexual attention, substance abuse, comparisons to others, and avoidance or withdrawal (Kowalski et al., 2001; Leary & Kowalski, 1995). Hasse et al. (2007) recruited 292 undergraduate and graduate university students at a British University to assess the meditational role of social anxiety in the relationship between body checking cognitions and behaviors. The mean of age of participants in their study was 20.87 years (SD = 4.78). Hasse et al. found that social physique anxiety was associated with all cognitive and behavioral components of body checking such as looking at one’s reflection in the mirror, pinching one’s stomach or upper arms to measure fatness, or making sure that rings fit as they did before. Hasse et al. further assert that as feedback on shape and weight becomes synonymous with self-worth, cognitions might heighten physique anxiety, which in turn intensifies body-checking behavior to alleviate that anxiety. Body checking behaviors can therefore be construed as safety behaviors that reduce anxiety initially, but enhance it long term.

In regard to avoidance, some individual with social physique anxiety may avoid participating in high levels of activities because of their concerns about the self-
presentation of their physiques. Avoidance preempts the possibility of making an undesired impression and reduces the amount of anxiety experienced (Kowalski et al., 2001). Hart et al. (1989) suggest that compared to people who are low in social physique anxiety, those who are highly anxious are likely to avoid situations in which their physique is under scrutiny by others, become very distressed when their physiques are on display, avoid activities that accentuate their physiques (including aerobic activity which may benefit them), suffer depression related to their bodies, and attempt to improve their physiques through a variety of means, some of which may be harmful. Other individuals with high social physique anxiety, however, may be motivated to engage in remedial behaviors with intentions to improve or maintain their physical appearance through physical activity participation and thus decrease their social physique anxiety (Kowalski et al, 2001, Leary, 1995). According to Hasse et al. (2007), African American women tend to report lower levels of social physique anxiety than White women, which is similar to comparison studies amongst African American women and White women and body satisfaction.

**Appearance Feedback**

Interpersonal feedback, especially in the form of teasing, has been strongly associated with body image disturbance (Neumark-Sztainer & Haines, 2004; Thompson et al., 2005). In the area of interpersonal influences, specific sources that have received examination include peers, parents, romantic partners and other important social contacts (Herbozo & Thompson, 2006a). Interpersonal factors may consist of such disparate variables as peer conversations regarding appearance, parental and peer modeling of body dissatisfaction, comparison of one’s own body to that of significant others, and direct
comments from various interpersonal sources regarding appearance (Wertheim, Paxton, & Blaney, 2004). Social Psychology has demonstrated the relationship between an individual’s physical appearance and how others perceive and interact with him or her. Unattractive individuals tend to receive more negative evaluations from their peers and reduced social contact (Davison & McCabe, 2006).

Negative communication has been identified as critical comments, repeated negative comments about weight and shape, teasing from family members, and encouragement to diet (Fairburn, Welch, Doll, Davies, & O’Connor, 1997). Negative communication and modeling by family members and peers have been correlated with the onset of eating disorders (Kichler & Crowther, 2001). Through investigating the relationships among communication, modeling, body image dissatisfaction, eating attitudes, and habits of preadolescent girls (n = 69), Kichler and Crowther (2009) found that negative communication was significantly associated with body image disturbance and detrimental eating attitudes and behaviors. Kichler and Crowther (2009) reported that the average age of participants was 13 years (SD = .9). The majority of their participants identified as white (88.2%). The remainder of their participants identified with other ethnicities (11.8%). Schwartz, Phares, Tantleff-Dunn and Thompson (1999) explored the role of parental appearance-related commentary, body image, and psychological functioning in 114 male and 139 female undergraduate students (mean age 20.26, SD = 2.09). The sample included White (65.7%), Hispanic (12.5%), African American (9.7%), Asian American (8.5%) and other ethnic identification (3.6%) participants. Schwartz et al. found that females received more appearance related feedback than males.
Concerns about negative evaluations by others appeared to play a substantially greater role than girls’ own view of their bodies. This finding suggests that girls’ self-esteem is best understood if one considers the social context of body image, an aspect largely ignored by researchers (Davison & McCabe, 2006). Through exploring the relationships between different aspects of body image and psychosocial functioning amongst boys (n = 245) and girls (n = 173); in grades 8 and 9 (mean age 13.92 years, SD = .69), Davison and McCabe found that girls were more concerned about other’s evaluations about their bodies than boys. Some researchers have suggested that appearance compliments may also contribute to body image disturbance (McLaren, Kuh, Hardy & Gauvin, 2004). For example, Calogero, Herbozo and Thompson (2009) explored the moderational and mediation effects of receiving appearance compliments on an ethnically diverse sample of undergraduate students (n = 220) ranging from ages 18 to 25. Calogero et al. found that all of the participants in their study reported higher body surveillance and more body dissatisfaction in relation to feeling good about receiving appearance compliments. Receiving comments, negative or positive, about one’s appearance reflects a view of the body as belonging less to the individual and more to others because women learn that it is normative for their bodies to be looked at, commented on, evaluated and sexually harassed by others (Calogero et al., 2009).

**Africentric Worldview and Identity**

Africentric worldview is a set of beliefs, values and assumptions that reflect basic African cultural traditions and values found among persons of African descent including African Americans (Akbar, 1979; Baldwin, 1981, Belgrave, Townsend, Cherry, & Cunningham, 1997; Utsey, Adams, & Bolden, 2000). Authors have asserted that
Africentric values and principles such as harmony, communalism and affect sensitivity (Randolph & Banks, 1993) represent the minimum set of values that African Americans need to build and sustain an Africentric life, community and culture (Karenga, 1988). Although heterogeneity and some divergence exists in the extent to which values and worldviews are adhered to among African Americans (Belgrave et al, 1997), it is suggested that the values and behaviors of many African Americans today represent a hybrid of traditional African philosophies and values and the historical experiences of African Americans living in the United States (Constantine, Lewis, Conner, & Sanchez, 2000).

A primary tenet of Africentric theory is that African descended persons are the developers and interpreters of their own realities and cultural experiences, as opposed to being objects of inquiry and interpretation based on European conceptual frameworks (Asante, 1987). The endorsement of Africentric values and beliefs is thought to lead to a reduction in psychological symptoms such as depression, anxiety, and anger and may promote a greater sense of well being (Dubois, 1999), positive coping strategies, and enhanced positive feelings about self (Woods & Jager, 2003) among African Americans. For example, Nasim, Belgrave, Jagers, Wilson and Owens (2007) found that youth with higher Africentric beliefs started consuming alcohol at a later age in their study exploring the promotive and protective influences of Africentric beliefs, religiosity and ethnic identification on alcohol initiation. Their sample consisted of 114 African American males (53%) and females (47%) ranging from ages 13-20 (M = 16.9, SD = 1.71).

In addition, Constantine, Alleyne, Wallace and Franklin-Jackson (2006) found that greater adherence to Africentric values had a significant and positive effect on higher
life satisfaction among African American adolescent females (n = 147) in their investigation of the relationships among Africentric cultural values, self-esteem, perceived social support and life satisfaction. Previous findings have demonstrated that Africentric values and behaviors can provide a reservoir from which protective factors and coping strategies are channeled (Constantine & Blackmon, 2002). This perspective fits within the underlying objective of this study, which is to identify factors that protect African American women from developing severe body image disturbance and anxiety related to body image disturbance.

**African American Women and Body Image**

Contrary to mainstream culture, the basic underlying assumption of the African American cultural framework is that African Americans possess a distinct cultural orientation (Thomas & Speight, 1999; Webb, Lobby, & Fults-McMurtery, 2004). Some findings from research centered on ethnic differences in body image, self-concept and perceived attractiveness reveal that White and African American women tend to hold significantly different definitions of beauty (Allan et al., 1993) and perceptions of their bodies (Molloy & Herzerberger, 1998; Powell & Kahn, 1995). Generally, these results suggest that African American women have more positive body image and report more positive feelings of their bodies than white women (Altabe, 1998; Bissell, 2002; Woody et al., 2000). Although members of the dominant culture consider thinner bodies as more acceptable and attractive, members of the African American community tend to view attractiveness differently (Bissell, 2002; Sharps, Price-Sharps & Hanson, 2001; Webb et al, 2004).
Awareness and internalization have both been associated with body dissatisfaction and eating pathology. Internalization of sociocultural norms, however, has been found to be a stronger predictor of body image disturbances (Cororve et al., 2004). Breitkopf et al. (2007) contend that African American women, and other ethnic minority women, do not internalize mainstream sociocultural norms that emphasize a narrow standard of attractiveness for women and a thin body as ideal. Several researchers have noted that some African American families and communities offer protective factors against the development of eating disorders and other pathogenic behaviors (e.g., excessive dieting and over exercising) among African American women. African American women’s lack of internalization of mainstream norms may be explained by the assertion that African American women are not fully integrated into the dominant culture (Gluck & Geliebter, 2002; Strigel-Moore, Silberstein, & Rodin, 1986). This lack of internalization and integration may prevent African American women from developing eating disorders and engaging in other pathogenic behaviors, such as excessive dieting and over exercising (Harris, 1995; Webb et al., 2004). Molloy and Herzerberger (1998), for example, examined variations in 114 college women’s perceptions of their bodies by race and class. Forty-five of the participants indentified as African American and 69 identified as White. They found that African American women are more likely to have certain protective factors that shield them from developing low self-esteem and distorted body image. According to Harris, such protective factors allow them to be more satisfied with their bodies regardless of its size or shape.

Scholars suggest that these protective factors are rooted in the strong traditional values held by some African Americans. These traditional values may also explain why
their views about body figure attractiveness are different from those held by the dominant culture (Harris, 1995). According to Baldwin (1985), African Americans have inherited their cultural values, beliefs, behaviors and attitudes from their African heritage. Such strong cultural values held by some African Americans are not independently developed attributes, but are developed and shaped by family as well as community members (Webb et al, 2004). Instead of being influenced by the dominant culture, Duke (2002) asserts that African American women report being influenced by their cultural group’s beauty messages, which may be in direct opposition to the media ideal. In addition, research has found that people prefer to compare themselves with others who are similar in attitudes, values and personality (Frisby, 2004).

Instead of subscribing to dominant cultural standards, some African American women adopt culture-specific standards that generally encompass a range of body sizes as attractive and emphasize self-presentational factors such as dress, grooming, posture and personality as standards for attractiveness (Breitkopf et al., 2007; Flynn & Fitzgibbon, 1998; Smith, Thompson, Raczymsky, & Hilner, 1999). Frisby (2004) suggests that black culture does not influence African American females to conform to the thin ideal or dieting behaviors that are typically found with White females. Villarosa (1994) claimed that African American communities have always been more accepting of larger and voluptuous women than White Americans have been. Within the African American culture, weight loss and a desire to be thin have not been salient factors for determining body figure attractiveness. As a result, less emphasis is placed on thinness and overweight women are accepted in their communities (Bissell, 2002, Ogden, Flegal, Carroll, & Johnson, 2002; Powell & Kahn, 1995). In contrast to African American
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communities, it has been suggested that the slender ideal has been adopted by White Americans as a means of eroding traditional feminine stereotypes and competing in a man’s world (Polivy, Garner & Garfinkel, 1986).

Authors have provided several additional explanations for the greater acceptance of a range of body sizes in African American communities which are embedded in traditional cultural values: a) historically, within the African American communities “fat” women were viewed as attractive, smart, sexy, employed, wanted by men in the community, able to attract husbands, and rulers of their households (Edison & Notkin, 1994; Webb et al., 2004); b) the body is perceived as a way to project individuality, style, and ethnic group membership (Gillen & Lefkowitz, 2006; Parker et al, 1995; Rucker & Cash, 1992); c) members of the African American community, particularly men, tend to place greater emphasis on other aspects of physical appearance such as skin complexion, hair length and lip size, as criteria for standards of attractiveness (Webb et al., 2004); and d) black women may develop particularly strong positive self-evaluation as well as alternative standards for valuing their appearance and character that may be more liberating than mainstream standards. They may also receive support for these strategies from within African American communities. Thus, African American women who use these strategies may be less susceptible than many White women to the politically controlling and psychologically damaging influence of social institutions that promote exacting feminine ideals of thinness and beauty (Lovejoy, 2001). For example, researchers have reported that African American girls who reject mainstream beauty standards and compare themselves to a broader set of standards report feeling more positively about themselves (Buckley & Carter, 2005; Duke, 2002).
Similarly, Crocker and Major (1989) asserted that ethnic group members may specifically avoid comparison with majority group members because they know such comparisons would have painful consequences for self-esteem. To the extent that African American women identify more with their racial/ethnic culture than the dominant culture and to the extent that they interact mostly with other African Americans, they may be protected from white norms regarding body style (Molloy & Herzerberger, 1998). In studying the relationship between racial identity and physical appearance, Buckley and Carter (2005) found that adolescent girls high on internalization racial identity attitude (positive views of black without anti-white attitudes) reported feeling positively about their appearance. African American girls high on pre-encounter (pro-White/anti-Black) reported low self-esteem related to physical appearance, happiness, satisfaction, academic performance, and popularity. From their results, they concluded that African American girls are likely to use other African American people as the reference for their thoughts, feelings and behaviors. Similarly, Harris (1995) found, as a result of their investigation of factors that influence body image attitudes of African American college women (n = 90), that African American women with encounter (pro-black) and internalization and immersion (the process of rejecting white culture) attitudes hold favorable views of appearance, fitness, health and body areas, and attach importance to health.

In addition to exploring the relationship between racial identity and issues related to self-perception, researchers have begun to explore the relationship between African self-consciousness/worldview and body image. Baldwin (1981) defines African self-consciousness as African Americans’ self-awareness of and practices regarding their historical, cultural, linguistic and philosophical origins as African-descended people.
African self-consciousness is similar to racial identity in that both assess individual attitudes towards one’s own socioracial group. However, unlike racial identity, African self-consciousness refers to one’s worldview (Woody et al., 2000). Findings from research suggest that higher endorsement of African self-consciousness is related to psychological functioning, including internal locus of control (Gibson, 1984) and healthier black personality development (Woody et al., 2000). Although researchers have begun to look at the role of African self-consciousness (ASC) and self-perception, few studies have examined the relationship between ASC and body image. There is little research investigating the relationship between African self-consciousness and satisfaction with various body areas or personal body image. Woody et al. found that African self-consciousness was related to one dimension of body image: ASC values were related to body area satisfaction. They indicate that this finding supports previous empirical research reporting that racial identification broadly influences African American women’s self-perception. Research exploring the relationship between African self-consciousness and body image/satisfaction is needed because this relationship may influence self-perception and weight-related behaviors of African American women.

The findings regarding racial identity and African self-consciousness support Helm’s (1990) and Bem’s (1981) respective theories, which assert that individuals who can abandon dominant culturally imposed definitions about their racial or gender groups have more positive mental health. These findings also suggest that particular subcultures might counter broad societal pressures and buffer its membership from negative messages (Cash & Henry, 1995; Ludwig & Brownell, 1999). However, Williamson (1998) notes the danger in assuming that certain groups of women, particularly African
American women, are entirely protected from eating problems. Of course, not all women within a racial/ethnic group are the same. Racial identity and identification with the dominant middle class culture may explain the variation between African American and white women (Molloy & Herzerberger, 1998). For example, the extent to which African American women identify more with the dominant culture, they may be more vulnerable to body image distortions and eating problems (Molloy & Herzerberger, 1998).

As African American women experience social mobility, they may be especially at risk for body image disturbance, due to the exposure to White preferences, attitudes, and ideals about beauty, weight and food (Allan et al 1993; Iancu, Razoni, Apter, & Weizman, 1994; Molloy & Herzerberger, 1998; Rosen, Orosan, & Reiter, 1995). Some theorists and researchers attribute the findings regarding African American cultural identification and positive body image in part to stereotypical reactions and cultural biases. The low prevalence of body image dissatisfaction and eating-related problems among African American women are viewed as inaccuracies that stem from the overgeneralization of White American norms by some scholars (Osvold & Sodowsky, 1993; Root, 1990). For example, most of the literature has focused on anorexic and bulimic eating patterns (Harris, 1995). However, Harris (1994) found associations between compulsive eating behavior, global body dissatisfaction, body area dissatisfaction and unfavorable evaluations of fitness and appearance among African American college women. These outcomes have also been attributed to subcultural norms and values that define attractiveness and beauty in ways that differ from the thin standards of White American culture (Harris, 1995).
Gender Role and Body Image

Gender role development is a multifaceted, context dependent process, which includes the development of gendered personality traits such as masculinity, femininity and gender role attitudes (Gillen & Lefkowitz, 2006; McHale, Updegraff, Helms-Erikson, & Crouter, 2001). Gillen and Lefkowitz assert that because body image is intimately connected with gender, it is important to examine whether and how it relates to gender role development. Previous research suggests an association between body image and gendered personality traits, often referred to as instrumentality or masculinity and expressivity or femininity (Bem, 1981; Spence & Helmreich, 1978). The associations between body image and gender role are explained by different gender role identification theories. Gender schema theory (Bem, 1981) posits that gender-typed individuals are more likely to process in terms of gender. Bem postulates that gender-typed individuals, persons classified as either masculine or feminine gender-typed, are more likely to use gender as a dimension for encoding and organizing information than are nongender-typed individuals (androgynous and undifferentiated). This means the cultural ideals of body appearance should have the greatest influence on feminine gender-typed individuals.

Gender schema theory leads to predictions that feminine-typed women, in contrast to women who are masculine-typed, androgynous, or undifferentiated, will be (a) more sensitive to cultural ideals of slenderness, (b) less satisfied with their bodies and (c) more likely to view their bodies as too large (Forbes, Adams-Curtis, Rade, & Jaberg, 2001). For example, in their investigation of the relationship between gender identification and body image amongst lesbian and bi-sexual women (n = 188) ages 18-
Ludwig and Brownell (1999) found that masculine, androgynous and feminine women differed significantly in their body satisfaction. Because cultural messages promote the importance of beauty and thinness for women, this theory suggests that feminine women may be more sensitive to these cultural messages than their non-gendered counterparts (Gillen & Lefkowitz, 2006). Consequently, feminine women may be more likely to accept cultural messages about looks. Placing a high value on attractiveness and investing in appearance may therefore be a way to reinforce their femininity and, by extension, serves as a means to increase their chances of social success (Gillen & Lefkowitz, 2006).

According to Davis, Dionne and Lazzarus (1996), theorists have also argued that hyper-femininity is a principle cause of eating disorders because characteristics such as dependence and need for acceptance are the very factors that pre-dispose some women to embrace wholeheartedly the dictates of social conventions and, therefore, pursue contemporary ideals of physical attractiveness, even at great personal costs. Similarly, Parker et al. (1995) suggest that some women diet in order to increase their self-confidence, establish affiliation with a group, or gain control over their lives. These dieting trends may be reflective of cultural norms that say women who eat less are more feminine (Chaiken & Pliner, 1987) and that women are petite and delicate (Freedman, 1984).

Although not all women with strong stereotyped feminine traits have eating disorders and not all women with eating disorders have strong feminine traits, their observation suggests that there may be something about feminine gender roles that makes some women particularly dissatisfied with their bodies, particularly vulnerable to cultural
pressures toward thinness, and at higher risk for developing eating disorders (Forbes et al., 2001). Ludwig and Brownell (1999) found that women who rate their appearance as feminine have lower body satisfaction relative to masculine and androgynous women. Similarly, Forbes et al. (2001) found, in their study exploring the relationship between gender role identification and body image, that feminine-typed and undifferentiated women had the largest discrepancy between their self-reported body type and the body they would most like to have and the masculine-typed and androgynous women had the least discrepancy. Forbes et al.’s study exploring the relationship between gender identification and body dissatisfaction predominantly included middle class white college students (n = 589).

These findings (Forbes et al, 2001, Ludwig & Brownell, 1999) indicate that high scores on masculinity serve as a protector against body image disturbance. Buckley and Carter (2005) reported that several researchers have found that women who score high on masculinity or androgyny are better able to define their own standards of beauty, more satisfied with their sexuality, and have a more positive body image than those who are stereotypically feminine. These findings may be explained by reports of masculinity being associated with positive self-concept and self-esteem after controlling for femininity (Davis, Dionee, & Lazzarus, 1996) and satisfaction with overall appearance (Kimlicka, Cross, & Tarnu, 1983). These results are similar to findings in studies conducted with African American adults regarding body image and gender role orientation.

Buckley and Carter (2005) suggest that individuals develop their attitudes and beliefs about gender in response to reinforcement and modeling from members of their
cultural groups. Molloy and Herzerberg (1998) assert that effects of race/ethnicity in relation to body image are largely attributable to racial/ethnic differences in views of masculinity and the perceptions of body size held by men. Based on the results of their 2004 qualitative study examining the effects of race and its intersection with gender in influencing the development or prevention of disordered body image, Hesse-Biber et al. reported that racial identity intersects with African American women’s gender to create a different social relationship, which in fact serves to protect them from dominant cultural standards. Harris (1994) and Konrad and Harris (2002) found that African American women are more likely to describe themselves as androgynous, followed by stereotypical masculine, while most White women are likely to describe themselves as feminine or undifferentiated.

African American girls’ models of womanhood and their cultural teachings have included displays of independence, self-confidence and self-reliance (Collins, 2004). Thus, African American females who display both stereotypical masculine and feminine characteristics (e.g., androgyny) may receive more positive appraisals, because the gender role pattern fits the gender role expectations of their cultural group (Buckley & Carter, 2005). In exploring the relationship between gender roles, racial identity and self-esteem for Black females ages 14 - 18 attending public high school, Buckley and Carter found that Black girls (n = 200) who reported androgynous gender role reported positive self-esteem related to physical appearance. Fifty-two percent of participants in their study reported their ethnicity as African American. Forty-eight percent identified as belonging to one of 25 ethnic groups. These findings support Bem’s gender schema.
theory, which asserts that psychological androgyne or masculinity is associated with mental health.

**Statement of the Problem**

Body dissatisfaction has been associated with a number of processes including social comparison, sociocultural pressures, verbal commentary and maturational status (Padgett & Biro, 2003). Many studies indicate that a number of women are dissatisfied with their bodies without meeting the diagnostic criteria for eating disorders (Padgett & Biro, 2003). Women with body image issues, however, are at risk for developing pathological behaviors, serious health problems, or mental illness (Peterson et al., 2006).

The body of literature devoted to addressing body image concerns is limited in regard to generalizability. The majority of body image research has focused on children between the ages of 4 and 7, adolescent girls, and college students. The small body of literature encompassing populations outside of the aforementioned groups has documented mixed findings regarding age and ethnicity in relation to body satisfaction. For example, Davison and McCabe (2005) indicate that body image concerns have been reported to remain relatively consistent through adulthood. They found, however, that women and men in their 30s and 40s reported lower satisfaction with their bodies and more attempts to conceal their bodies. These findings suggest that it might be useful to extend research beyond child, adolescent and college samples.

In addition to the limited sample groups, empirical studies to date have not adequately examined women of color’s attitudes toward their bodies (Harris, 1995). A great deal of the research has focused on examining the risk factors that contribute to body image disturbance. Very few studies analyze the variables that promote body image
resilience women. The studies that have examined protective factors have mainly focused on racial identification. These studies correlate African American women’s reported body satisfaction and lack of drive for thinness with their racial identity, but do not explore the specific cultural values that shape their body image perceptions and behaviors. These studies have also yielded mixed results and interpretations. Although studies have documented the significant relationship between body image, racial identification, and the differences between African American and White women in relation to body satisfaction and social physique anxiety, some scholars suggest these differences are better explained by socioeconomic status than racial identification.

Studies have shown small or no differences between African American and White women after investigators accounted for socioeconomic status and age (Cachelin, Rebeck, Chung & Pelayo 2002; Demarset & Allen, 2000; Shaw, Ramirez, Trost, Randall, & Stice 2004; Woody, et al., 2000).

The current study seeks to expand on research that has examined African American women’s body image satisfaction. This study also seeks to identify factors that have the potential to protect African American and other women from developing body image disturbances using data gathered from African American women from both the general and academic community from various regions in the United States.
CHAPTER III

METHODOLOGY

Participants

The participants in this study were 203 females of African descent. Of the 203 respondents, 33 were omitted due to incomplete responses on the instrument, which resulted in an N of 170. The mean age was 33 (SD=11.16) with a range of 18 to 72. Of the participants, 17 (10%) identified as African, 133 (78.2) as African American, 18 (10.6%) as Black Caribbean, and 2 (1.2%) as other. Those participants who specified as other identified with more than one ethnic identity, such as African American and Latino, or with labels not listed, such as Hispanic or Haitian-American. However, responses in all cases reflected African Ancestry. The mean income range reported by participants was 20-40,000. Of the respondents, 41 (24.1%) reported that their income falls between 0-20,000; 66 (38.8%) reported an income range of 20-40,000; 45 (26.5%) reported an income of 40-60,000; 12 (7.1%) reported an income range of 60-80,000; 2 (1.2%) reported an income range of 80-100,000; 1 (.6%) reported earnings ranging between 100-120,000; and 3 (1.8%) reported that their incomes fall above 120,000. Family or spouse income was not included. Participants were asked to report their individual earnings.

The average reported degree earned by participants was an Associates’ degree. Twenty-four (14.1%) respondents reported having earned a high school diploma; 26 (15.3) reported that they have some college experience but less than 1 year; 37 (21.8%) reported that they earned an Associate’s degree; 42 (24.7%) reported that they hold Bachelor’s degrees; 38 (22.4%) reported that they earned Master’s degrees; and 3 (1.8%) indicated that they hold professional degrees, such as M.D. and J.D. None of the
participants selected Ph.D. as highest degree earned. The mean reported sexual orientation was heterosexual with 156 (91.8%) participants identifying as heterosexual, 3 (1.8%) as lesbian, and 6 (3.5%) as bi-sexual. Five (2.9%) participants did not indicate their sexual orientation. The average reported current residential geographic location selected by participants was Northeast, with 132 (77.6%) participants residing in the Northeast, 4 (2.4%) residing in the Midwest, 28 (16.5%) in the South, 4 (2.4%) in the West and 2 (1.2%) in the Caribbean.

**Materials**

**Demographics Questionnaire**

A demographic questionnaire was utilized to gather data regarding participants’ age, ethnicity, income, highest degree earned, sexual orientation and current primary residential geographic location.

**Appearance Commentary**

Appearance commentary is operationalized as external messages regarding physical appearance from interpersonal or media sources. Two instruments, The Verbal Commentary of Physical Appearance Scale (VCOPAS) and The Pressures subscale of the Sociocultural Attitudes Towards Appearance Scale -3 (SATAQ-3) were utilized to assess the participants experiences of interpersonal feedback and media pressure regarding body image.

**The Verbal Commentary on Physical Appearance Scale (VCOPAS).** The VCOPAS (Herbozo & Thompson, 2006b) is a 21-item measure that assesses the frequency of physical appearance related commentary from interpersonal sources. Respondents were asked to indicate how often they were the recipient of various physical
appearance comments, such as “you are in great shape”, on a 5-point scale from never to always. The VCOPAS consists of three subscales: (a) 9-item Negative Weight and Shape; (b) 5-item Positive Weight and Shape; and (c) 7-item Positive General Appearance subscales. The Negative Weight and Shape subscale measures body-related comments that are considered offensive. The Positive Weight and Shape subscale measures body related comments that are viewed as being positive or flattering. The Positive General Appearance subscale assesses comments related to overall physical appearance, which are positive in terms of content.

In regard to reliability, the subscales of the VCOPAS were found to demonstrate internal consistency in the scale development study: Negative Weight and Shape = .89, Positive Weight and Shape = .72, and Positive General Appearance = .78. Two week test-retest reliabilities were as follows: Negative Weight and Shape = .78, Positive Weight and Shape = .89, and Positive General Appearance = .87. Several measures of appearance feedback and body image, such as the Multidimensional Body-Self Relations Questionnaire-Appearance Evaluation (MBSRQ-AE) and the Eating Disorder Inventory-Body Dissatisfaction Subscale (EDI-BD) have been utilized to determine convergent validity for the scale. The Negative Weight and Shape subscale was significantly correlated with the Multidimensional Body Self Relations Questionnaire-Appearance Evaluation scale \( r = -.34 \) and the Eating Disorder Inventory-Body Dissatisfaction subscale \( r = .44 \). The Positive Weight and Shape subscale was correlated with the MBSRQ-AE and EDI-BD \( r = .52 \) and \( -.45 \). The Positive General Appearance subscale correlated with the MBSRQ-AE, MBSRQ-appearance orientation, and EDI-BD subscales \( rs \) from \(-.25\) to \(.39\). Negative Weight and Shape and Positive Weight and Shape were
correlated with Body Mass Index (BMI) ($r = .42$ and $-.48$). Through correlation analyses and hierarchical regression analyses, to establish incremental validity, Herbozo and Thompson (2006) found significant associations between the VCOPAS, EDI-BD ($F(4,232) = 37.42, p < .0001; \text{adjusted } R^2 = .38$), and MBSRQ-AE ($F(4, 233) = 41.11, p < .0001; \text{adjusted } R^2 = .40$).

**The Sociocultural Attitudes Towards Appearance Questionnaire -3 (SATAQ-3).** The SATAQ-3 (Thompson, Van den Berg, Roehrig, Guarda, & Heinberg, 2004) is a 30-item scale consisting of three subscales to assess individuals’ internalization of media messages regarding physical appearance, perception of pressures from media to possess a certain body-type, and the degree to which individuals perceive media as an important source of information regarding physical appearance. For the current study, participants were administered the 7-item Pressures subscale of the SATAQ-3. Participants were asked to rate the extent to which they disagree or agree with statements such as “I’ve felt pressure from TV or magazines to lose weight” on a 5-point Likert scale.

The reported Cronbach alpha coefficients for the subscales of the SATAQ-3 were uniformly high: Information (.96), Pressures (.92), Internalization-Athlete (.95) and Internalization-General (.96). However, the Pressures subscale was the only subscale to contribute to the significant variance associated with body dissatisfaction, with 13% of the unique variance explained ($\beta = .54, t= 5.22, p < .0001$) (Thompson et al., 2004). Thompson et al. assessed the convergent and construct validity of the SATAQ-3 by comparing it to the Body Dissatisfaction and Drive for Thinness subscales of the Eating Disturbance Inventory in two studies. All the subscales of the SATAQ-3 were found to
be significantly related to the Eating Disorder Inventory-Body Dissatisfaction ($r = .44/.47$) and Drive for Thinness subscales ($r = .58/.63$) in both studies.

**Africentric and Gender Identification**

**The Africentrism Scale.** Africentric worldview is a set of beliefs, values, and assumptions that reflect basic African cultural traditions and values found among persons of African descent including African Americans (Akbar, 1979; Baldwin, 1981; Belgrave et al, 1997; Utsey et al., 2000). In this study, Africentrism is operationalized as the degree to which individuals adhere to the set of beliefs, values and assumptions that are reflective of basic African cultural traditions. The Africentrism Scale (Grills & Longshore, 1996) will be utilized to assess the Africentrism construct. The Africentrism scale is a 15-item, 4-point Likert-scale instrument and measures participants’ degree of adherence to Africentric values, traditions, and behavioral norms. Participants were asked to rate the degree to which they agree or disagree with statements like “my family’s needs are more important than my own”.

The scale items are worded both positively and negatively in effort to reduce the possibility of an acquiescent response set. Agreement with positively worded items and higher scores on the scale are indicative of views consistent with Africentrism; negatively worded items indicate views inconsistent with Africentrism. The reported Cronbach alpha coefficient for the Africentrism Scale was .79 and the reliability ranged from .62 to .82, with a reported average of .74 in four samples of African Americans (Grills & Longshore, 1996). The construct validity of the Africentrism Scale was assessed by examining its relationship with the Multi-Ethnic Identity Measure (MEIM). Grills and Longshore found a significant positive relationship between the Africentrism Scale and
the subscales of the MEIM. For example, African Americans scoring higher on Africentrism also scored significantly higher on ethnic identity achievement ($r = .53, p < .001$), ethnic behavior ($r = .56, p < .001$), and affirmation ($r = .59, p < .001$). In addition, a known-groups validity test revealed that scores on the Africentrism Scale were higher among African Americans than other populations. In reference to convergent validity, Kwate (2003) found the Africentrism Scale to be significantly inversely related to the Cultural Misorientation Scale, $r = -.48, p < .0001$

**The Personal Attributes Questionnaire Short Version (PAQ).** Gender role identity will be measured by the PAQ (Spence, Helmreich, & Stapp, 1975). The original version of the PAQ consists of 55 items, however, Spence et al. created a condensed version to reduce participant completion time. For this study, participants were provided with the PAQ short version. The PAQ short version (Spence et al., 1975) provides a measure of sex-role stereotypes: the belief that men and women differ in many of their characteristics.

The PAQ short version is composed of 24 bipolar items describing personal characteristics, on which respondents rate themselves on a 5 point Likert scale. Participants were asked to rate themselves on bipolar items, such as very aggressive or not at all aggressive, and very submissive or very dominant. Ratings on the PAQ short version are divided into three 8 item subscales: (a) male-valued (primarily instrumental characteristics—high masculinity and low femininity), (b) female-valued (primarily expressive characteristics—low masculinity and high femininity), and (c) sex specific (androgynous) items (male value items that are associated with femininity—high masculinity and high femininity/androgyny or low masculinity and low
femininity/undifferentiated). The thirteen week test-retest reliabilities of the subscales ranged from .65 to .91 and the Cronbach alpha coefficients ranged between .73 and .91.

Through extensive evaluation, the PAQ short version has been found to have good psychometric qualities (Helmreich, Spence, & Wilhem, 1981; Smolak & Fairman Mntertieger, 2002; Spence et al, 1975). Choi (2004) conducted correlations among measures of the same construct with different measures to demonstrate convergent validity and correlations among measures of different constructs to demonstrate discriminant validity. In three analyses, Choi found that the convergent validity coefficients exceeded most of the discriminant validity coefficients, supporting the construct validity of the PAQ, with correlation coefficients ranging between .46 and .70.

**Body Satisfaction**

*The Multidimensional Body-Self Relations Questionnaire-AS (MBSRQ-AS).*

The MBSRQ-AS (Cash, 2000) is a shortened version of the 69-item Multidimensional Body-Self Relations Questionnaire. The MBSRQ-AS is a 34-item, 5-point instrument consisting of five subscales: Appearance Evaluation, Appearance Orientation, Overweight Preoccupation, Self-classified Weight, and the Body Area Satisfaction Scale. For this study, body satisfaction is defined as individuals’ positive thoughts and feelings about her body (Grogan, 2008). Body satisfaction, therefore, was measured by the Appearance Evaluation Scale and the Body Areas Satisfaction scale of the MBSRQ-AS.

Appearance evaluation assesses participants’ internal feelings of attractiveness or unattractiveness and satisfaction or dissatisfaction with one’s looks. Higher scores indicate more positive feelings toward and satisfaction with appearance. Lower scores are indicative of general unhappiness with physical appearance. The Body Areas
Satisfaction scale explores satisfaction with discrete aspects of one’s appearance. High scorers are generally content with most areas of their body. Low scores indicate unhappiness with the size or appearance of several areas. Based on the normative sample, a Cronbach’s alpha coefficient of .88 and one month test-retest reliability of .91 was reported for the Appearance Evaluation scale. A Cronbach’s alpha coefficient of .75 and one month test-retest reliability of .74 was reported for the Body Areas Satisfaction scale by the authors (Cash, 2000). In reference to construct validity, the Appearance Evaluation scale (r = .41; p < .001) and the Body Areas Satisfaction scale (r = .34; p < .01) have been found to correlate significantly to the Body Image Questionnaire in a recent study examining the psychometric properties of the MBSRQ-AS and its French Adaptation (Untas, Koleck, Rascale, & Borteyrou, 2009).

Physique Anxiety

The Social Physique Anxiety Scale (SPAS). Social physique anxiety (SPA) is operationalized as the anxiety experienced by individuals when they perceive that others are judging their bodies (Hart et al., 1989) in this study. The SPAS is a 12-item 5-point scale, developed by Hart et al., to assess the degree to which individuals become anxious when others observe or evaluate their physiques. Participants were administered the revised 7-item version of the SPAS (Motl & Conroy, 2000). Motl and Conroy found the latent construct of SPA was measured similarly between men and women when administering the 7-item SPAS. Each item refers to self-reported anxiety (tension, nervousness) or comfort arising because of others evaluations of one’s body. Participants were asked to rate the degree (not at all, slightly, moderately, very, extremely
characteristic) to which statements like, “unattractive features of my physique/figure make me nervous in certain social settings” are reflective of themselves.

The reported Cronbach’s alpha coefficient was .90 and the 8 week test-retest reliability was .82 for this scale. The construct SPA has also been positively correlated with the construct of body shape concerns ($r = .79; p < .0001$) and the Physical Strength ($r = .45; p < .0001$), Physical Condition ($r = .48; p < .0001$), and Sports Competence ($r = .47; p < .0001$) subscales of the Physical Perception Profile (Petrie, Diehl, Rogers, & Johnson, 1996). SPA has been negatively correlated with the Physical Self-worth ($r = -.77; p < .0001$) subscale of the Physical Self Perception Profile.

**Procedures**

**Sampling**

Participants were recruited through snow ball sampling for this study via a social networking website in which the researcher invited personal contacts to take the on-line survey at surveymonkey.com and to forward the survey link to other individuals that fit the criteria for participation ($n = 115$). Respondents were also recruited in a predominantly Black/African American community in a Northeastern city to complete a paper and pencil version of the survey through the researcher’s personal contacts ($n = 65$). The researcher walked through neighborhoods in the community and asked individuals to participate in the study. The researcher was also referred to additional participants by members of the community.

All participants gave their informed consent prior to accessing and completing the online questionnaires and completing the paper and pencil version of the survey. Respondents were informed of the voluntary nature of the study and their rights as
AFRICENTRISM AND GENDER ROLE

respondents. The participants were also assured that individual responses would not be reported and anonymity would be maintained. In addition, they were informed that their responses would be handled confidentially and destroyed upon completion of the study. Respondents were invited to ask questions regarding their participation and to share any concerns or complaints about the study. They were told that they would be participating in a study exploring factors that shape the body image beliefs of Black/African American women. Respondents were entered into a drawing for three $75 Visa gift cards for completing the survey. Winners were drawn and gift cards were mailed to recipients at the conclusion of data collection.

The survey consisted of the following: (a) demographic questionnaire (Appendix A); (b) The Verbal Commentary on Physical Appearance Scale (VCOPAS) (Appendix B); (c) The Sociocultural Attitudes Towards Appearance-3 Pressures Subscale (Appendix C); (d) The Africentrism Scale (Appendix D); (e) The Personal Attributes Questionnaire Short Version (PAQ) (Appendix E); (f) The Appearance Evaluation and Body Area Satisfaction Scales of the Multidimensional Body-Self Relations Questionnaire-AS (MBSRQ-AS) (Appendix F); and (g) The Social Physique Anxiety Scale (SPAS) (Appendix G). The questionnaire took approximately 10-20 minutes for participants to complete.

**Variables**

The scale scores of the Negative Weight and Shape, Positive Weight and Shape, and Positive General Appearance subscales of the VCOPAS and the Pressures subscale of the SATAQ-3 serve as the independent variables for this investigation. The Africentrism and Personal Attributes Questionnaire subscales served as the moderators.
Interaction terms from the scale scores of the VCOPAS; SATAQ-3 Pressures subscale; Africentrism Scale; and the Masculinity, Femininity and Sex-specific subscales of the PAQ are used to determine the buffering effect of the moderator variables on the relationships between the criterion and outcome variables. The combined scale scores, from the Appearance Evaluation and Body Satisfaction subscales of the MBSRQ-AS and the SPA scale, function as the two dependent variables for this study.

**Research Questions**

This study seeks to address the following research questions and hypotheses:

1) Do appearance commentary, interpersonal or media pressure, Africentrism and gender role identification predict body image satisfaction and social physique anxiety? It is expected that appearance commentary will predict participants’ level of body satisfaction and social physique anxiety.

2) Do Africentrism and gender identification moderate the influence of verbal commentary on body satisfaction? It is expected that ascription to Africentric values and to traditional masculine or androgynous gender roles will serve as a protective factor between appearance commentary and body dissatisfaction.

3) Do Africentrism and gender identification moderate the influence of verbal commentary on social physique anxiety? It is expected that adherence to Africentric values and rejection of traditional dominant female gender roles will serve as a protective factor between appearance commentary and social physique anxiety.

4) Which variable(s)—verbal commentary or Africentrism and gender-role identification—contribute most to body satisfaction and social physique anxiety?
It is expected that appearance commentary will have the most significant direct influence on reported body satisfaction and social physique anxiety.

Data Analysis

Preliminary analyses. PASW Statistics 18.0 (SPSS, 2009) was utilized to conduct analyses to generate the findings for this study. The researcher examined the internal reliability consistency of all the scales utilized in this study using the Cronbach alpha reliability coefficient. Descriptive data were obtained for the demographic (ethnicity, age, income, highest degree earned, sexual orientation and current residential geographic location), predictor (appearance commentary, pressures, Africentrism and gender role identification), and outcome variables (body satisfaction and social physique anxiety) to ensure correct data entry, locate excessively high or impossible values, and to assess skew and kurtosis. Bivariate correlations were conducted to explore the nature and direction of the relationship between appearance commentary, Africentrism, gender role identification, and the outcome variables (body satisfaction and social physique anxiety).

Multivariate analysis of variance were conducted to determine whether participants differ significantly by ethnicity, age, highest degree earned, sexual orientation and socioeconomic status on the outcome variables (body satisfaction and social physique anxiety). These demographic variables will not be included in the main analysis if no significant main effects are found.

Main analyses. For the main analyses, the researcher conducted two hierarchical regression analyses to determine the main and moderating effects of the independent and moderator variables on each of the outcome variables—body satisfaction and social physique anxiety. For each regression, both interpersonal (negative weight and shape,
positive weight and shape, positive general appearance) and pressure (media) appearance commentary variables were entered in Step 1 to explore their direct effect on body satisfaction and social physique anxiety. The moderating variables, Africentrism and gender role identity (masculinity, femininity, and sex-specific), were entered in step 2 to assess the main effects of these variables on body satisfaction and social physique anxiety. Following Aiken and West’s (1991) recommendation for examining interaction effects, the researcher centered the continuous variables, and then created 16 interaction terms out of the scale scores from the VCOPAS subscales, Pressures subscale, Africentrism Scale, and PAQ subscales (Positive General Commentary x Africentrism, Positive General Commentary x Masculinity, Positive General Commentary x Androgyny, Positive General Commentary x Femininity, Positive Weight Commentary x Africentrism, Positive Weight Commentary x Masculinity, Positive Weight Commentary x Androgyny, Positive Weight Commentary x Femininity, Negative Weight Commentary x Africentrism, Negative Weight Commentary x Masculinity, Negative Weight Commentary x Androgyny, Negative Weight Commentary x Femininity, Social Pressure x Africentrism, Social Pressure x Masculinity, Social Pressure x Androgyny and Social Pressure x Femininity). All 16-interaction terms were entered in the final step to explore the moderating effects of Africentrism, masculinity, femininity and androgyny on the relationship between appearance commentary and social physique anxiety.

Keith’s (2006) recommendation for probing significant interactions between continuous variables was followed to explore the significant interactions that were produced by the hierarchical regression analyses. In order to investigate the significant interactions, the moderator variables (Africentrism, masculinity, androgyny and
femininity) were trichotomized to represent low, medium and high scores on the scales, respectively, and graphs were produced to show the regression lines for each level of the moderating variables on the predictor and outcome variables. To further understand the relationships represented by the graphs, separate regression analyses were conducted for each level of the moderator variables (high, moderate and low), and the predictor and outcome variables. Examining the effects of each level of the moderator variables separately provided additional information regarding the significance of each level of the variable, and the strength of the relationships between the predictor, moderator and outcome variables.
CHAPTER IV

RESULTS

Preliminary Analyses

Descriptive Data

In order to assess the accuracy of data entry, descriptive statistics and frequencies were examined successive to the primary analysis for this study. In addition to reliability estimates, skewness and kurtosis was calculated to assess normality and to identify outliers within the data set. Based on the results of the preliminary analyses, the data met the underlying assumptions for the statistical procedures carried out in this study. The means, standard deviations, ranges, reliability estimates, skewness, kurtosis and number of items for each scale used in this study are outlined in Table 2 (see p. 64). Concerning the reliability estimates, all of the scales produced coefficients above the suggested acceptable internal reliability coefficient ($\alpha > .70$) except for the masculinity ($\alpha = .65$) and sex-specific ($\alpha = .50$) scales.

Correlations

Table 3 (see p. 65) represents the correlation matrix for all of the primary variables investigated in this study. Significant correlations were found between the independent and moderator variables. Positive general and positive weight verbal commentary correlated significantly with social pressure ($r = -.16$ and $r = -.29$, $p < .05$). Self-reports of being the recipient of frequent positive general and positive weight verbal commentary were therefore indicative of participants’ reports of being less receptive to social pressure to acquire a specific body-type. While increases in the frequency of negative weight commentary correlated with participants’ reports of feeling more social
pressure to fit the dominant societal standard of beauty (r = .16, p < .01). As the frequency of positive general and positive weight verbal commentary experiences increased, identification with masculine (r = .36 and .19, p < .01 and p < .05) and androgynous (r = .17 and .18, p < .05) gender traits also increased. The receipt of specific positive weight verbal commentary was not related to femininity.

Frequent exposure to negative weight verbal commentary was also associated with less identification with androgynous traits (r = -.21, p < .01). Individuals reporting more identification with traditional feminine gender traits indicated more frequent experiences of both positive general (r = .15, p < .05) and negative weight verbal commentary (r = .17, p < .05). Positive general verbal commentary, positive weight commentary and negative weight commentary did not correlate significantly with Africentrism. Social pressure, on the other hand, was significantly related to Africentrism (r = .18, p < .05), masculinity (r = -.17, p < .05), and androgyny (r = -.25, p < .01). Thus, as individuals’ reports of exposure to more social pressure to fit the dominant standard of beauty increased, their reports of adherence to Africentric values increased. As participants’ reports of receiving societal messages regarding body image increased, their reports of identifying with masculine and sex-specific gender traits decreased. Africentrism was also significantly correlated with femininity (r = .23, p < .01), which indicates that reported adherence to Africentric principles was related to greater levels of identification with stereotypical feminine characteristics.

Lastly, significant correlations were found among the predictor, moderator and outcome variables. Reported increases in the frequency of positive general and positive weight verbal commentary indicated a greater sense of body satisfaction (r = .32 and .50,
p < .01) and low levels of social physique anxiety (r = -.20 and -.40, p < .01). Whereas
individuals, who reported frequent experiences of negative weight verbal commentary
and more social pressure to be thin, reported low levels of body satisfaction (r = -.43 and
-.44, p < .01) and increased feelings of social physique anxiety (r = .37 and .48, p < .01).
Greater identification with traditional dominant stereotypical masculine and androgynous
traits were also related to participants’ reports of increased body satisfaction (r = .33 and
.35, p < .01) and decreased levels of social physique anxiety (r = -.28 and -.42, p < .01).
Africentrism and femininity were not significantly correlated with body satisfaction and
social physique anxiety. In regard to the outcome variables, higher levels of reported
body satisfaction were significantly related to decreased feelings of social physique
anxiety (r = -.72, p < .05).

Multivariate Analysis of Variance

In addition to the running descriptive analyses and correlations, a MANOVA
(Table 4; see p. 66) was conducted to further probe the relationship between the
demographic variables (Table 1; see p. 63) and outcome variables. The MANOVA was
also conducted to determine if there were significant differences between groups in body
satisfaction and social physique anxiety. The multivariate tests did not reveal significant
differences in participant measures on the outcome variables based on education (F (12,
256) = .601, p > .05; Wilks Lambda .95; partial eta squared .03), income ( F (12, 256) =
.667), p > .05; Wilks lambda .94; partial eta square .03 ), sexual orientation ( F (2, 256) =
.296, p > .05; Wilks lambda .99; partial eta square .01 ), ethnicity ( F (6, 252) = 1.119, p
> .05; Wilks lambda .95; partial eta square .03), location ( F (8, 252) = .833, p > .05;
Wilks lambda .95; partial eta square .03) and age (F (20, 252) = .861, p > .05; Wilks
lambda .88; partial eta square .06). No significant differences were found when the results for the criterion variables were analyzed separately. Thus, the demographic variables were not included in the main analysis.
Table 1

Demographics

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<th>Variable</th>
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<th>%</th>
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<tr>
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<td>78.2</td>
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<tr>
<td>Highest Degree Earned</td>
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<td>West</td>
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<td>Caribbean</td>
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*Note. GED = General Equivalency Diploma.*
Table 2

*Descriptive Data*

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<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Potential</th>
<th>Actual</th>
<th>α</th>
<th>Skew</th>
<th>Kurtosis</th>
<th># of Items</th>
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<td>Verbal PG</td>
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<td>1-5</td>
<td>1.6-5.0</td>
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<td>1-5</td>
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<td>.586</td>
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<tr>
<td>Verbal NW</td>
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<td>1-5</td>
<td>1.0-4.4</td>
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<td>.723</td>
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<tr>
<td>Social Pressure</td>
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<td>1-5</td>
<td>1.0-5.0</td>
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<td>.207</td>
<td>-1.010</td>
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<td>Africentrism</td>
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<td>Masculinity</td>
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<td>0-4</td>
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<td>-.278</td>
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<td>Androgyny</td>
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<td>Body Satisfaction</td>
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<td>SPA</td>
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<td>1.0-5.0</td>
<td>.89</td>
<td>.404</td>
<td>-0.603</td>
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</table>

*Note.* α = Cronbach’s alpha coefficient (reliability estimate); PG = positive general commentary; NW = negative weight commentary; PW = positive weight commentary; and SPA = social physique anxiety.
Table 3

*Correlations among Variables*

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</tr>
<tr>
<td>2. Verbal PW</td>
<td>.38*</td>
<td>-</td>
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<tr>
<td>3. Verbal NW</td>
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<td>-.32**</td>
<td>-</td>
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<tr>
<td>4. Social Pressure</td>
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*Note.* PG = Positive General; NW = Negative Weight; PW = Positive Weight; and SPA = Social Physique Anxiety.

* p ≤ .05 (2-tailed). ** p ≤ .01 (2-tailed).
Table 4

MANOVA for between subjects effects of the Demographic Variables on the Outcomes of Body Satisfaction and Social Physique Anxiety

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Note. SS = sum of squares; MS = mean square; Partial ES = partial eta square.
Main Analyses

Hierarchical Regression: Test of Moderation

One of the primary functions of multiple regression analysis is to estimate the influence or effects of independent variables on dependent variables (Keith, 2006). Two hierarchical multiple regression analyses were conducted for the main analyses in this study to assess direct effects of the predictor variables on the outcome variables. In addition, the regressions were utilized to examine Africentrism, masculinity, femininity and sex-specific gender role identification as moderators of the influence of appearance commentary feedback on participants’ levels of body satisfaction and social physique anxiety. A moderator has been defined as a variable that changes the direction or strength of the relationship between a predictor and an outcome (Barron & Kenny, 1986; Holmbeck, 1997; James & Brett, 1984). Concisely, a moderator effect is an interaction in which the effect of one variable is dependent on the level of another variable (Frazier, Tix, & Barron, 2004; Miles & Shevlin, 2006). In the present study, it was hypothesized that appearance commentary feedback would significantly explain participants’ levels of body satisfaction and social physique anxiety (see Figure 1, p. 68). It was further hypothesized that Africentrism, masculinity, femininity and sex-specific gender role identification would moderate the relationship between appearance commentary, body satisfaction and social physique anxiety (see Figure 2, p. 69). If Africentrism is a significant moderator, the influence of negative weight commentary and social pressure will therefore have less of a negative impact on body satisfaction and social physique anxiety for participants with greater adherence to Africentric values than for those who identify less with Africentric values.
Figure 1. Diagram of main effects.
One of the most efficient ways to examine moderating effects is through hierarchical regression analysis (Barron & Kenny, 1986). Separate hierarchical regression analyses were performed for each of the outcome variables (body satisfaction and social physique anxiety) with positive general verbal commentary, positive weight commentary, negative weight commentary and social pressure entered in step 1.

*Figure 2.* Moderation model for appearance commentary and Africentrism on body satisfaction and social physique anxiety.
Africentrism, masculinity, femininity and sex specific were entered in Step 2. For the outcome variable body satisfaction, the following interaction terms were entered in Step 3: Positive General Commentary x Africentrism, Positive General Commentary x Masculinity, Positive General Commentary x Androgyny, Positive General Commentary x Femininity, Positive Weight Commentary x Africentrism, Positive Weight Commentary x Masculinity, Positive Weight Commentary x Androgyny, Positive Weight Commentary x Femininity, Negative Weight Commentary x Africentrism, Negative Weight Commentary x Masculinity, Negative Weight Commentary x Androgyny, Negative Weight Commentary x Femininity, Social Pressure x Africentrism, Social Pressure x Masculinity, Social Pressure x Androgyny, and Social Pressure x Femininity. The same 16 interaction terms were entered in Step 3 for the outcome variable social physique anxiety. Prior to entering the interaction terms in the regression, the predictor and moderator variables were centered to reduce the effects of multi-collinearity. Reducing the likelihood of obtaining excessively high correlations between to predictor variables is the prime reason for centering (Keith, 2006). Thus, interaction terms represent the cross product of the centered raw scores of the predictor and moderator variables.

**Body satisfaction.** The overall regression of body satisfaction on the appearance commentary variables (positive general weight comments, positive weight comments, negative weight comments and social pressure), identity variables (Africentrism, masculinity, femininity and sex-specific), and the interaction terms (appearance commentary variables x identity variables) was statistically significant, $R^2 = .567$, $F(24, 145) = 7.914$, $p < .001$ (See Table 5, p 72). In Step 1, the contribution of the appearance
commentary variables to body satisfaction was significant; $F(4, 165) = 33.053$, $p < .001$, with $R^2 = .445$; Δ$R^2 = .445$; which is considered a large effect size. Thus, the predictor variables accounted for 44.5% of the variance in body satisfaction. Supporting the hypothesis, participants’ experience of the different forms of appearance commentary had a direct influence on participants’ level of body satisfaction.

Positive general verbal commentary was a significant correlate of body satisfaction ($\beta = .207$, $p = .002$). Thus, as the reports of experiences of positive general appearance comments increased, body satisfaction increased. Higher frequencies of verbal positive general appearance feedback were associated with higher levels of body satisfaction. Positive weight verbal commentary was a significant correlate of body satisfaction ($\beta = .232$, $p = .001$). Thus as the frequency of positive weight commentary increased, body satisfaction increased. Higher frequencies of positive weight commentary were associated with higher levels of body satisfaction.

Negative weight verbal commentary was a significant correlate of body satisfaction ($\beta = -.323$, $p < .001$). As the frequency of negative weight commentary increased, body satisfaction decreased. Higher frequencies of negative weight commentary were associated with lower levels of body satisfaction. Social pressure was a significant correlate of body satisfaction ($\beta = -.288$, $p < .001$). Thus as social pressure to be thin increased, body satisfaction decreased. Higher levels of reported social pressure were associated with lower levels of body satisfaction.
Table 5

Hierarchical Regression Results of Verbal PG, Verbal NW, Verbal PW, Social Pressure, Africentrism, Masculinity, Androgyny, Femininity and Their Interaction on Body satisfaction and Social Physique Anxiety

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Note. PG = positive general commentary; NW = negative weight commentary; PW = positive weight commentary; Afr = Africentrism; M = Masculinity; And = Androgyny; F= Femininity; and SoP = social pressure.
*p ≤ .05. **p ≤ .001.
Table 5 Cont.

Hierarchical Regression Results of Verbal PG, Verbal NW, Verbal PW, Social Pressure, Africentrism, Masculinity, Androgyny, Femininity and Their Interaction on Body satisfaction and Social Physique Anxiety

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Note. PG = positive general commentary; NW = negative weight commentary; PW = positive weight commentary; Afr = Africentrism; M = Masculinity; And = Androgyny; F = Femininity; and SoP = Social Pressure

*p ≤ .05. ** p ≤ .001

In step 2, addition of the moderator variables to the model accounted for an additional 5.8% of the variance in body satisfaction, a statistically significant increase; F (4, 161) = 4.721, p = .001; with R² = .503; ΔR² = .058.; which is considered a large effect size. Africentrism was not a significant correlate of body satisfaction (β = .091, p = .126). Africentrism did not account for additional significant variance in body satisfaction. Identification with stereotypical masculine traits was not a significant correlate of body satisfaction (β = .044, p = .539). Masculinity also did not account for significant additional variance in body satisfaction.

Contrary to adherence to Africentric values and stereotypical masculine gender traits, identification with androgynous and feminine gender role traits directly influenced participants’ level of body satisfaction as hypothesized. Identification with androgynous traits was a significant correlate of body satisfaction (β = .183, p = .013). Thus as
identification with androgynous traits increased, body satisfaction increased. Greater identification with androgynous traits was associated with higher levels of body satisfaction. Femininity was a significant correlate of body satisfaction ($\beta = .153$, $p = .024$). Thus, greater identification with stereotypical feminine traits was associated with higher levels of body satisfaction.

In Step 3, following Aiken and West’s (1991) recommendation, product terms derived from the predictor and moderator variables were entered in the final step of the regression. The unstandardized B coefficients were analyzed, rather than the standardized $\beta$ coefficients, due to the standardized coefficients having little interpretable value when assessing interaction effects (Aiken & West, 1991, Frazier, et al., 2004). After the variability in body satisfaction due to verbal commentary variables and identity variables were taken into account, the introduction of the interactions terms accounted for an additional 6.4% of the explained variance, $R^2 = .567; \Delta R^2 = .064; F (16, 145) = 1.339, p = .182$. The inclusion of the interaction terms did not account for significant variance in body satisfaction. The interactions between negative weight appearance commentary x Africentrism and social pressure x Africentrism were the only significant interactions in the model. Africentrism moderated the relationship between the negative appearance commentary variables and body satisfaction as hypothesized. The direction of influence of the moderating role of Africentrism on the relationship between negative weight commentary and body satisfaction, however, did not support the hypothesis. The inclusion of the interaction between Africentrism and negative weight commentary in the model accounted for an additional 4.0% of the variance found in body satisfaction. The
interaction between negative weight commentary and Africentrism was significant correlate of body satisfaction ($B = -0.046, p = 0.022$).

The regressions of each level of Africentrism on the predictor variables and body satisfaction revealed that low, moderate and high levels of Africentrism were significantly correlated with body satisfaction variable upon exposure to negative weight commentary (See Figure 3, p. 77). Contrary to the hypothesis, receiving frequent negative weight comments appeared to be significantly more detrimental on the reported body satisfaction of individuals reporting high adherence to Africentric values ($\beta = -0.580$, $p < 0.001$) (see Table 6, p. 76). For each point increase in the frequency of negative weight commentary, body satisfaction decreased considerably for those indentifying strongly with Africentric values. Moderate adherence to Africentric values corresponded with a moderate decrease in body satisfaction upon receipt of negative weight commentary ($\beta = -0.381, p = 0.003$). The receipt of frequent negative weight comments appeared to have minimal effects on the body satisfaction of women reporting low adherence to Africentric values ($\beta = -0.264, p = 0.054$). Thus, participants reporting greater adherence to Africentric principles reported greater body dissatisfaction than participants reporting less identification with Africentric values when faced with frequent negative weight commentary.
Table 6

*Regression Results of significant interaction terms Africentrism x Negative Weight Commentary, Africentrism x Social Pressure, Positive General Commentary x Masculinity, Positive General Commentary x Femininity*

<table>
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*Note.* PG = Positive General; NW = Negative Weight; PW = Positive Weight; Afr = Africentrism; M = Masculinity; And = Androgyny; F = Femininity; and SoP = Social Pressure.

*p ≤ .05. **p ≤ .001
The interaction between social pressure and Africentrism was a significant correlate of body satisfaction ($B = .038, p = .018$) (see Figure 4, p. 78). Supporting the hypothesized relationship, social pressure to be thin was more harmful for participants with low levels of Africentrism ($\beta = -.650, p < .001$). Increased exposure to social pressure appeared to result in lowered body satisfaction for women whom reported lower adherence to Africentric values. Increased exposure to social pressure had slight to moderate effects on the reported body satisfaction of women reporting moderate adherence to Africentric values ($\beta = -.411, p = .001$), and minimal effects of the body satisfaction of women reporting high adherence to Africentric values ($\beta = -.374, p = .005$).
Thus, women reporting moderate to high adherence to Africentric values did not experience as significant of a decrease in body satisfaction with increased exposure to social pressure to be thin as women reporting low adherence to Africentric values. The influence of the interaction between negative weight commentary and Africentrism ($\beta = - .159$) on body satisfaction was very slightly more powerful than the influence of interaction between social pressure and Africentrism ($\beta = .148$).

![Figure 4. Moderation of Africentrism on social pressure and body satisfaction.](image)

Concerning the main effects of the predictor and moderator variables, the most influential predictor of body satisfaction in the final model was social pressure ($\beta = - .310$), followed by positive weight commentary ($\beta = .237$), negative weight commentary ($\beta = .227$), androgyny ($\beta = .166$) and femininity ($\beta = .147$). Social pressure was the
strongest predictor in the entire model. Contrarily, femininity was the weakest predictor of body satisfaction in the full model.

**Social physique anxiety (SPA).** The overall regression of social physique anxiety on appearance commentary, identity variables and the interaction terms was statistically significant, $R^2 = .505$, $F (24, 145) = 6.161$, $P < .001$ (see Table 5, p. 71). In Step 1, supporting the hypothesis, the contribution of appearance commentary scores to social physique anxiety was statistically significant; $F (4, 165) = 24.019$, $p < .001$, with $R^2 = .368$; $\Delta R^2 = .368$; which is considered a large effect size. The predictor variables accounted for 36.8% of the variance in social physique anxiety. Positive general commentary did not correlate significantly with social physique anxiety ($\beta = -.095$, $p = .168$). Positive weight commentary was a significant correlate of social physique anxiety ($\beta = -.169$, $p = .023$). Thus as the frequency of receiving positive weight comments increased, social physique anxiety decreased. Higher frequencies of positive weight commentary were associated with lower levels of social physique anxiety.

Negative weight commentary was a significant correlate of social physique anxiety ($\beta = .267$, $p < .001$). Thus as the frequency of negative weight commentary increased, social physique anxiety increased. Higher frequencies of negative weight commentary were associated with higher levels of social physique anxiety. Social pressure was also a significant correlate of social physique anxiety ($\beta = .377$, $p < .001$). As social pressure increased to be thin increased, social physique anxiety increased. Higher frequencies of social pressure to be thin were associated with higher levels of social physique anxiety.
In Step 2, addition of the moderator variables accounted for an additional 7.2% of the variance in social physique anxiety, a statistically significant increase; $F(4,161) = 5.155$, $p = .001$; with $R^2 = .440$; $\Delta R^2 = .072$; which is considered a large effect size. With the exception of androgyny, the moderator variables did not have a direct effect on participants’ levels of social physique anxiety, which does not fully support the hypothesis. Africentrism was not a significant correlate of social physique anxiety ($\beta = -.120$, $p = .057$) and therefore did not account for additional significant variance in social physique anxiety. Identification with stereotypical masculine traits was not a significant correlate of social physique anxiety ($\beta = -.069$, $p = .368$). Masculinity did not account for additional significant variance in social physique anxiety.

As hypothesized, identification with stereotypical androgynous traits was a significant correlate of social physique anxiety ($\beta = -.217$, $p = .005$). Thus as identification with stereotypical androgynous traits increased, reports of social physique anxiety decreased. High levels of androgyny were associated with lower levels of social physique anxiety. Identification with stereotypical feminine traits was not a significant correlate of social physique anxiety ($\beta = .041$, $p = .566$). Femininity did not contribute to additional significant variance in social physique anxiety.

In Step 3, after the variability in social physique anxiety due to verbal commentary variables and identity variables were taken into account, the interaction terms explained an additional 6.5% of explained variance, $R^2 = .505$; $\Delta R^2 = .065$; $F(16,145) = 1.192$, $p = .281$. Overall, the introduction of the moderator variables did not account for significant variance in social physique anxiety. Of the interactions terms, the interactions social pressure x Africentrism, positive general commentary x masculinity,
and positive general commentary x femininity were significant. Positive general commentary and masculinity (B = .080, p = .028), positive general commentary and femininity (B = -.067, p = .050), and social pressure and Africentrism (B = .021, p = .042) were significant correlates of social physique anxiety. Further analysis revealed the nature and significance of correlations between each level of the moderating variables (low, moderate and high), the predictor variables and social physique anxiety.

Africentrism moderated the relationship between social pressure and social physique anxiety (see Figure 5, p. 82). Low (β = .722, p < .001), moderate (β =.432, p =.001) and high (β = .383, p =.004) levels of adherence to Africentrism were significantly related to social physique anxiety (see Table 6, p. 76). The positive relationships between the variables indicate that for each level of Africentrism, participants experienced an increase in social physique anxiety as social pressure increased. However, the relationship between social pressure and social physique anxiety was the strongest for women identifying less with Africentrism. For each point increase in social pressure, social physique anxiety increased considerably for women reporting low allegiance to Africentric values; thus, indicating that women with less adherence are affected more by social pressure. The increase in social physique anxiety was significantly smaller for women with moderate to high adherence to Africentric values, with the relationship between social pressure and social physique anxiety being the weakest for women reporting high Africentrism. Women reporting high identification with Africentric values were therefore influenced less by social cultural messages promoting the thin body ideal.
In regard to gender, masculinity and femininity moderated the relationship between positive general commentary and social physique anxiety (see Figure 6, p.83). Low, moderate and high scores on masculinity were not significantly related to reports of social physique anxiety in the presence of positive general appearance commentary. Small negative relationships, however, were found between positive general feedback and social physique anxiety for women reporting low ($\beta = -.074, p = .554$) and moderate ($\beta = -.193, p = .178$) identification with masculinity. As reports of positive general commentary increased, therefore, social physique anxiety decreased for low and moderate masculine participants. The relationship between positive general commentary on social physique anxiety was the strongest for women reporting moderate masculinity.

A small positive relationship was found between positive general commentary and social
physique anxiety for women reporting high ($\beta = .046$, $p = .742$) identification with the masculine gender role. Women who reported receiving infrequent positive general appearance feedback and higher levels of identification with masculine traits reported significantly less social physique anxiety than women with less identification with stereotypical masculine traits. High levels of self-reported stereotypical masculinity, however, also corresponded with a slight increase in social physique anxiety as the frequency of positive general verbal feedback increased.

![Figure 6. Moderation of masculinity on positive general commentary and SPA.](image)

As hypothesized, women reporting high adherence to stereotypical feminine ($\beta = -.328$, $p = .014$) traits who also reported receiving infrequent positive general appearance commentary reported higher of social physique anxiety than women reporting low ($\beta = -.164$, $p = .218$) or moderate ($\beta = -.186$, $p = .166$) femininity (see Table 6, p. 76). Although
each level of femininity was negatively related to social physique anxiety in consideration of positive general appearance commentary, high femininity was the only category that was significantly related social physique anxiety (see Figure 7, p. 85). Reports of receiving frequent positive general comments corresponded to the most dramatic decrease in social physique anxiety for women reporting the highest level of identification with femininity. When positive general comments were infrequent or non-existent, high femininity women reported the highest levels of social physique anxiety. Social physique anxiety also decreased slightly for women reporting moderate to low identification with stereotypical femininity upon receipt of frequent positive general appearance commentary. Infrequent positive general commentary was related to lower levels of reported social physique anxiety for women reporting low identification with feminine traits.
Figure 7. Moderation of femininity on positive general commentary and SPA

In reference to the final model, the influence of the interaction between positive general commentary and masculinity ($\beta = .222$) on social physique anxiety was slightly more powerful than the positive general commentary x femininity ($\beta = -.166$) interaction and the social pressure x Africentrism ($\beta = -.136$) interaction. In regard to the predictor and moderator variables, the most influential predictor of social physique anxiety in the final model was social pressure ($\beta = .377$), followed by androgyny ($\beta = -.218$) and positive weight commentary ($\beta = .153$). Social pressure was therefore the strongest predictor of social physique anxiety in the full model. The interaction between social pressure and Africentrism was the least influential of the significant direct and interaction effects included in the model.
Chapter V
Discussion

Summary of Results

The purpose of this study was to examine the relationships between appearance commentary (positive general verbal commentary, positive weight verbal commentary, negative weight commentary and social pressure), Africentrism, gender role identification (masculine, feminine, androgynous), body satisfaction, and social physique anxiety for women self-identifying as African American and/or Black. Adherence to Africentric values and identification with masculine or androgynous gender roles were hypothesized to buffer the damaging effects of appearance commentary on body satisfaction and social physique anxiety. The current study builds and expands upon previous findings regarding appearance feedback, ethnic and gender identification, and body image related factors. This chapter will begin with a discussion of the major findings of this study, and their alignment with previous research findings and implications. This chapter will conclude with a review of the strengths and limitations of the current study, implications for mental health practitioners and suggestions for future research.

The Relationships between Appearance Commentary, Africentrism, Gender Identification and Body Satisfaction

The initial step in this examination investigated the appearance commentary variables’ unique influence on participants’ level of body satisfaction. The results indicate small, but significant correlations between the positive general verbal commentary, positive weight commentary, negative weight commentary, social pressure
to be thin, and participants’ reported levels of body satisfaction. Positive relationships were found between both positive general and positive weight commentary and body satisfaction, suggesting that participants who reported experiencing frequent positive general and positive weight appearance feedback tended to report higher levels of body satisfaction compared to those who reported experiencing more negative appearance feedback. A negative correlation was found between the negative appearance commentary variables and body satisfaction.

The results demonstrate that participants’ self-evaluation, to some extent, was shaped by other’s opinions of them, how they felt others were evaluating them, and the socio-cultural messages they received. Supporting previous theories and findings (Cororve et al. 2004; Tantleff-Dunn, & Gokee, 2002), feedback on physical appearance and socio-cultural messages were significant factors in participants’ body image perceptions. The current findings help to highlight the critical role that interpersonal communication and media messages play in shaping women’s body satisfaction beliefs. For example, based on the present findings, negative feedback, such as “have you considered going on a diet”, from personal contacts and social pressure from TV or magazines to be thin increases some African American women’s risk for developing body image dissatisfaction. Whereas positive weight and positive general feedback such as “I wish I had a body like yours” and “You’re so beautiful” contribute favorably to African American women’s positive sense of being satisfied with their bodies.

Africentrism and the gender identification variables were hypothesized to have a direct effect on participants’ reported level of body satisfaction. The results partially supported this hypothesis. Contrary to the hypothesis, Africentrism and masculinity were
not predictors of participants’ level of body satisfaction. Significant positive relationships, however, were found between androgyne, femininity, and the outcome variable. Participants reporting more identification with androgynous or feminine gender roles reported higher levels of body satisfaction. The positive relationship between femininity and body satisfaction was not hypothesized in the present study and contradicts previous research findings. In studies consisting mostly of white women, researchers have found a negative relationship between femininity and body satisfaction (Forbes et al., 2001; Ludwig & Brownell, 1999) due to the demands of the dominant cultural for women to obtain slender physiques (Gillen & Lefokowitz, 2006). Previous research has found that women identifying as androgynous tend to report greater body satisfaction than women identifying as feminine (Buckley & Carter, 2005; Ludwig & Brownell, 1999). This unexpected finding may be explained by African American women’s lack of internalization of mainstream standards of beauty and femininity, and differences in the ways in which beauty and femininity has been constructed by the African American subculture. Similar to the standard of beauty, the attributes that constitute femininity may not be as stringent as in the dominant culture, which allows African American women to experience increased body satisfaction in conjunction with increased femininity. For example, scholars assert that femininity in African American communities encompasses values such as independence and is not solely based on physical attributes or stereotypical feminine characteristics (Collins, 2004). Thus, both groups of women in this study, androgynous and feminine, may view themselves as fitting their cultural norm for attractiveness and experience positive body satisfaction as a result.
As previously stated, perhaps the most significant purpose of this investigation was the test of moderation. The results indicated that Africentrism moderated the relationship between negative appearance commentary and body satisfaction as hypothesized. The direction of influence, however, was in opposition to the anticipated relationship. Adherence to Africentric values did not protect women from lower levels of body satisfaction in face of frequent negative weight appearance commentary. Frequent receipt of negative weight appearance feedback was more harmful for participants who reported greater allegiance with Africentric values and principles. Thus, individuals that reported greater identification with Africentric values and receiving frequent negative weight appearance commentary had lower levels of body satisfaction than women who reported less attachment to Africentric values.

Because the negative weight and shape scale does not assess the source of negative appearance commentary, it can only be inferred that participants are receiving interpersonal appearance feedback from individuals within their communities. Individuals’ body image perception is influenced by the extent to which cultural expectations are met (Usmiani & Daniluk, 1997). The belief that one’s physique does not fit the norm is a source of distress for individuals (Erikkson et al. 2008; Hart et al., 1989). Negative weight commentary may be more detrimental for the women with more allegiance to Africentric values in this study because a) the comments make them feel like they are not fitting the African American cultural standard of beauty; or b) the comments may make women who identify strongly with Africentric values more conscious of their appearance. Consequently, receiving negative appearance feedback from the cultural group that the women strongly identify with may cause them to feel
more distress. The relationship between negative weight commentary and body satisfaction for high Africentric women supports previous scholars’ claims that women who identify strongly with a culture work harder to fit the norm and experience greater distress when they cannot meet the cultural expectations. Thus, the body satisfaction of women identifying less with Africentrism may not be as affected by negative comments because they do not identify as strongly with Africentric values and may not share the same beliefs regarding what is considered attractive. Women identifying less with Africentric values may experience more body dissatisfaction if they receive frequent negative feedback from the dominant culture than women reporting high Africentrism. Although body satisfaction was positive for the three groups (high, moderate, low) and Africentrism did not protect women from body dissatisfaction upon receipt of frequent negative feedback, women reporting strong adherence to Africentric values reported the highest level of body satisfaction when negative weight comments were infrequent. Women reporting low adherence to Africentric values, however, reported the lowest level of body satisfaction in the absence of negative weight comments. The body satisfaction rates may be lower for women low in Africentrism if the comments are coming from within African American communities because these participants may not share the same values about the African American subcultural standard of beauty and are thus less affected by the comments.

Africentrism also moderated the relationship between social pressure and body satisfaction. The findings demonstrated that exposure to social pressure to be thin was more detrimental for participants with minimal association with Africentric values and principles. Participants who reported less adherence to Africentric values and frequent
exposure to social pressure to be thin from media sources also reported low levels of body satisfaction compared to women who reported moderate to high levels of ascription to Africentric values. Social pressure to be thin, therefore, had slight to moderate effects on the reported body satisfaction of women who reported moderate adherence to Africentric principles and minimal influences on the body satisfaction levels of women reporting high adherence to Africentric values. Thus, Africentrism protected participants from the negative influence of social pressure to be thin on body satisfaction.

This finding may provide support for the unexpected results of the negative weight commentary analyses because the social pressure is coming from mainstream media sources as opposed to interpersonal sources. High Africentric women may feel less pressure from the media because it is coming from a culture they do not strongly identify with, which suggests that there may be some level of rejection of the dominant culture’s idea of beauty and lack of internalization and integration of mainstream standards. This finding validates previous reports that suggest that some of the factors that protect African American women from developing body image disturbance are rooted in strong traditional values (Gluck & Geliebter, 2002; Harris, 1995; Webb et al., 2004). As opposed to rejecting mainstream values, low Africentric women may reject subcultural standards and by doing so, they may place themselves at risk of experiencing body dissatisfaction. The results of this study support the notion that social pressure to be thin from the media is more damaging for low Africentric women and this may be due to possible internalization of dominant standards. This is consistent with previous work, which posits that the more African American women identify with the dominant culture,
The more they may be more susceptible to body image distortion and eating problems (Molloy & Herzerberger, 1998).

**The Relationships between Appearance Commentary, Africentrism, Gender Identification and Social Physique Anxiety**

Africentrism and the gender identification variables were hypothesized to have direct influences on participants reported social physique anxiety. The results partially supported the hypothesized relationship. Receipt of frequent positive general verbal appearance commentary was not related to social physique anxiety. Positive weight and negative weight verbal commentary and social pressure to be thin, however, were significantly related to the outcome variable. A negative relationship was found between positive weight verbal appearance commentary and social physique anxiety. Participants who reported receiving frequent positive weight comments reported low levels of social physique anxiety. Participants who reported receiving frequent negative weight appearance comments from others and frequent exposure to social pressure to be thin from media sources reported higher levels of social physique anxiety. Reception of frequent negative weight commentary or exposure to social pressure to obtain a certain body type may have caused these women to think that they were unable to present a favorable body image of themselves to others, which in turn increased and validated their fear that others were judging them negatively. Consequently, fear of not being able to project a positive body image and receiving negative feedback or social pressure may explain these participants’ higher reports of anxiety. The findings are congruent with social physique anxiety theory, which asserts that physique anxiety stems from motivation to portray a particular physical image and the probability of succeeding (Hart
Africentrism and Gender Role

et al, 1989). Thus women receiving frequent positive weight appearance feedback, infrequent negative weight commentary, and social pressure are likely to experience a) less fear of how others are evaluating their bodies; b) less concern with how their bodies look to others; and c) more comfort in the presence of others and with how their clothes fit. As a result, these women will potentially engage in fewer behaviors that are associated with social physique anxiety such as frequent body checking and other health compromising behaviors.

In regard to Africentrism and the gender identification variables, androgyny was the only variable to have a direct influence on social physique anxiety. Participants who reported identification with the androgynous gender role also reported lower levels of social physique anxiety. Reports of alliance with androgynous gender traits were therefore associated with lower levels of social physique anxiety. These findings contradict Bem’s (1981) gender schema theory which suggest that cultural messages should have more influence in gender-typed individuals (feminine or masculine), especially feminine-typed, than on non-gendered individuals (androgynous). These findings may be related to participants’ models of womanhood and cultural teachings in their subculture. According to Buckley and Carter (2005), these cultural teachings of womanhood include portrayals of independence, self-reliance, and self-confidence, which are in opposition to mainstream messages that equate femininity to dependence and need for others; approval. Dependence and the need for other’s validation are considered two of the main factors that predispose some women to body image disturbance (Davis et al., 1996). Participants in the current study exhibiting both masculine and feminine characteristics may report less social physique anxiety because the gender role pattern fits
the gender role expectation of their culture. As indicated by the negative relationship between androgyny and social physique anxiety, women identifying less with the androgynous gender role have more concerns regarding self-presentation, resulting in increased social physique anxiety.

The second primary hypothesis of this investigation was that Africentrism and the gender identification variables (masculinity, femininity and androgyny) would moderate the relationship between the appearance commentary variables (positive general verbal commentary, positive weight verbal commentary, negative weight verbal commentary and social pressure) and social physique anxiety. Based on the results, significant interactions occurred between social pressure and Africentrism, positive general commentary and masculinity, and positive general commentary and femininity. Africentrism moderated the relationship between social pressure and social physique anxiety. Higher levels of social physique anxiety were associated with reports of frequent exposure to be thin from media sources for participants who reported low adherence to Africentric values and principles. Women who reported more identification with Africentrism also reported lower levels of social physique anxiety in face of social pressure to be thin. Based on the results, it can be inferred that participants receive information regarding attractiveness from both mainstream and subcultural sources. Low Africentric women’s value of attractiveness may be more informed by messages from the dominant culture. Concern over not being able to achieve the thin body ideal of the mainstream culture may cause low Africentric women to become more distressed as social pressure increases. Thus, low Africentric women are likely to experience more social physique anxiety in the presence of high exposure to media pressure to be thin than
high Africentric women, because they do not identify with the values and principles that may serve to protect them from mainstream social pressure. Their judgments of themselves and concerns of how others are evaluating them may be based on mainstream norms. Greater adherence to Africentrism served as a buffer between social pressure and social physique anxiety. These results coincide with the Sociocultural Perspective (Pruzinsky & Cash, 2002) and implicit personality theory (Jackson, 2002).

In regard to gender, when each level of masculinity was analyzed separately, small but insignificant correlations were found between the various levels of masculinity, positive general commentary, and social physique anxiety. Masculinity, however, moderated the relationship between positive general appearance comments and social physique anxiety. Infrequent positive general commentary was related to high levels of social physique anxiety for women reporting moderate to low identification with masculine traits. Despite receiving infrequent positive general appearance feedback, women reporting high identification with the masculine gender role reported significantly lower levels of social physique anxiety than women with moderate to low identification with masculine traits. It is important to note, however, that frequent positive general commentary corresponded to a very slight increase in social physique anxiety for women strongly identifying with masculine traits. Despite the miniscule increase, masculinity served to protect women from experiencing high levels of social physique anxiety in the face of infrequent positive general appearance commentary.

The current results suggest that previous research findings regarding gender identification and body satisfaction are applicable to social physique anxiety. For example, masculinity has been found to protect women against body image disturbance
(Buckley & Carter, 2005; Forbes et al., 2001; Ludwig & Brownell, 1999). Thus, women who identify more with traditional masculine traits may also report less social physique anxiety with reports of receiving infrequent positive appearance commentary because they are able to better define their own standard of beauty and have more positive body image than women identifying less with traditional masculine attributes. Unlike women identifying less with masculine characteristics, women identifying more with masculine traits may not think much about their appearance until others bring attention to it. Frequent exposure to positive general appearance feedback may cause high masculine women to become slightly more self-conscious of how they are presenting themselves within the context of the attractiveness standards set by their subculture opposed to their own standards. This increased self-consciousness may be a result of the positive appearance comments making women identifying more with traditional masculine traits more aware of the fact that they are being judged by others. Calogero et al., (2009) suggest that although the positive comments are intended to make women feel good, they have a negative effect because women are reminded that they are being evaluated and judged based on their appearance. As a result, women become more self-conscious and experience increased physique anxiety.

Social physique anxiety decreased as positive general comments increased for women reporting moderate to low identification with masculine traits, with women reporting moderate identification experiencing the most decrease in social physique anxiety. Femininity also moderated the relationship between positive general commentary and social physique anxiety. In the current study, receipt of infrequent positive general verbal commentary had the most detrimental effect on women reporting
strong identification with stereotypical feminine traits. Women reporting strong identification with femininity reported high levels of social physique anxiety. Women reporting less identification with feminine traits appeared to be markedly less effected by not receiving frequent positive general comments than more stereotypically feminine women. Women reporting high femininity also showed the most dramatic decrease in social physique anxiety with increases in the frequency of positive general appearance commentary. According to the Cognitive-Behavioral Perspective on Body Image (Cash, 2002), situational or contextual events (such as social feedback or scrutiny from others) activate schema driven processing of information about and self-evaluation of one’s physical attractiveness and these cues stimulate internal dialogue including thoughts and interpretations of one’s looks. Individuals considered appearance schematic tend to be more attuned to and place more importance on other’s evaluations (Cash, 2002). In addition, high feminine women may be more accepting of cultural messages regarding beauty (Gillen & Lefkowitz, 2006) than women identifying less with traditional feminine attributes.

Although not as drastic, social physique anxiety also decreased slightly for women reporting less identification with feminine traits in conjunction with increased positive general feedback. Women identifying more strongly with traditional feminine characteristics may have reported higher levels of social physique anxiety in the absence of positive general appearance comments because they may be relying on the feedback of others to confirm their beliefs about their body image. Women who identify more strongly with traditional feminine traits may become more concerned about how they appear to others and projecting the “right” image if they do not receive validation from
others. Their anxiety may be relieved by receiving compliments from others. The results demonstrated that high feminine women’s level of social physique anxiety decreased significantly as the amount of positive feedback they received from others increased. Thus, feminine women may need positive validation to maintain healthy social physique anxiety levels.

Many of the findings in the current study further validate previous research findings. Complimenting previous research that has explored the main effects of interpersonal and media influences on body image disturbance, appearance feedback (both positive and negative), and social pressure influenced participants’ levels of body satisfaction. Moderational relationships were found among the certain variables included in the analyses. Africentrism served as a buffer between social pressure, body satisfaction and social physique anxiety. Masculinity was also found to protect women from developing social physique anxiety in the presence of social pressure to be thin. These findings provide support for previous studies that have that found inverse, meditational or moderational relationships between racial identification and masculine gender role identification. Although Africentrism did not protect African American women from body dissatisfaction in the presence of negative appearance feedback, this finding is important because it provides a new perspective on the effects of negative commentary on women with high adherence to Africentric values. It demonstrates that some African American women are also at potential risk for experiencing decreased body satisfaction and increased social physique anxiety based on the type of interpersonal appearance commentary they receive, their exposure to social pressure, and their degree of adherence to Africentric values and gender role identification.
Strengths

Several strengths existed within this study. First, this study is strength-based in nature. The researcher sought to identify factors that are related to healthy body image and that protect women from body image disturbance by examining constructs that have been hypothesized to contribute to the enhanced positive body image of African American women in comparison to their white counterparts, as opposed to focusing on deficits. By focusing on strengths within group differences, the researcher was also able to identify variables that have the potential to have a negative impact on African American women’s body image. Secondly, this examination steps away from treating African American women as a monolithic whole.

This study also met the statistical assumptions required to carry out the statistical procedures in this investigation. Although the current study only consisted of women self-identifying as Black or African American, an appropriate sample size was obtained to effectively conduct the regressions and to reduce the probability of errors associated with low statistical power. In addition, African American women from varying educational backgrounds, income ranges, ages and geographic locations completed the survey, which strengthens the external validity by increasing the generalizability of the current findings. By exclusively focusing on African American women, the researcher was able to explore within group differences on body satisfaction and social physique anxiety measures. This finding underscores the uniqueness of this study, in that it acknowledges that variation does exist among African American women regarding their perceptions of body satisfaction and social physique anxiety in the presence of interpersonal appearance feedback and social pressure. Previous studies have been
comparative in nature and/or have focused on a specific subset of African American women, such as adolescents, middle-aged women, or college students.

To the researcher’s awareness, this is the first study to simultaneously explore main and moderating relationships between appearance commentary, Africentricism, gender role identification, body satisfaction and social physique anxiety for African American women. In this study, appearance commentary was not just limited to interpersonal feedback. The degree to which participants’ body satisfaction and social physique anxiety was influenced by social media was also examined. In addition to utilizing multiple measures to investigate constructs, the construct, statistical conclusion and validity were enhanced by the correlations among the constructs that were confirmed by the preliminary analyses; covariation existed among the variables. In reference to internal validity and main effects, with the exception of the positive main effect of femininity on body satisfaction, the significant relationships that were found in this study were also supported by previous findings.

**Limitations**

The limitations of this study should be taken into consideration in the interpretation of the results. Concerning the construct and statistical conclusion validity of the study, all of the instruments that were administered in this study except for the Africentricism scale were normed on White Americans. Because these scales have been normed on and primarily used to investigate the perceptions of White women, one cannot be certain that these measures are indeed measuring what they are intended to measure with African American women. For example, the Personal Attributes scale trichotimizes
gender based on mainstream stereotypical masculine feminine and sex-specific (androgynous) gender roles. African American women may have different beliefs regarding the characteristics that define masculine, feminine and androgynous gender roles due to specific culture values. The Personal Attributes Questionnaire produced acceptable, but low reliability. The low reliability influences the statistical conclusion validity, and consequently, the conclusions that can be drawn regarding the main and moderating effects of gender role identification.

Limitations also existed concerning the internal validity of the study. The Verbal Commentary on Physical Appearance Scale asked participants to recall the frequency of past appearance comments and exposure to media pressure. Participants may not have been able to accurately recall how frequently they received certain types of comments. In addition, the scale does not assess the source of participants’ appearance commentary. Having knowledge of the source of appearance feedback when assessing the perceptions of African American women is important, because receiving feedback from family, friends or other individuals’ ethnic group may affect them differently than feedback regarding appearance from sources outside of their ethnic group or the culture they identify with the most. An additional flaw of the Verbal Commentary on Physical Appearance Scale, as related to use in this study, is that some items might be culturally loaded. For example, item number 8 asks participants to indicate how often they are told that they look skinny. Being told that one looks skinny frequently might not be viewed as positively in African American communities as in the dominant culture. The social pressures scale also does not assess participants’ source of media pressure or whether participants are receiving media messages from mainstream media or culture-specific
media. Inability to examine the sources of participants’ interpersonal feedback, and the presence of culturally biased items, effects the conclusions that can be drawn regarding the differences in how appearance feedback affects the body satisfaction and social physique anxiety of women with high, moderate or low Africentrism. Individuals’ sources of interpersonal feedback or source of media influence might be confounding variables.

Threats to external validity were also present. Although the study includes a diverse sample of participants in regard to age, income and education, many participants resided in the Northeast at the time of the study. There is some limitation, therefore, to the degree to which the results can be generalized. It is important to note, however, that no differences were found between groups based on geographic location. Lastly, because of the type of questions participants were being asked throughout the surveys, participants may have been trying to represent themselves in a favorable manner when completing the questionnaire. For some of the instruments, participants may have also been able to guess what was being examined by the researcher. Bellini and Rumrill (1999) indicate that assessment characteristics can change participants’ responses from what they would be under different conditions.

**Implications**

Several implications are inherent in the results produced by the current study. The body of research investigating variables that influence body satisfaction as opposed to body image disturbance and pathology is scarce. The results of the present study offer further insight into factors that contribute to the body image resilience of some African
American women. Many African American women live with a dual-consciousness (Du Bois, 1903/1989 version) – a consciousness of their subculture and mainstream culture. This study enhances the knowledge base for counselors and counselor educators regarding how some African American women’s values and gender role identification influence their experience related to the body. Having an understanding of the ways in which the intersection of race/culture, gender and appearance feedback influences body image development validates the necessity of counselors and counselor educators to have the knowledge, skills and awareness to effectively work with African American clients.

According to the American Counseling Association’s Multicultural Counseling Competencies (Sue, Arredando, & McDavies, 1992), counselors must be able to acknowledge their own racial and cultural stereotypes, biases and privilege; possess an understanding of how culture and race influence their clients’ worldviews; and develop culturally appropriate counseling techniques and interventions. As suggested by Roysircar (2009), in order for counselors to become cognizant of their biases, they must possess highly developed meta-cognitive abilities to examine and deconstruct their cultural assumptions and values. If counselors are unable to work towards relinquishing themselves from the cuffs of prescribed dominant cultural norms (Brouwers, 1990) and stereotypes regarding race, gender or beauty, they cannot properly assist clients from diverse backgrounds. Challenging one’s own beliefs can prevent clinicians from providing clients with services that are deemed as helpful or can make clients feel as if their counselors are culturally incompetent and unable to adequately address their concerns.
Increasing one’s cultural awareness is essential for counselors to be knowledgeable and respectful of clients’ personal and cross culture experiences to provide a welcoming space for individuals interested in pursuing mental health services. Counselors can take steps to modify their beliefs by challenging themselves to learn more about Africentrism, gender expectations and the norms for attractiveness that exist in African American communities. It is imperative that clinicians acknowledge the vast intra-group differences within African American communities and the communities of other cultural groups. In depth knowledge of intra-group differences can assist clinicians with moving away from treating African American clients as if individual differences do not exist or as if their socio-cultural influences are limited to their ethnic group experiences. Deconstructing personal biases and increasing exposure to African American communities also permits clinicians to recognize the strengths that are inherent in African American communities. Whalen et al., (2004) contend that when counselors choose to focus on clients’ strengths, they assume that the clients are capable, strong, healthy individuals. The objective of focusing on strengths is to utilize the strength and coping skills of the individuals who come to counseling instead of solely attending to pathology.

In addition to counselors’ development of multicultural counseling competencies, the social justice perspective encourages counselors to engage in scholarship and professional actions to change societal values, structures, policies and practices such that marginalized groups obtain increased access to tools of self-determination (Goodman et al. 2004). The social justice paradigm promotes the expansion of counselor roles by incorporating the inclusion of community-based work into practice, viewing client issues
contextually and utilizing advocacy to eradicate oppressive barriers (Lewis, Ratts, Paladino, & Toporek, 2011; Ratts, 2009). Lewis et al. notes that the American Counseling Association’s advocacy competencies consist of two levels. The first level identifies the degree to which client and community members are involved in advocacy. The second level focuses on the level of intervention: individual, system or societal. At the individual level, counselors work to empower clients. At the system level, counselors work collaboratively with communities to address the oppressive forces or barriers facing communities. Societal interventions include counselors and community members working together to raise awareness about issues through public information. The social justice perspective allows counselors to develop in depth knowledge of the link between the individual and environmental influence.

Scholars have asserted that it is significant for clinicians not to just focus on multiculturalism or social justice as separate entities, but to develop a clear understanding of the overlapping strengths of these perspectives and to integrate the commonalities in their practice (Crethar et al., 2008; Goodman et al., 2004; Ratts & Hutchins, 2009). At the core, each perspective encourages the principles of continual self-examination, sharing power, giving voice, facilitating consciousness raising, building on strengths, and instilling clients with tools for social change (Crethar et al., 2008; Goodman et al., 2004). Counselors utilizing multiculturalists and social justice frameworks aim to make positive changes, eliminate the social injustices that impact the mental health of marginalized individuals, and to cultivate the empowerment of all people while placing a particular emphasis on individuals that are victims of oppression (Crethar et al., 2008).
The findings from this study can be utilized to enhance the training of counselors and to develop micro and macro level preventive and intervention programs that promote the maintenance of body image resilience not just for African American women, but all women.

Investment in prevention and education calls for counselors to transform their view of helping professionals from just individual therapy to educators, workshop leaders, consultants and/or social change activists. Preventive strategies allow clinicians to take on these multiple roles in conjunction with the possibility of providing more culturally sensitive treatment for clients (Whalen et al., 2004). Preventive interventions have been indicated to be the strategy of choice when an urgent need for counseling is not present. Preventive techniques mainly rely on providing information to increase attitudes and promote functional behavior while working to decrease resistance, since individuals do not perceive an immediate need, or have little or no motivation for change (Choate & Schwitzer, 2009). Since the current study focuses on body satisfaction and variables that influence levels of body satisfaction instead of dissatisfaction, counselors could develop prevention programs focused on Africentrism and masculinity, variables found to protect African American women from experiencing decreased body satisfaction in the face of infrequent positive appearance commentary and social pressure from media sources. In addition, preventive programs could focus on the variables such as androgyny and femininity, which directly influenced body satisfaction positively. Because of the connection between socio-cultural pressure and body image concerns, preventive and intervention programs can be developed to target and minimize the impact of these factors (Roger Wood & Petrie, 2010). Prevention programs and education are vehicles to
attend to the needs of women from marginalized groups. These programs often take place outside of the confines of individual therapy and should include culturally relevant activities (Whalen et al., 2004). These programs can be held in a variety of settings such as high schools, colleges and community organizations (Choate & Schwitzer, 2009).

Prevention programs function in ways that a) allows for the possibility that education in itself is inherently positive (Whalen, 2004), and b) allows counselors to create and enter roles that engage and empower others and influence environmental and social change (Choate & Schwitzer, 2009; Whalen et al., 2004). Prevention programs based on psycho-education can serve as a tool to teach African American and other women to think critically about the societal, familial and peer messages they receive regarding body image and beauty (Rogers Wood & Petrie 2010). Psycho-education programs can draw upon empowerment, socio-cultural, and/or health promotion models. Choate and Schwitzer (2009) indicate that counselors can utilize the Empowerment Relational Model to design prevention programs.

The Empowerment Relational Model promotes the empowerment of all women by adopting a more active role in transforming the current cultural climate for girls and women (Levine & Piran, 2004). Thus, mental health counselors can assist African American women with developing the skills to take active roles in efforts to reshape dominant beauty norms. In this respect, African American women are seen as models for positive body image and are shifted from the margins to the center. The centering of African American women challenges the stereotype that African American women fail to measure up to societal standards (Patton, 2006) while also giving permission to all women to confront the restrictive mainstream thin ideal.
Counselors can also adopt components from the social-cognitive models to increase clients’ awareness of the ways in which African American cultural values contribute to positive body image and of mainstream sociocultural pressures for thinness (Choate & Schwitzer 2009, Levine & Piran, 2004). Since identification with Africentric values and masculinity appears to be related to less internalization of social pressure in this study, counselors can engage in dialogue with African American women about how they can cultivate and maintain their beliefs as they continually interact with mainstream culture (Rogers Wood & Petrie, 2010). Counselor can evaluate the degree to which African American women understand and internalize the oppressive forces present in their lives by asking questions such as: what racial socialization agents are present in her life (parent, peer, religion)? What messages does she receive about being African American or female? (Talleyrand, 2010), or what messages does she receive regarding body image and beauty within her subculture? According to Talleyrand, these questions provide counselors with the opportunity to find out what cultural values clients have adopted and received from interpersonal sources regarding physical appearance. In addition, these questions reveal how women perceive and have developed their perceptions of the attributes that constitute womanliness, and if their perspectives fit within the frame of their ethnic group’s or mainstream gender role expectations. Additionally, women could discuss the presence of the thin ideal in mainstream society (Rogers Wood & Petrie, 2010), cite historical examples of body change in advertisements (Brouwers, 1990), or share personal experiences (Sinclair, 2006). Counselors can teach clients to counteract sociocultural messages by identifying, evaluating and resisting
media messages by critiquing fashion, health and fitness magazines, advertisements, television and movies (Choate, 2005; Choate & Schwitzer, 2009).

Counselor must have knowledge of both the messages that African American communicate about their bodies and their internalized cultural messages. Mental health clinicians cannot assume that African American women are protected from experiencing low levels of body satisfaction because of their ethnicity (Rogers Wood, Petrie, 2010). As evidenced by the current study, variation does exist among African American women regarding body satisfaction, especially when appearance commentary from interpersonal sources or social pressure is introduced. For example, women with high Africentric values reported lower levels of body satisfaction upon receipt of frequent negative weight appearance commentary, while women not identifying strongly with Africentric values reported lower body satisfaction with reports of frequent exposure to social pressure to be thin. Similarly, women identifying strongly with stereotypical feminine traits also reported more social physique anxiety in conjunction with reports of exposure to frequent social pressure than women identifying less with the feminine gender role or more with the stereotypical masculine gender role. In addition to preventive psycho-education to enhance self-concept through assisting women with maintaining a positive relationship with their body, counselors can develop intermediate intervention programs to assist women with lower levels of body satisfaction and higher levels of social physique anxiety.

Intermediate interventions are implemented when symptoms like deflated body image are present and have the potential to grow, but do not severely impact an individual’s daily life (Choate & Schwitzer, 2009). Just as with preventive programs,
counselors can utilize psycho-education in their intermediate intervention programs. Counselors can teach clients, especially African American clients with low identification with their culture, to deconstruct negative beliefs or negative messages they have received regarding African Americans and the messages they have received from mainstream culture. In line with deconstructing negative beliefs and providing education on the detrimental effects of women trying to adhere to mainstream values, counselors can also assist clients with deepening their understanding of the positive ways in which aligning with Africentric values can enhance their body image.

Cognitive therapy techniques have also been found to be effective in decreasing negative thoughts regarding body image (Brouwers, 1990). Cognitive techniques can be used in intermediate intervention programs along with psycho-education for women with low body satisfaction and high levels of social physique anxiety. Values clarification and dissonance strategies (Stice, Chase, Stormer, & Appel, 2001) may be useful techniques to assist African American and women of other ethnic groups with becoming more aware of their decreased sense of body satisfaction. According to Saucier (2004), the process of values clarification can help women realize that incongruence with values and circumstances can cause conflicting emotions regarding their ideas of who they really are. The premise of dissonance strategies is that when clients have already internalized the thin ideal, and choose to stand against societal pressures for thinness, a pressure is created that result in cognitive dissonance. To relieve the tension, clients alter their beliefs from the mainstream norms (Choate & Schwitzer, 2009; Stice et al., 2001).

Through other cognitive-behavioral techniques, such as cognitive restructuring, behavioral exercises and homework assignments, clients can develop alternative ways of
appreciating their self that is not based solely on looks. These activities may be very effective for enhancing the body satisfaction of hyper-feminine women. Core counseling techniques such as reflection, paraphrasing and role-playing can also be employed to assist clients in feeling and coping with emotions associated with body image concerns (Brouwers, 1990), specifically with body satisfaction and social physique anxiety issues.

**Suggestions for Future Research**

The complex relationships between the predictor, moderator and outcome variables in this study indicate that additional research is necessary to further investigate the influence of these variables on body satisfaction and social physique anxiety. Future studies should include both quantitative and qualitative inquiry to better assess how African American women define masculine, androgynous and feminine gender and to determine if their construction of gender varies from mainstream culture. Studies are needed to further validate the use of current instruments designed to assess gender role identification with African American women. The current area of research could also benefit from the development of instruments based on African American body image and attractiveness norms. Since the Africentrism scale does not measure specific cultural values related to body image development, the scale is not fit to answer some of the more complex issues related to the body experience that came out if this study. In reference to appearance commentary, researchers may want to assess the sources of interpersonal feedback when evaluating the impact of appearance commentary on African American women’s body satisfaction. Similarly, investigators should examine how African American women interpret body image messages from mainstream and cultural specific media sources. Because African American women receive feedback from their
subculture and mainstream culture, researches may want to explore the different ways in which feedback from the subculture and mainstream culture predict body satisfaction or social physique anxiety. By developing instruments that more accurately assess African American women’s body-related experiences, researchers will acquire more knowledge of variables that can potentially help maintain, strengthen and develop positive body image for all women.
Appendix A

Demographic Questionnaire

What is the highest level of school or the highest degree that you completed (do not include the degree that you are currently pursuing)
1) 8th grade or lower
2) High School (diploma or GED)
3) Some college credit, but less than 1 year
4) Associate (2yr) college degree
5) Bachelor’s degree (BA, AB, BS)
6) Master’s degree (MA, MS, MENG, Med, MSW, MBA)
7) Professional School (MD, DDS, JD)
8) Doctorate Degree (Ph.D., Ed.D.)

Please select the item that best fits your current range of income (do not include the income of other members of your household)
1) 0-20,000
2) 20,000-40,000
3) 40,000-60,000
4) 60,000-80,000
5) 80,000-100,000
6) 100,000-120,000
7) 120,000 or more

Sexual Orientation
1) Heterosexual
2) Homosexual/Lesbian
3) Bi-sexual

Ethnicity
1) African
2) African American
3) Caribbean
4) Other (Please specify)

Current Primary Residential Geographic Location
1) Northeast
2) Midwest
3) South
4) West
5) Caribbean

Age ______
### Appendix B

**Verbal Commentary on Physical Appearance Scale (Herbozo, & Thompson, 2006)**

Sometimes people say things that affect how we feel and think about our appearance. The following is a list of comments that may have been made about you. Please read each item and rate how often you think you have been the recipient of such a comment or similar comment (using the scale provided, never to always). Rate the item based on your exposure to the following comments within the past two years.

<p>| | | | | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>Sometimes</td>
<td>Always</td>
<td></td>
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1. Your outfit looks great on you
2. You need to start watching what you eat
3. You are pretty
4. I wish I had a body like yours
5. You’ve gained weight
6. You are in great shape
7. Don’t you think you’ve eaten enough already?
8. You’re looking kind of skinny
9. Your facial skin looks good
10. You shouldn’t eat so late at night
11. You have pretty eyes
12. You need to start exercising to lose weight
13. You have nice abs (abdominals)
14. Have you considered going on a diet
15. You have a beautiful smile
16. Your outfit makes you look fat
17. I really like how those jeans fit you
18. Are you sure you want to eat such fattening foods
19. Have you gained weight?
20. Your hair really looks good
21. You have a nice body
Appendix C

Sociocultural Attitudes Towards Appearance Scale-3 (SATAQ-3) (Thompson et al., 2004)

Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

<p>| | | | | | |</p>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Definitely Disagree</td>
<td>Mostly Disagree</td>
<td>Neither agree or disagree</td>
<td>Mostly Agree</td>
<td>Definitely Agree</td>
<td></td>
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</tbody>
</table>

1. I've felt pressure from TV or magazines to lose weight.
2. I do not feel pressure from TV or magazines to look pretty.
3. I've felt pressure from TV and magazines to be thin.
4. I've felt pressure from TV or magazines to have a perfect body.
5. I've felt pressure from TV or magazines to diet.
6. I've felt pressure from TV or magazines to exercise.
7. I've felt pressure from TV or magazines to change my appearance.
Appendix D

Africentrism Scale (Grill & Longshore, 1996)

Indicate the degree to which the statement is characteristic or true of your point of view

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Black people should make their community better than it was when they found it</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>The problems of other Black people are their problems, not mine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>The unity of the African race is very important to me</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>I am more concerned with reaching my own goals than working for the Black community</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>I have very little faith in Black people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I owe something to Black people who suffered before me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Black people need to stop worrying so much about “the community” and take care of their own needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I am doing a lot to improve my neighborhood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>The success I have had is mainly because of me, not anyone else</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I have more confidence in white professionals, like doctors and teachers, than in Black professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Black people should build and maintain their own communities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I must do all I can to restore Black people to their position of respect in the world</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I make it a point to shop at Black businesses and use Black owned services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>It hurts me when I see another Black person discriminated against</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>It is important that Black people decide for themselves what to be called and what their needs are</td>
<td></td>
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Appendix E

Personal Attributes Questionnaire (Spence & Helmreich, 1978)

**Instructions:**
The items below inquire about what kind of person you think you are. Each item consists of a PAIR of characteristics, with the letters A-E in between. For example,

**Not at all artistic** A......B......C......D......E **Very artistic**

Each pair describes contradictory characteristics - that is, you cannot be both at the same time, such as very artistic and not at all artistic.

The letters form a scale between the two extremes. You are to choose a letter which describes where YOU fall on the scale. For example, if you think that you have no artistic ability, you would choose A. If you think that you are pretty good, you might choose D. If you are only medium, you might choose C, and so forth.

1. Not at all aggressive A......B......C......D......E Very aggressive
2. Not at all independent A......B......C......D......E Very independent
3. Not at all emotional A......B......C......D......E Very emotional
4. Very submissive A......B......C......D......E Very dominant
5. Not at all excitable in a major crisis A......B......C......D......E Very excitable in a major crisis
6. Very passive A......B......C......D......E Able to devote self completely to others
7. Not at all able to devote self completely to others A......B......C......D......E
8. Very rough A......B......C......D......E Very gentle
9. Not at all helpful to others A......B......C......D......E Very helpful to others
10. Not at all competitive A......B......C......D......E Very competitive
11. Very home oriented A......B......C......D......E Very worldly
12. Not at all kind A......B......C......D......E Very kind
13. Indifferent to others’ approval A......B......C......D......E Highly needful of others’ approval
14. Feelings not easily hurt A......B......C......D......E Feelings easily hurt
15. Not at all aware of feelings of others A......B......C......D......E Very aware of feelings of others
16. Can make decisions easily A......B......C......D......E Has difficulty making decisions
17. Gives up very easily A......B......C......D......E Never gives up easily
18. Never cries A......B......C......D......E Cries very easily
20. Feels very inferior A......B......C......D......E Feels very superior
21. Not at all understanding of others A......B......C......D......E Very understanding of others
22. Very cold in relations with others A......B......C......D......E Very warm in relations with others
23. Very little need for security
   A.......B.......C.......D.......E
   Very strong need for security

24. Goes to pieces under pressure
   A.......B.......C.......D.......E
   Stands up well under pressure
Appendix F

The MBSRQ-AS (Cash, 2000)

INSTRUCTIONS--PLEASE READ CAREFULLY
The following pages contain a series of statements about how people might think, feel, or behave. You are asked to indicate the extent to which each statement pertains to you personally. Your answers to the items in the questionnaire are anonymous, so please do not write your name on any of the materials. In order to complete the questionnaire, read each statement carefully and decide how much it pertains to you personally. Using a scale like the one below, indicate your answer by entering it to the left of the number of the statement.

EXAMPLE:
_____ I am usually in a good mood.

In the blank space, enter a 1 if you definitely disagree with the statement; enter a 2 if you mostly disagree; enter a 3 if you neither agree nor disagree; enter a 4 if you mostly agree; or enter a 5 if you definitely agree with the statement.

There are no right or wrong answers. Just give the answer that is most accurate for you. Remember, your responses are confidential, so please be completely honest and answer all items.

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<tbody>
<tr>
<td></td>
<td>Definitely Disagree</td>
<td>Mostly Disagree</td>
<td>Neither agree nor disagree</td>
<td>Mostly Agree</td>
<td>Definitely Agree</td>
</tr>
</tbody>
</table>

_____ 1. My body is sexually appealing.

_____ 2. I like my looks just the way they are.

_____ 3. Most people would consider me good-looking.

_____ 4. I like the way I look without my clothes on.

_____ 5. I like the way my clothes fit me.

_____ 6. I dislike my physique.

_____ 7. I am physically unattractive.
8-16. Use this 1 to 5 scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

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<tr>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>Very Dissatisfied</td>
<td>Mostly Dissatisfied</td>
<td>Neither satisfied nor dissatisfied</td>
<td>Mostly satisfied</td>
<td>Very satisfied</td>
</tr>
</tbody>
</table>

_____ 8. Face (facial features, complexion)

_____ 9. Hair (color, thickness, texture)

_____ 10. Lower torso (buttocks, hips, thighs, legs)

_____ 11. Mid torso (waist, stomach)

_____ 12. Upper torso (chest or breasts, shoulders, arms)

_____ 13. Muscle tone

_____ 14. Weight

_____ 15. Height

_____ 16. Overall appearance
Appendix G

Social Physique Anxiety Scale (Hart, Leary, Rejeski, 1989; Motl & Conroy, 2000)

Indicate the degree to which the statement is characteristic or true of you

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<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Slightly</td>
<td>Moderately</td>
<td>Very</td>
<td>Extremely Characteristic</td>
</tr>
</tbody>
</table>

_____ 1. I wish I wasn’t so uptight about my physique/figure

_____ 2. There are times when I am bothered by thoughts that other people are evaluating my weight or muscular development

_____ 3. Unattractive features of my physique/figure make me nervous in certain social settings

_____ 4. In the presence of others, I feel apprehensive about my physique/figure

_____ 5. I am comfortable with how fit my body appears to others

_____ 6. It would make me uncomfortable to know others were evaluating my physique/figure

_____ 7. When it comes to displaying my figure to others, I am a shy person
Appendix H

Letter of Informed Consent

My name is Tikana Truitt and I am doctoral candidate in the Counseling and Human Services Department at Syracuse University. I am inviting you to participate in a research study, titled Africentrism and Gender Role Identification: Exploring the relationship between Appearance Commentary and Body Image, in partial fulfillment of the requirements for my Ph.D. degree, which is being chaired by Dr. Richard Shin. Involvement in the study is entirely voluntary, so you may choose to participate or not. You may withdraw at any time. If you choose to participate, you will be provided with the option to be entered into a drawing to win one of three gift cards valued between $50 and $100 upon completion of the survey. In order to keep your responses anonymous, you will be redirected to another webpage to enter the drawing. Any information obtained for the drawing will be destroyed upon completion of the drawing. I am interested in learning more about the factors that shape Black/African American women’s body image beliefs. If you agree to participate, you will be asked to complete a questionnaire that consists of background questions and questions related to body image. The survey should take approximately 15 minutes to complete, with the longest completion time anticipated at approximately 20 minutes. All information will be kept anonymous. This means your name will not appear anywhere and no one will know about your specific answers other than the researcher and faculty advisor. Additionally, all collected data will be handled confidentially and will be destroyed when the project is completed. Any reports of this research will include only group data, not individual responses.

The benefit of this research is that you will be helping us to further understand body image development. By understanding factors that can contribute to the formation of body image perception we are able to identify ways to help promote healthy and positive body image development. The risks associated with participation are minimal. The possible risks from participating in this study are time away from your activities and possible distress while completing the questionnaire. Should you feel distress as a result of participating in the study, please contact the Syracuse University Counseling Center at (315) 443-4715. If you decide that you no longer wish to continue while completing the survey, you have the right to withdraw from the study. Your participation in this study is entirely voluntary. If you have any questions, concerns or complaints about this research, you may contact Dr. Richard Shin, Faculty Advisor, at (315) 443-2266. You may also contact the Syracuse University Institutional Review Board at (315) 443-3013 if you have questions regarding your rights as a participant, if you have questions, concerns, or complaints that you wish to address to someone other than the investigator or Faculty Advisor, or if you are unable to reach the investigator or Faculty Advisor.

By selecting next, I assert that I have read the information provided, my questions have been answered, and I choose to take part in this research. I also affirm that I am 18 years or older. Please print and retain a signed copy of this document for your records.
Appendix I

Letter of Informed Consent (Paper Version)

My name is Tikana Truitt and I am doctoral candidate in the Counseling and Human Services Department at Syracuse University. I am inviting you to participate in a research study, titled Africentrism and Gender Role Identification: Exploring the relationship between Appearance Commentary and Body Image, in partial fulfillment of the requirements for my Ph.D. degree, which is being chaired by Dr. Richard Shin. Involvement in the study is entirely voluntary, so you may choose to participate or not. You may withdraw at anytime. If you choose to participate, you will be provided with the option to be entered into a drawing to win one of three gift cards valued between $50 and $100 upon completion of the survey. In order to keep you responses anonymous, drawing information will be collected and stored separate from survey responses and destroyed upon completion of the drawing.

I am interested in learning more about the factors that shape Black/African American women’s body image beliefs. If you agree to participate, you will be asked to complete a questionnaire that consists of background questions and questions related to body image. The survey should take approximately 15 minutes to complete, with the longest completion time anticipated at approximately 20 minutes. All information will be kept anonymous. This means your name will not appear anywhere and no one will know about your specific answers other than the researcher and faculty advisor. Additionally, all collected data will be handled confidentially and will be destroyed when the project is completed. Any reports of this research will include only group data, not individual responses.

The benefit of this research is that you will be helping us to further understand body image development. By understanding factors that can contribute to the formation of body image perception, we are able to identify ways to help promote healthy and positive body image development. The possible risks from participating in this study are time away from your activities and possible distress while completing the questionnaire. Should you feel distress as a result of participating in the study, please contact the Syracuse University Counseling Center at (315) 443-4715. If you decide that you no longer wish to continue while completing the survey, you have the right to withdraw from the study. Your participation in this study is entirely voluntary. If you have any questions, concerns or complaints about this research, you may contact Dr. Richard Shin, Faculty Advisor, at (315) 443-2266. You may also contact the Syracuse University Institutional Review Board at (315) 443-3013 if you have questions regarding your rights as a participant, if you have questions, concerns, or complaints that you wish to address to someone other than the investigator or Faculty Advisor, or if you are unable to reach the investigator or Faculty Advisor.

By signing below, I assert that I have read the information provided, my questions have been answered, and I choose to take part in this research. I also affirm that I am 18 years or older. Please retain a copy of this document for your records.

<table>
<thead>
<tr>
<th>Signature of Participant</th>
<th>Print name of participant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tikana J. Truitt, M.S.</td>
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</table>
Appendix J

Recruitment Letter (Social Networking Site)

Hello,

My name is Tikana Truitt and I am a doctoral candidate in the Counseling and Human Services department at Syracuse University. I need your help in gathering data for my dissertation. In order to participate in this study you must be a female, identify as Black or African American, and be over the age of 18. Participation is voluntary. If you choose to participate by clicking on the link below, you will be taken to an online survey that will take approximately 15 minutes to complete. I realize your time is valuable and so in appreciation of your help, you will have the option to choose to be entered into a drawing to win one of three gift cards valued between $50 and $100 upon completion of the survey.

This is an anonymous online survey, and your contact information (optional for sending you a possible visa gift card prize) will be collected independently from your responses to the online questionnaire. Your contact information will be handled confidentially and will be deleted upon completion of my study.

Please help me to complete my study. You can start the online questionnaire by clicking the following link. If clicking the link does not work, you can copy & paste the link to the internet browser, or right-click and select the open-hyperlink option.

https://www.surveymonkey.com/s/87ZG2V9

Please forward this link to any individuals that may fit the criteria for participation in this study.

Thank you so much for helping me to complete my study.
REFERENCES


health behaviors in adolescent females and males. *Journal of Adolescent Health*, 39, 244-251.


Africentrism and Gender Role


Africanism and Gender Role

Tikana Truitt
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Syracuse University
Counseling and Human Services
259 Huntington Hall
Syracuse, NY

EDUCATION

Syracuse University, Syracuse, NY
DOCTOR OF PHILOSOPHY, COUNSELING AND COUNSELOR EDUCATION (EXPECTED DECEMBER, 2011)
CONCENTRATION: CULTURAL FOUNDATIONS OF EDUCATION

Canisius College, Buffalo, NY
MASTER OF SCIENCE, COUNSELOR EDUCATION, COMMUNITY MENTAL HEALTH COUNSELING, MAY, 2006
BACHELOR OF ARTS, PSYCHOLOGY, MAY, 2004

Study Abroad, Fall 2002
LONDON METROPOLITAN UNIVERSITY, LONDON, ENGLAND

Professional Licensure and Certifications
NEW YORK STATE LICENSED MENTAL HEALTH COUNSELOR (LMHC)
NATIONAL CERTIFIED COUNSELOR (NCC)

ACADEMIC EXPERIENCE

PUBLICATIONS

TEACHING
CANISIUS COLLEGE, COUNSELING AND HUMAN SERVICES, BUFFALO, NY
Adjunct Instructor, Counseling Theory and Process, Summer 2011

SYRACUSE UNIVERSITY, COUNSELING AND HUMAN SERVICES, SYRACUSE, NY
Instructor, Developmental Issues of College-Age Adults, Fall 2009-Spring 2010
Teaching Fellow, Introduction to Education for Social and Cultural Transformation, Fall 2007-2008
Teaching Fellow, Introduction to Group Work in Counseling, Spring 2008
Guest Co-Instructor, Practicum in Counseling, Spring 2007

ACADEMIC GRANTS
Truitt, T., & Shin, R. (October, 2006). Identifying intra-personal and interpersonal moderators of risk factors for Latino adolescents. Grant proposal submitted to the Joan N. Burstyn Endowed Fund for Collaborative Research in Education at Syracuse University. $994.50 requested and funded by the Dean’s office as runner-up proposal.

PRESENTATIONS
Shin, R., & Truitt, T. (2007). The influence of low-income neighborhoods on the psychosocial development of adolescents of color: Confronting the narrative. Delivered at the biennial meeting of the Association for Counselor Education and Supervision Conference, Columbus, Oh.
COMMUNITY CLINICAL EXPERIENCE

CLINICAL THERAPIST
BROWNEILL CENTER FOR BEHAVIORAL HEALTH SERVICES, SYRACUSE NY, OCTOBER 2008-JUNE 2010
- Provided therapeutic services for children, adolescents and adults from culturally-diverse backgrounds.
- Maintained clear and objectives records of client progress
- Developed comprehensive client treatment plans and completed 90 day treatment plan reviews
- Provided individual psychotherapy and family therapy sessions for children, adolescents and adults with DSM-IV-TR diagnoses such as adjustment, depressive, mood, anxiety, personality and substance abuse disorders.
- Engaged in evidenced-based treatment with clients such as behavior therapy for parent training
- Provided short and long term services for clients based on client needs and treatment goals.
- Completed psychological inventories/assessments with clients.

CHILDREN AND YOUTH OUT-PATIENT SERVICES INTERN
ST. JOSEPHS HOSPITAL, MENTAL HEALTH SERVICES, SYRACUSE, NY, AUGUST 2007-AUGUST 2008
- Co-facilitated an Interactive Play Therapy group focused on social skill development for girls ages 6-9
- Provide individual psychotherapy for children and adolescents with DSM-IV-TR/ICD-9 Diagnoses.
- Connected clients to case management services.
- Consulted with social workers, medical doctors and school counselors.

COUNSELING PSYCHOLOGY INTERN
BUFFALO PSYCHIATRIC CENTER, BUFFALO, NY, SPRING 2006
- Co-facilitated group counseling sessions for women with severe mental illness.
- Created and facilitated a consumer skills group for recipients.
- Conducted individual counseling sessions.
- Participated in treatment team meetings.
- Constructed a comprehensive case conceptualization with recommendations for a recipient.

RESPITE WORKER
JOAN MALE FAMILY SUPPORT CENTER, BUFFALO, NY, AUGUST 2005- JUNE 2006
- Provided respite care and assisted with parenting courses.
- Developed behavior modification plans.

INTENSIVE HOME BASED SERVICES FAMILY THERAPIST
JOAN MALE FAMILY SUPPORT CENTER, BUFFALO, NY, FEBRUARY 2005-AUGUST 2005
- Provided in-home crisis assessment and intervention, and developed service plans
- Conducted psycho-education with families to teach parenting skills using a cognitive-behavioral model.
- Linked clients to other agencies based on client needs.
- Advocated for clients involved with Child Protection Services.
- Assisted co-workers with case coverage and served on-call hours.

CRISIS SPECIALIST
JOAN MALE FAMILY SUPPORT CENTER, BUFFALO, NY, AUGUST 2004- FEBRUARY 2005
- Intervened with client crisis.
- Critiqued and assisted respite workers with developing behavior modification plans.
- Assisted with employee payroll.
UNIVERSITY COUNSELING AND ADMINISTRATIVE EXPERIENCE

MCNAIR SCHOLARS PROGRAM, SYRACUSE UNIVERSITY, SYRACUSE, NY, JUNE 2006-AUGUST 2008
- Primarily provided services for underrepresented students
- Provide individual and group counseling for academic, financial, career, and psychosocial issues.
- Refer students to additional supportive services when appropriate.
- Structured and facilitated weekly community meetings.
- Collaborated on the implementation of program activities including workshops, social events and banquets.
- Established campus-wide relationships with Faculty/Staff Members.
- Helped coordinate the summer research preparation Program for McNair Scholars.

COUNSELOR INTERN
HEALTH EDUCATION AND HUMAN SERVICES, UNIVERSITY AT BUFFALO, BUFFALO, NY, FALL 2005
- Primarily provided services for undergraduate and graduate students.
- Conducted short-term individual sexual health and pregnancy counseling/psycho-education.
- Completed Peer Education Training and conducted educational workshops for undergraduates.
- Participated in anti-bullying demonstrations for middle and high school students.

GRADUATE ASSISTANT
COUNSELING & HUMAN SERVICES DEPARTMENT
SYRACUSE UNIVERSITY, SYRACUSE NY, FALL 2009 SPRING 2010
- Provided supervision for Master-level counseling students