THE MODERATING EFFECTS OF PERFECTIONISM AND ETHNIC IDENTITY
ON THE RELATIONSHIP BETWEEN SOCIOCULTURAL PRESSURE
AND BODY DISSATISFACTION

A thesis submitted
to Kent State University in partial
fulfillment of the requirement for the
degree of Master of Arts

by

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August, 2009
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ACKNOWLEDGEMENTS

The author would like to thank Dr. Janis H. Crowther for her support, guidance, and her constant reassurance that no matter what happens, everything will always work out. Special thanks should go to Dr. Dan Neal for his assistance in the statistical analyses for this project. Thanks should go to Dr. Josefina Grau and Dr. William Merriman who served as members of the thesis committee along with Dr. Crowther and Dr. Neal. The author would also like to thank the following individuals for their assistance in data collection and formatting the paper: Nicholas Anderson, Audrey Mack, Taryn Myers, Jada Pittman, and Rufus Williams. The author would also like to thank her family and friends for the invaluable and constant support that was provided during this process.
CHAPTER 1

INTRODUCTION

Body dissatisfaction is a prominent problem in Western society as women are becoming increasingly displeased with their body size (Grabe & Hyde, 2006). A meta-analysis of gender differences in body dissatisfaction found that across four decades, body dissatisfaction in women has progressively increased (Feingold & Mazella, 1998). According to Rucker and Cash (1992), “body image dissatisfaction can be conceptualized as the degree to which a person’s self perception of body size is discrepant from their perceived ideal body size” (p. 297). However, body dissatisfaction is a multifaceted construct that encapsulates more than just the perceptual element of body size; it also encompasses dysfunctional, negative beliefs and feelings about one’s weight and shape (Garner, 2002). Researchers have indicated that there are four components of body image attitudes: (1) global subjective dissatisfaction, which refers to one’s overall satisfaction with one’s appearance; (2) affective distress caused by one’s appearance, which includes one’s emotions, anxiety, and discomfort toward one’s appearance; (3) cognitive aspects of body image including investment in one’s appearance, dysfunctional thoughts and beliefs about one’s body, and body image schemas; and (4) active behavioral avoidance of situations or objects that elicit one’s body image concerns.
(Thompson & van den Berg, 2002). Often, body dissatisfaction is exacerbated by the fact that people overestimate the size of their bodies and compare themselves to others who they feel are much thinner and, in turn, more attractive, than they are.

The present study seeks to investigate the relationship between sociocultural pressure and body dissatisfaction in African American women. The remainder of the introduction will (1) provide a comprehensive review of current literature on body dissatisfaction in African American women, (2) examine the sociocultural model (Stice, 1994) and highlight pertinent research regarding sociocultural pressure’s influence on body dissatisfaction, and (3) underscore potential moderators that may help to enhance our understanding of the relationship between sociocultural pressure and body dissatisfaction in African American women.

**Body Dissatisfaction**

There has been considerably less research in the area of body image disturbance and eating pathology for ethnic minority women. For years, body image disturbance and eating pathology were thought to be a middle to upper class Caucasian female problem in Western society (DiGioacchino, Sargent, & Topping, 2001). Particularly for African American women, early data suggested that they were unaffected by portrayals of underweight Caucasian models, which led to the assumption that they were immune to eating disorders (Campbell, 1990). This belief that African American women were immune to eating pathology may have led to misdiagnosis, a decrease in eating related referrals, and a general decrease in the availability and use of services for eating-related behaviors (Dolan, 1991). Additionally, almost all measures of body image disturbance
and eating pathology were normed on predominantly, if not completely, Caucasian female samples. Only recently have researchers begun to realize that body image disturbance and disordered eating might very well be present within ethnic minority women in Western society. One can argue that research using a primarily ethnic minority sample is growing, but there is still far less research utilizing samples composed completely of ethnic minorities or samples that are representative of the population of ethnic minority groups in the United States.

Research has shown that African American women often have a more positive view of their selves and their bodies than Caucasian women (Altabe, 1998; Miller, Gleaves, Hirsch, Green, Snow, & Corbett, 2000). This finding is interesting considering that African Americans have a higher body mass index (BMI) rating than Caucasians and often tend to weigh more than Caucasians (Caldwell, Brownell, & Wilfley, 1997). It must be noted though that African American women are not immune from desiring a different body than what they currently have. Research has shown that like Caucasian women, African American women desire a body that is thinner than their current one (DiGioacchino et al., 2001; Patel & Gray, 2001; Pumariega, Gustavson, Gustavson, Motes, & Ayers, 1994).

Although data has shown that body dissatisfaction is indeed the greatest predictor of eating pathology for both African American and Caucasian females (James, Phelps, & Briggs, 2001; Stice, 1994), on average, research has found differences in the degree to which African Americans and Caucasians experience body dissatisfaction. Generally, research investigating has found that Caucasians experience more body dissatisfaction
and eating pathology than African Americans (Akan & Grilo, 1995; Crago, Shisslak, & Estes, 1996). Additionally, Caucasians have been consistently shown to have relatively greater body dissatisfaction and eating pathology than African Americans, Latinos, and Asians (Altabe, 1998; Gluck & Geliebter, 2002).

It has been argued that the African American culture acts as a protective factor against eating pathology (Hsu, 1987). For example, Frisby (2004) asserted that the African American culture prevents African American females from internalizing the thin ideal and dieting behaviors that are typically associated with Caucasian females. It is possible that African American culture puts less emphasis on being thin, which in turn leads to African American women having greater body satisfaction (Grabe & Hyde, 2006). In addition, African American men may express a desire for women to be larger, which promotes greater body satisfaction in African-American women (Molly & Herzberger, 1998). Allan, Mayok, and Michel (1993) supported these assertions, finding that African-American women received messages from their family, friends, and significant others to achieve and maintain a larger body size and that a larger size was considered healthier. Additionally, early data also suggested that African American women were more tolerant of greater variability in body shapes and sizes (Root, 1990).

**Sociocultural Pressure**

Sociocultural pressure is defined as the pressure that one feels from the media, social networks, and one’s cultural environment to be thin (Stice, 1994; Stice, 2002). Sociocultural pressure comes in many forms, such as teasing, pictures of emaciated or extremely slender models, dieting advertisements, and general discussion about being
thin or not being fat (Stice et al., 2003). The sociocultural model maintains that body dissatisfaction is a result of one internalizing a culturally defined body ideal (this process being called “thin ideal internalization”) and determining that one’s body is inferior after comparing one’s self to that ideal (James et al., 2001; Stice, 1994). According to this model, the three major sources of sociocultural pressure to be thin are from the media, family members, and peers (Stice, 1994; Stice, Maxfield, and Wells, 2003); these social networks reinforce thin-ideal attitudes that promote body dissatisfaction and pathological eating behavior. Without internalization of thin-promoting messages, these women are unlikely to experience negative eating behaviors.

Delaney, O’Keefe, and Skene (1997) contend that the thin ideal has become the standard of beauty in Western society due to the emphasis that “thin is in,” which is expressed by the popular media. The problem with this Western standard of beauty is that it is virtually impossible to obtain for the average woman (Stice, 2002; Thompson & Stice, 2001). Despite this inability, women desire to emulate this standard because of the potential rewards associated with it, including greater happiness, more opportunities, and less preoccupation with weight, shape, and image related concerns (Engeln-Maddox, 2006; Evans, 2003; Klaczynski, Goold, & Mudry, 2004).

The sociocultural model posits that a number of factors mediate and moderate the pathway between body dissatisfaction and eating pathology. The two mediating pathways consist of a restraint pathway and an affect-regulation pathway. According to the restraint pathway, individuals who are body dissatisfied are thought to engage in dietary restriction for weight-loss, yet this restriction often leads to binge eating behavior
and compensatory mechanisms, due to cravings and disinhibition (Stice, 1994). The affect-regulation pathway proposes that body dissatisfaction leads to negative affect, which in turn, leads to disordered eating (Stice, 1994). Because of an individual’s inability to achieve their desired weight and shape through mechanisms such as dieting, they become body dissatisfied and feel depressed due to dieting being an ineffective method to reduce their weight. Disordered eating is utilized as a mechanism of affect regulation as it reduces one’s depression as her weight decreases.

Research supports the role of sociocultural pressure’s influence on body dissatisfaction. Sociocultural pressure to be thin has been shown to lead to individual’s exhibiting a greater passion to be thin, body dissatisfaction, and maladaptive eating and weight management (Levine, Smolak, & Hayden, 1994). Perceived sociocultural pressure from one’s peers has been shown to predict body dissatisfaction (Presnell, Bearman, & Stice, 2004), while pressure from peers as well as family has been implicated in promoting body dissatisfaction and eating disorder symptomatology (Kichler & Crowther, 2009; Stice, 1998). Stice and colleagues (2003) previously found that peer pressure to be thin increased body dissatisfaction, yet only in a Caucasian sample. However, the degree of body dissatisfaction and pathological eating in both Caucasians and African Americans is associated with the rate of being teased regarding one’s weight and size while growing up (Akan & Grilo, 1995). Potentially, children and adolescents may be at an increased risk for body dissatisfaction and pathological eating merely because they are going through a sensitive transition point in their lives.
Exposure to media promoting the thin ideal has been shown to be associated with body dissatisfaction (Anschutz, Engels, & Van Strien, 2008; Harrison & Cantor, 1997; Presnell et al., 2004). According to Harrison and Cantor (1997), reading magazines was a significant predictor for a drive to achieve thinness, while watching particular television shows with thin-depicted media increased body dissatisfaction. Viewing popular media also has been shown to be associated with thin ideal internalization; yet, family pressure to be thin was shown to be more highly correlated with body dissatisfaction than media influences (Blowers, Loxton, Grady-Flesser, Occhipinti, & Dawe, 2003; Hawkins, Richards, Granley, & Stein, 2004).

Research has generally shown that African Americans are less affected by sociocultural pressures to be thin in Caucasian mainstream society (Schooler, Ward, Merriwether, and Caruthers, 2004). African Americans and Latino Americans have been shown to exhibit less internalization of the thin ideal as compared to Asians or Caucasians (Shaw, Ramirez, Trost, Randall, & Stice, 2004). With regard to media images, African American women have been shown to be unaffected by physically attractive “ideal” Caucasian women (Frisby, 2004). When African Americans viewed television programs with predominantly black casts, there was a protective effect on African American body image, although this same finding was not replicated in a Caucasian sample (Schooler et al., 2004).

Recently, some research has proposed that ethnic differences are diminishing for three different reasons. Shaw and colleagues (2004) found “no ethnic differences in mean levels of any of the eating disorder symptoms…and in most eating disorder risk
factors.” These results led them to assert that ethnic differences may have decreased due to sociocultural pressure to be thin being so prevalent that it has permeated the lives of all ethnic groups (Shaw et al., 2004). Another proposition is that it is not ethnic minorities conforming, but instead it is Caucasian women being shaped by minority women.

Roberts, Cash, Feingold, and Johnson (2006) suggest that Caucasian beauty ideals are being shaped by the increasing presence of minority women in the media. This proposition maintains that because ethnic minority women have greater body satisfaction, Caucasian women are internalizing this and in turn, becoming more body satisfied. Caucasian women’s increase in body satisfaction is suggested as a potential reason for diminishing mainstream Caucasian beauty standards. Cash, Morrow, Hrabosky, and Perry (2004) found that body mass progressively increased from 1983 – 2001, and perhaps, this increase in body mass has supported the idea that real women are not unattainably thin and in turn, has increased body satisfaction among women.

In summary, research has supported the relationships among sociocultural pressure to be thin, body dissatisfaction, and eating pathology for Caucasian women (Levine et al., 1994), yet research has proposed that African American women experience these constructs to a lesser degree (Akan & Grilo, 1995; Schooler et al., 2004). While this may indeed be the case, researchers may be failing to assess variables that might impact the relationship between these constructs for African American women. Therefore, two potential moderators, perfectionism and ethnic identity, should be examined to see if their addition enhances our understanding of these relationships among African American women.
Perfectionism

Maladaptive perfectionistic tendencies are often cited as a risk factor for eating pathology (Stice, 2002). Forbush, Heatherton, and Keel (2007) found that “women who reported a lifetime history of fasting, binge eating, self-induced vomiting, diuretic abuse, or laxative abuse had significantly higher levels of perfectionism than those who did not” (p. 39). High levels of perfectionism have been shown to predict bulimic symptomatology, particularly in the presence of a perception of being overweight, with self-esteem moderating this relationship (Vohs, Bardone, Joiner, Abramson, & Heatherton, 1999; Vohs, Voelz, Pettit, Bardone, Katz, Abramson, Heatherton, & Joiner, 2001). Having perfectionistic tendencies is not necessarily a problem; the problem arises when one’s perfectionism is maladaptive or neurotic. Davis, Claridge, and Fox (2000) found that both neuroticism and general perfectionism were associated with maladaptive perfectionism, which led participants to be preoccupied with their weight. For individuals who are neurotic perfectionists, striving to attain goals that are outside of one’s ability appears to lead to both body dissatisfaction and a feeling of failure (Davis, 1997). Concerns about making mistakes and parental criticism are also associated with body dissatisfaction, especially for maladaptive perfectionists (Ruggiero, Levi, Ciuna, & Sassaroli, 2003).

Early research on perfectionism presented it as a unidimensional construct that had a focus on cognitions directed on the self (Burns, 1980), with the implication that other dimensions are also involved in one’s perfectionistic self-presentation (Hollender, 1965). More recently, Hewitt, Flett, and Ediger (1995) propose that perfectionism is a
multidimensional construct, taking into account both self-directed perfectionistic attitudes and interpersonal aspects of perfectionism. Particularly, both personal and social aspects influence perfectionistic behavior, and what distinguishes them is “to whom the perfectionistic behavior is directed or to whom the perfectionistic behavior is attributed” (Hewitt et al., 1995).

Hewitt and colleagues (1995) argued that there are three dimensions of perfectionism as well as a self-presentation style of perfectionism. Self-oriented perfection is the degree to which one expects oneself to be perfect. Other oriented perfectionism is the idea that a person imposes their perfectionism on other people, while socially prescribed perfectionism is a feeling that other people are attempting to impose their perfectionism on you. Self-presentation style is one’s attempt to appear perfect to others. Socially prescribed perfectionism was found to be associated with appearance related concerns and eating pathology, while other-oriented perfectionism was found to be related to body image avoidance (Hewitt et al., 1995). Self-presentation style has been shown to predict eating disorder symptomatology, yet only when moderated by body image evaluation. Body dissatisfaction has been shown to moderate the relationship between perfectionism and eating disturbances, with higher levels of perfectionistic self-presentation predicting greater eating disturbance in women with higher body dissatisfaction (Downey & Chang, 2007; McGee, Hewitt, Sherry, Parkin, & Flett, 2005).

Very little research has been done assessing perfectionism and its impact on body dissatisfaction in African Americans. Balentine, Stitt, Bonner, and Clark (1991) found that perfectionism was a risk factor for eating disorders in African American middle
school girls. To date, this has been the only study assessing perfectionism in a sample consisting only of African Americans. Other studies have utilized African American participants, but the sample size for African Americans was not adequate for comparison to another racial or ethnic group nor was it sufficient to derive potential conclusions of perfectionism’s influence on African Americans. A greater research base is needed to assess the role of perfectionism in African American samples.

Additionally, research has shown that perfectionism does not consistently predict body dissatisfaction and eating pathology (Vohs et al., 1999). Yet, perfectionism has consistently been utilized as a potential predictor of body dissatisfaction and eating pathology. Perhaps perfectionism would be better served as a moderator of the relationship between sociocultural pressure and body dissatisfaction. Perfectionism in African American females may be a variable that influences the nature of the relationship between sociocultural pressure and body dissatisfaction. It seems likely that the relationship between sociocultural pressure and body dissatisfaction would be stronger among African American women who are highly perfectionistic because they would be more self-critical and more sensitive to pressure from others as well as more self-critical.

**Ethnic Identity**

Eating disorders have often been referred to as cultural disorders that tap into the Western idea of beauty (Harris & Kuba, 1997). Although there is no one definition of ethnic identity that is used by the majority of researchers, many define ethnic identity as a construct within social identity (Phinney, 1992). According to Tajfel (1981), ethnic identity is an element of one’s self-concept that is manifested both from the awareness
that one is a member of an ethnic group as well as “the value and emotional significance attached to that membership” (p. 255). Ethnic identity is a multidimensional construct which includes ethnic self-identification, sense of belonging to one’s ethnic group, ethnic group evaluation, proximity to members of one’s ethnic group, and involvement with one’s ethnic group (Demo & Hughes, 1990; Phinney, 1992). The terms “acculturation” and “assimilation” are often used interchangeably in the literature to describe the process of ethnic minorities’ ascent into the majority culture and gradual descent from their ethnoculture. Acculturation and assimilation are components that influence ethnic identification.

Research on ethnic identity and eating pathology has asserted that body dissatisfaction and eating pathology result for women of color as they become more acculturated or assimilated into the mainstream Caucasian society (Harris & Kuba, 1997; Perez, Voelz, Pettit, & Joiner, 2002). Hsu (1987) contended that as African Americans rise in socioeconomic status, they come into greater contact with the values of the Caucasian middle class and, in turn, feel more pressure from the media and become more concerned with their body size. Occupational settings that hire upwardly mobile African American women may inadvertently endorse rules that support acculturation in order to maintain this mobility and further their economic activities (Allan et al., 1993; Ofosu, LaFreniere, & Senn, 1998).

Other studies have argued that some black women are not just assimilating, but instead are rejecting their black identity for a white identity. Abrams, Allen, and Gray (1993) contended that black women who reject their black identity and internalize a white
identity are more likely to exhibit dietary restraint, fear of fatness, and drive for thinness. In contrast, greater ethnic identity has been shown to protect against preoccupation with thinness, a desire to be thin, and preoccupation with food (Pumariega, Gustavson, Gustavson, Motes, & Ayers, 1994).

Although the predominant view is that ethnic minority women who have higher socioeconomic status and are more assimilated within the mainstream culture are more likely to have body dissatisfaction, research has yielded contradictory findings. Molloy and Herzberger (1998) found that higher social class and assimilation with the majority culture did not reduce body image satisfaction in African American participants. Instead, the participants had a more positive body image than those African American participants who had low SES. Akan and Grilo (1995) also found no relationship between restrained eating, dieting behavior and attitudes, body image, and the degree of acculturation (for Asian Americans) and assimilation (for African Americans). Ethnic identification in African American females may be a variable that influences the nature of the relationship between sociocultural pressure and body dissatisfaction. It seems likely that the relationship between sociocultural pressure and body dissatisfaction would be stronger among African American women who are less ethnically identified because they would be more assimilated with the majority culture and more likely to exposed and influenced by the majority’s body ideals.

The Present Study

This study has two goals. First, because research assessing the relationships among sociocultural pressure, body dissatisfaction, and eating pathology is lacking for
African American women, this research sought to examine the relationships among these constructs in a sample composed entirely of African American college females. Sociocultural pressure, body dissatisfaction and eating pathology are elements of the sociocultural model (Stice, 1994), and this study will provide information regarding the applicability of the sociocultural model in a sample of African American women. Consistent with the sociocultural model, it was hypothesized that body dissatisfaction would mediate the relationship between sociocultural pressure and eating pathology.

Second, this study will explore if maladaptive perfectionism strengthens the relationship between sociocultural pressure to be thin and body dissatisfaction in an African American college female sample, and if the relationship between sociocultural pressure to be thin and body dissatisfaction is strengthened in African American college females with lower ethnic identity. To date, no other research has examined these variables in this manner, including examining perfectionism in a sample consisting entirely of African American college women. Perfectionism and ethnic identity have been shown in prior research to be related to body dissatisfaction (Davis, 1997; Ruggiero et al., 2003) and to potentially be a risk or protective factor for body dissatisfaction respectively (Hsu, 1987; Perez et al., 2002), but research has not examined whether the presence of these variables (i.e. perfectionism and ethnic identity) strengthens the relationship between the two other variables (i.e. sociocultural pressure and body dissatisfaction). It was hypothesized that perfectionism would moderate the relationship between sociocultural pressure and body dissatisfaction for African American college females, with a stronger relationship between sociocultural pressure and body
dissatisfaction among highly perfectionistic women. It was also hypothesized that ethnic identity would moderate the relationship between sociocultural pressure and body dissatisfaction, with a stronger relationship between sociocultural pressure and body dissatisfaction among women who are less ethnically identified with African American culture.
CHAPTER 2

METHOD

Participants

Participants were 107 African American females enrolled as either undergraduate or graduate students at a private or public college or university. To be eligible, participants were required to be female and have parents who were predominately of African American descent. Individuals had to both self-identify as African American and have a racial make-up that ensured that they were at least three-quarters African American. Six participants were excluded from the analyses for the following reason: (1) being male, (2) actively identifying as biracial, and (3) acknowledging that even though they self identify as African American, one of their parents is of a race other than African American. One participant was excluded from the analysis due to a large amount of missing data. The decision to remove individuals who were biracial was due to a confound that participants would have in trying to ethnically identify.

There were two methods of recruitment. Participants from Kent State University were recruited from General Psychology classes for research participation points. Participants from other universities outside of Kent State University as well as Kent State University students who were not enrolled in a General Psychology class were recruited.
through requests to cultural groups and National Pan-Hellenic Sororities with a predominantly African American participant base. The mean age for the participants was 21.89 years ($SD = 4.61$). Of these participants, 96% ($N = 96$) of participants attended a predominantly Caucasian college or university. Of these women, 67% ($N = 67$) reported that they had predominantly African American close friends, 25% ($N = 25$) reported that their close friends were an equal mix between two or more races/ethnicities with one being African American, and 8% ($N = 8$) reported that their close friends were predominantly not African American.

**Procedure**

After expressing interest in participating, participants were provided access to a password-protected survey. All participants were required to electronically sign an informed consent document in order to participate. After completion of the following questionnaires, participants who did not participate for General Psychology research points were entered into a drawing for a chance at winning one of five gift cards as a potential incentive for their participation in the study. Gift cards were in twenty-five dollar increments. Participants were not required to answer every question in order to participate in the gift card drawing, but they were required to submit every page. The estimated time of completion for online survey was 30 minutes.
Measures

Demographic Data
The participants were asked to provide the following demographic data: age, weight, height, school classification (predominantly Caucasian University or College or Historically Black College or University), and the race of the majority of their close friends.

Sociocultural Pressure
The Perceived Sociocultural Pressure Scale (Stice & Bearman, 2001) is a 10-item self-report inventory that assesses how much pressure participants feel from society (family, friends, media, significant others) to be thin. Respondents answer items using a five-point Likert scale, ranging from (1) none to (5) a lot. Higher scores indicate that a participant feels greater pressure from his or her social environment to be thin. Internal consistency alpha is .88 for this scale and test-retest reliability is .93. The Perceived Sociocultural Pressure Scale has established good predictive validity as a measure of bulimic symptomatology (Stice & Agras, 1998).

Body Satisfaction
The Multidimensional Body-Self Relations Questionnaire (MBSRQ; Brown, Cash, & Mikulka, 1990; Cash, 2000) is a 69-item self-report questionnaire that assesses a participant’s attitudes toward physical appearance, physical fitness, and health using a five-point Likert scale. This study utilized the short form, the Multidimensional Body-Self Relations Questionnaire-Appearance Scales (MBSRQ-AS). The MBSRQ-AS is a
34-item short version with five subscales: appearance evaluation, appearance orientation, overweight preoccupation, self-classified weight, and body areas satisfaction. Response formats range from (1) definitely disagree to (5) definitely agree for questions 1 to 22, (1) never to (5) very often and (1) very underweight to (5) very overweight for questions 23 to 25, and (1) very dissatisfied to (5) very satisfied for questions 26 to 34. Subscales are scored independently of one another and do not provide a global or total MBSRQ-AS score. Higher scores indicate more positive self-evaluations of body image. Internal consistency of the MBSRQ-AS is \( \alpha = .88 \), while test-retest reliability has been shown to be \( r = .91 \). For females, internal consistency for the appearance evaluation subscale is \( \alpha = .88 \), appearance orientation subscale is \( \alpha = .85 \), overweight preoccupation subscale is \( \alpha = .76 \), self-classified weight subscale is \( \alpha = .89 \), and body areas satisfaction subscale is \( \alpha = .73 \). One month test-retest reliability for females for the appearance evaluation subscale is \( r = .91 \), appearance orientation subscale is \( r = .90 \), overweight preoccupation subscale is \( r = .89 \), self-classified weight subscale is \( r = .74 \), and body areas satisfaction subscale is \( r = .74 \).

**Perfectionism**

The Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991) is a 45-item self-report measure of perfectionism, consisting of three 15-item subscales measuring self-oriented, other-oriented, and socially prescribed perfectionism. Respondents answer items using a seven-point Likert scale, ranging from (1) strongly disagree to (7) strongly agree. Subscale scores can range from 15 to 105, where higher scores indicate greater perfectionism. Internal consistency alphas range from .79 - .89 for
the subscales. Test-retest reliability ranges from .75 - .88 for the subscales. The MPS has been shown to have good convergent validity and adequate discriminant validity. Concurrent validity has been shown for each subscale, with estimates ranging from .39 - .57.

The Frost Multidimensional Perfectionism Scale (FMPS; Frost, Marten, Lahart, & Rosenblate, 1990) is a 35-item self-report measure of perfectionism. The FMPS yields a score for total perfectionism and scores for six subscales: concerns over mistakes, doubts about actions, personal standards, parental expectations, parental criticism, and organization. Respondents answer items using a five-point Likert scale, ranging from (1) strongly disagree to (5) strongly agree. Higher scores indicate greater perfectionism. Internal consistency for the total perfectionism score is .90, while internal consistency for the subscale scores range from .77 - .93. Concurrent and construct validity of the FMPS has been shown to be high: \( r = .85 \) with the Burns Perfectionism Scale, \( r = .57 \) with the Irrational Beliefs Test, and \( r = .59 \) with the Perfectionism Scale from the Eating Disorders Inventory.

**Ethnic Identity**

The Multi-group Ethnic Identity Measure (MEIM; Phinney, 1992; Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999) is a 21-item self-report measure that assesses adolescents' and young adults' degree of ethnic group identification. Items use one of two response formats: (1) a four-point Likert scale, ranging from (1) strongly disagree to (4) strongly agree or (2) a five-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. The MEIM is made up of three subscales that assess
ethnic identity search, affirmation, belonging and commitment, and other group orientation. Fifteen items are considered an ethnic identity measure, while six items are considered an other group orientation measure. Higher scores on the 15-item ethnic identity measure indicate greater ethnic identification, while higher scores on the 6-item other group orientation measure indicate greater orientation toward other racial and ethnic groups. Reliability of the 15-item ethnic identity measure is .90 with a college sample, while reliability of the 6-item other group orientation measure is .74 for college students. The MEIM has shown good construct validity, with its ability to be used in ethnically diverse samples, to consider ethnic identity as a singular construct, and to distinguish one’s degree of ethnic identification to their particular ethnic group (Phinney, 1992).

Eating Pathology

The Eating Disorder Diagnostic Scale (EDDS; Stice, Telch, & Rizvi, 2000; Stice, Fisher, & Martinez, 2004) is a 22-item self-report instrument used to assess symptoms of anorexia nervosa, bulimia nervosa, and binge eating disorder. The measure uses a variety of response formats. Higher scores indicate greater eating disorder symptoms. Responses to items can be used to generate DSM-IV-TR diagnoses for the previously listed disorders. Responses can also be standardized and combined to create an eating disorder symptom composite score. One week test-retest kappa coefficients for the disorders were: $k = .95$ for anorexia nervosa, $k = .71$ for bulimia nervosa, and $k = .75$ for binge eating disorder. One-week test-retest kappa coefficient for temporal stability was $k = .87$. Internal consistency of the eating disorder symptom composite score yielded an $\alpha$
The EDDS demonstrated good criterion validity with the structured interview for each disorder: $k = .93$ for anorexia nervosa, $k = .81$ for bulimia nervosa, and $k = .74$ for binge eating disorder. The EDDS also demonstrated good convergent validity with participants with an eating disorder showing elevated scores on measures of eating disturbance relative to non eating disordered controls.
CHAPTER 3

RESULTS

Characteristics of the Sample

Using cut-points established by the CDC (2008), it was determined that 5.2% \( (N = 5) \) of the sample was underweight (BMI < 18.5), 51% \( (N = 49) \) normal weight (BMI between 18.5 and 24.9), 22% \( (N = 21) \) overweight (BMI between 25.0 and 29.9), and 23% \( (N = 22) \) obese (BMI > 30). It is of interest to note that 5% \( (N = 5) \) of the sample met full criteria for bulimia nervosa, 5% \( (N = 5) \) of the sample met full criteria for binge eating disorder, and 5% \( (N = 5) \) of the sample met subthreshold criteria for bulimia nervosa, as determined by their scores on the EDDS. For descriptive purposes, means and standard deviations are included in Table 1.

Relationships among the Variables

Bivariate correlational analyses were utilized to examine the relationships among all variables that were used in subsequent analyses (see Table 2). BMI was significantly related to sociocultural pressure \( (r = .393, p < .001) \), socially prescribed perfectionism \( (r = .249, p < .05) \), body satisfaction \( (r = -.338, p = .001) \), and eating pathology \( (r = .453, p < .001) \). Sociocultural pressure was significantly correlated with self-oriented perfectionism \( (r = .278, p < .01) \), socially prescribed perfectionism \( (r = .236, p < .05) \),
Table 1. *Means and Standard Deviations of the Measures*

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<td>.82</td>
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<td>.82</td>
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<td>Ethnic Identity</td>
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</table>

*Note.* BMI = Body Mass Index, SOP = Self-Oriented Perfectionism, SPP = Socially Prescribed Perfectionism, ABC = Affirmation, Belonging, and Commitment
Table 2. *Intercorrelations between Variables*

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<td>.92***</td>
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<td>-.06</td>
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*Note.* BMI = Body Mass Index, PSPS = Sociocultural Pressure, BS = Body Satisfaction, EP = Eating Pathology, FMPS = Perfectionism, EI = Ethnic Identity, SOP = Self-Oriented Perfectionism, SPP = Socially Prescribed Perfectionism, EIS = Ethnic Identity Search, ABC = Affirmation, Belonging, and Commitment

***p < .001, **p < .01, *p < .05
perfectionism (the total score of the FMPS) \((r = .205, p < .05)\), body satisfaction \((r = .393, p < .001)\), and eating pathology \((r = .580, p < .001)\). Self-oriented perfectionism was significantly correlated with eating pathology \((r = .279, p < .01)\). Socially prescribed perfectionism was significantly correlated with ethnic identity search \((r = .198, p < .05)\) and eating pathology \((r = .278, p < .01)\). Perfectionism was significantly related to affirmation, belonging, and commitment \((r = -.207, p < .05)\), body satisfaction \((r = -.217, p < .05)\), and eating pathology \((r = .280, p < .01)\). Ethnic identity (the total score of the MEIM) was significantly related to body satisfaction \((r = .207, p < .05)\). Affirmation, belonging and commitment to one’s ethnic group was significantly correlated with body satisfaction \((r = .218, p < .05)\). Body satisfaction was significantly related to eating pathology \((r = -.457, p < .001)\).

**BMI as a Covariate**

BMI was significantly correlated with sociocultural pressure, body satisfaction, and eating pathology. Due to these relationships, BMI may be playing a significant role in the relationship between sociocultural pressure and eating pathology. Therefore, in order to reduce any potential variance that may be influencing the relationship between sociocultural pressure and eating pathology, BMI was utilized as a covariate for these analyses.

**Body Satisfaction as a Mediator**

Hierarchical multiple regression analyses were conducted to investigate whether body satisfaction mediated the relationship between sociocultural pressure and eating
pathology. Analyses were conducted using the procedures set forth by Baron and Kenny (1986). Each analysis controlled for BMI. The first regression analysis examined sociocultural pressure as a predictor of eating pathology. The second regression analysis examined sociocultural pressure as a predictor of body satisfaction. The third regression analysis examined body satisfaction as a predictor of eating pathology. Finally, the fourth regression analysis examined both sociocultural pressure and body satisfaction as predictors of eating pathology. Full mediation is shown to occur when the predictor, or sociocultural pressure, has no significant effect on the outcome, or eating pathology, after controlling for body satisfaction. Partial mediation is shown to occur when the relationship between the predictor, sociocultural pressure, and the outcome, eating pathology, is reduced, but still significant, after controlling for body satisfaction.

Results demonstrated that sociocultural pressure was associated with eating pathology ($\beta = .488, p < .001$) and body satisfaction ($\beta = -.340, p = .001$). Body satisfaction was associated with eating pathology ($\beta = -.345, p < .001$). When body satisfaction was entered simultaneously with sociocultural pressure, the relationship between sociocultural pressure and eating pathology was reduced from $\beta = .488$ to $\beta = .417 (p < .001)$. Results of the Sobel test showed that this reduction was statistically significant, $z = -2.75, p < .01$. In summary, the results of the statistical analyses demonstrate that body satisfaction partially mediated the relationship between sociocultural pressure and eating pathology. (See Figure 1.)
B = -0.367 (SE B = 0.108), β = -0.340**

B = -4.758 (SE B = 1.254), β = -0.345***

B = 7.261 (SE B = 1.286),
β = 0.488***

After mediation: B = 6.198 (SE B = 1.329), β = 0.417***

The Sobel Test: Z = -2.7464**

*Figure 1.* The relationship between sociocultural pressure and eating pathology mediated by body satisfaction
Perfectionism as a Moderator of the Sociocultural Pressure –  
Body Satisfaction Relationship

Separate hierarchical multiple regression analyses were conducted to investigate whether perfectionism (self-oriented and socially prescribed perfectionism) moderated the relationship between sociocultural pressure and body satisfaction. Analyses were conducted according to the procedures set forth by Baron and Kenny (1986). Prior to conducting the moderation analyses, both the sociocultural pressure variable and the perfectionism (self-oriented and social prescribed perfectionism) variables were standardized for the analyses. Multiplying these two new standardized variables together created an interaction term. BMI was entered into the first block of the regression analyses, followed by the entry of the standardized variables of sociocultural pressure and self-oriented or socially prescribed perfectionism into the second block, and the interaction term into the third block. Moderation occurs when the interaction between the predictor, sociocultural pressure, and the moderator, perfectionism, accounts for a significant portion of the variance on the outcome, body satisfaction.

For socially prescribed perfectionism, results indicated that there was a significant main effect for sociocultural pressure ($\beta = -.318, p < .01$), but not for socially prescribed perfectionism ($\beta = -.040, p = .681$). The main effect for sociocultural pressure suggested that levels of body satisfaction were higher at higher levels of sociocultural pressure. The interaction between sociocultural pressure and socially prescribed perfectionism was not significant as illustrated in Table 3.

For self-oriented perfectionism, results indicated that there was a significant main effect for sociocultural pressure ($\beta = -.336, p = .001$), but not for self-oriented
Table 3. *Hierarchical Multiple Regression Analyses*

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<th>R²</th>
<th>ΔR²</th>
<th>F</th>
<th>B</th>
<th>SE</th>
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<td></td>
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<tr>
<td>BMI</td>
<td>.338</td>
<td>.114</td>
<td>.114</td>
<td>12.27**</td>
<td>-.026</td>
<td>.013</td>
<td>-.200</td>
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<td>.114</td>
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*Note.* PSPS = Sociocultural Pressure, EIS = Ethnic Identity Search, ABC = Affirmation, Belonging, and Commitment

***p < .001, **p < .01, *p < .05
perfectionism ($\beta = .098, p = .302$) (See Table 3). The interaction between sociocultural pressure and self-oriented perfectionism was significant, $F(1,92) = 6.037, p < .05, (\beta = -.224, p < .05)$. The model accounted for 26.4% of the variance in body satisfaction. These results suggest that self-oriented perfectionism moderated the relationship between sociocultural pressure and body satisfaction.

A decomposition analysis (Jaccard, Wan, & Turrisi, 1990) was conducted on the sociocultural pressure x self-oriented perfectionism interaction term to determine whether the slope of the body satisfaction scores was significantly different from zero (see Figure 2) at high and low levels of self-oriented perfectionism. The slope of the body satisfaction scores was significantly different from zero for high levels of self-oriented perfectionism (slope = -.495, $t = -4.31, p < .05$), but not for low levels of self-oriented perfectionism (slope = -.091, $t = -6.98, p > .05$). Specifically, at high levels of self-oriented perfectionism, higher levels of sociocultural pressure led to lower levels of body satisfaction.

**Ethnic Identity as a Moderator of the Sociocultural Pressure – Body Satisfaction Relationship**

A hierarchical multiple linear regression analysis was conducted to investigate whether ethnic identity moderated the relationship between sociocultural pressure and body satisfaction. Analyses were conducted according to the procedures set forth by Baron and Kenny (1986). Prior to conducting the moderation analyses, both sociocultural pressure and ethnic identity were standardized for the analyses. Multiplying these two standardized variables together created an interaction term. BMI was entered
Figure 2. The relationship between sociocultural pressure x self-oriented perfectionism in predicting body satisfaction.
into the first block of the regression analyses, followed by the standardized variables of sociocultural pressure and ethnic identity into the second block, and then the interaction term was entered into the third block.

Results showed that there was a significant main effect for sociocultural pressure ($\beta = -.307, p < .01$), but not for ethnic identity ($\beta = -.171, p = .064$). The main effect for sociocultural pressure suggested that higher levels of sociocultural pressure were associated with lower levels of body satisfaction. The interaction between sociocultural pressure and ethnic identity was not significant.

The total score for the MEIM is made up of two subscale scores: affirmation, belonging, and commitment and ethnic identity search. Henrickson, Crowther, and Harrington (in press) found that subscales of the MEIM, particularly the ethnic identity search subscale, demonstrated significant relationships with maladaptive eating attitudes and behaviors. Therefore, assessing the subscales in separate hierarchical multiple regression analyses may be informative. Individuals who are not strongly ethnically inclined, particularly to the African American ethnic group, may be exhibiting more body dissatisfaction.

As illustrated in Table 3, results indicated that there was a significant main effect for sociocultural pressure ($\beta = -.344, p = .001$) and ethnic identity search ($\beta = -.181, p < .05$). The interaction between sociocultural pressure and ethnic identity search was not significant. These results indicate that higher levels of sociocultural pressure and lower levels of ethnic identity search were associated with higher levels of body dissatisfaction.
Analyzing Sociocultural Pressure as a Multifaceted Construct

The items that comprise the Perceived Sociocultural Pressure Scale ask about pressure that one receives from one’s family, peers, significant others, and the media. Research has shown that the African American family and social network serves as a protective factor for both body image disturbance and eating pathology (Harris, 1995; Harris & Kuba, 1997). Perhaps, this idea may provide an explanation for why self-oriented perfectionism was the only construct to emerge as a moderator between sociocultural pressure and body satisfaction. Essentially, because African American women are protected from body dissatisfaction due to the support provided by their family networks and peer groups, the inclusion of questions related to familial and peer pressure in the assessment of sociocultural pressures may be obscuring the effects of sociocultural pressures. Therefore, the aspect of sociocultural pressure may need to be refined for African American women.

In order to test this assumption, two scores were calculated: a media pressures score was calculated using the two media items of the Perceived Sociocultural Pressure Scale ($M = 3.32$, $SD = 1.47$, $\alpha = .76$) and a family and peer pressures score was calculated using the eight peers and family items of the Perceived Sociocultural Pressure Scale ($M = 1.79$, $SD = .75$, $\alpha = .78$). Perceived sociocultural pressure was highly correlated with perceived sociocultural pressure from the media ($r = .790$, $p < .001$) and perceived sociocultural pressure from peers and family ($r = .954$, $p < .001$). Perceived sociocultural pressure from the media was moderately correlated with perceived sociocultural pressure from peers and family ($r = .571$, $p < .001$). Mediational analyses were conducted to
investigate whether body satisfaction mediated the relationship between sociocultural pressure from the media and eating pathology. Analyses were conducted using the procedures set forth by Baron and Kenny (1986).

Results demonstrated that sociocultural pressure from the media was associated with body satisfaction ($\beta = -0.287, p < 0.01$) and eating pathology ($\beta = 0.506, p < 0.001$). Body satisfaction was associated with eating pathology ($\beta = -0.457, p < 0.001$). The relationship between sociocultural pressure from the media and eating pathology was reduced from $\beta = 0.506$ to $\beta = -0.340 (p < 0.001)$ when body satisfaction was entered simultaneously with sociocultural pressure from the media. Results of the Sobel test showed that this reduction was statistically significant, $z = -2.55, p < 0.01$. In summary, the results of the statistical analyses demonstrate that body satisfaction partially mediated the relationship between sociocultural pressure from the media and eating pathology, as illustrated by Figure 3.

Mediation analyses also were conducted to investigate whether body satisfaction mediated the relationship between sociocultural pressure from peers and family and eating pathology. Results demonstrated that sociocultural pressure from peers and family was associated with body satisfaction ($\beta = -0.405, p < 0.001$) and eating pathology ($\beta = 0.530, p < 0.001$). Body satisfaction was associated with eating pathology ($\beta = -0.457, p < 0.001$). The relationship between sociocultural pressure from peers and family and eating pathology was reduced from $\beta = 0.530$ to $\beta = -0.290 (p < 0.01)$ when body satisfaction was entered simultaneously with sociocultural pressure from peers and family. Results of the Sobel test showed that this reduction was statistically significant,
B = -.171 (SE B = .058),
\( \beta = -.287^{**} \)

After mediation:

B = -6.289 (SE B = 1.237),
\( \beta = -.457^{***} \)

The Sobel Test: \( Z = 2.5505^{**} \)

Figure 3. The relationship between sociocultural pressure from the media and eating pathology mediated by body satisfaction
$z = 3.31, p < .001$. In summary, the results of the statistical analyses demonstrate that body satisfaction partially mediated the relationship between sociocultural pressure from peers and family and eating pathology, as illustrated by Figure 4.

Hierarchical multiple linear regression analyses were conducted to investigate whether self-oriented perfectionism and socially prescribed perfectionism moderated the relationship between sociocultural pressure from the media and body satisfaction. Analyses were conducted according to the procedures set forth by Baron and Kenny (1986). Prior to conducting the moderation analyses, sociocultural pressure from the media and self-oriented or socially prescribed perfectionism were standardized for the analyses. Multiplying these two new standardized variables together created an interaction term. BMI was entered into the first block of the regression analyses, followed by the standardized variables of sociocultural pressure from the media and self-oriented or socially prescribed perfectionism into the second block, and the interaction term was entered into the third block.

As illustrated in Table 4, results indicated that there was a significant main effect for sociocultural pressure from the media ($\beta = .389, p < .001$), and a trend for self-oriented perfectionism ($\beta = .160, p = .052$). The interaction between sociocultural pressure from the media and self-oriented perfectionism was significant, $F(1,92) = 5.852, p < .05, (\beta = .194, p < .05)$. The model accounted for 42% of the variance in body satisfaction. These results suggest that self-oriented perfectionism moderated the relationship between sociocultural pressure from the media and body satisfaction.
$B = -0.472$ (SE $B = 0.108$), $\beta = -0.405^{***}$

$B = -6.289$ (SE $B = 1.237$), $\beta = -0.457^{***}$

$B = 8.504$ (SE $B = 1.373$), $\beta = 0.530^{***}$

After mediation: $B = -3.987$ (SE $B = 1.231$), $\beta = 0.290^{**}$

The Sobel Test: $Z = 3.3142^{***}$

*Figure 4.* The relationship between sociocultural pressure from peers and family and eating pathology mediated by body satisfaction
Table 4. *Hierarchical Multiple Regression Analyses*

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*Note.* PSPS_Media = Sociocultural Pressure from the media, EI = Ethnic Identity, FMPS = Perfectionism, PSPS_PF = Sociocultural Pressure from peers and family  
***p < .001, **p < .01, *p < .05
A decomposition analysis (Jaccard et al., 1990) was conducted to determine whether the slope of the body satisfaction scores was significantly different from zero (see Figure 5) at high and low levels of self-oriented perfectionism. The slope of the body satisfaction scores was significantly different from zero for high levels of self-oriented perfectionism (slope = 7.116, $t = 4.70$, $p < .05$), but not for low levels of self-oriented perfectionism (slope = 1.99, $t = 1.39$, $p > .05$). Specifically, at high levels of self-oriented perfectionism, higher levels of sociocultural pressure from the media were associated with higher levels of body satisfaction as illustrated in Figure 5.

For socially prescribed perfectionism, results indicated that there was a significant main effect for sociocultural pressure from the media ($\beta = .393$, $p < .001$), and for socially prescribed perfectionism ($\beta = .239$, $p < .001$). The interaction between sociocultural pressure and socially prescribed perfectionism was significant, $F(1,92) = 4.347$, $p < .05$, ($\beta = .171$, $p < .05$). The model accounted for 41% of the variance in body satisfaction (see Table 4). These results suggest that socially prescribed perfectionism moderated the relationship between sociocultural pressure from the media and body satisfaction.

A decomposition analysis (Jaccard et al., 1990) was conducted to determine whether the slope of the body satisfaction scores was significantly different from zero (see Figure 6) at high and low levels of socially prescribed perfectionism. The slope of the body satisfaction scores was significantly different from zero for high levels of socially prescribed perfectionism (slope = 6.853, $t = 4.85$, $p < .05$), but not for low levels of socially prescribed perfectionism (slope = 2.647, $t = 1.82$, $p > .05$). Specifically, at
Figure 5. The relationship between sociocultural pressure from the media x self-oriented perfectionism in predicting body satisfaction
Figure 6. Relationship between sociocultural pressure from the media x socially prescribed perfectionism in predicting body satisfaction
high levels of socially prescribed perfectionism, higher levels of sociocultural pressure from the media were associated with higher levels of body satisfaction.

Comparable hierarchical multiple regression analyses investigating ethnic identity, affirmation, belonging, and commitment, ethnic identity search, and perfectionism as moderators of the relationship between sociocultural pressure from the media and body satisfaction were non-significant. Additionally, hierarchical multiple regression analyses investigating ethnic identity, affirmation, belonging, and commitment, ethnic identity search, self-oriented perfectionism, socially prescribed perfectionism, and perfectionism as moderators of the relationship between sociocultural pressure from peers and family and body satisfaction also did not yield significant results. These findings are presented in Table 4.
CHAPTER 4

DISCUSSION

This study investigated the role of body satisfaction as a potential mediator of the relationship between sociocultural pressure and eating pathology and the role of perfectionism and ethnic identity as potential moderators of the relationship between sociocultural pressure and body satisfaction. The results suggest that body satisfaction partially mediates the relationship between sociocultural pressure, including sociocultural pressure from the media and sociocultural pressure from peers and family, and eating pathology. Self-oriented perfectionism was found to moderate the relationship between sociocultural pressure and body satisfaction. Additionally, self-oriented and socially prescribed perfectionism moderated the relationship between sociocultural pressure from the media and body satisfaction.

Body Satisfaction as a Mediator of the Sociocultural Pressure – Eating Pathology Relationship

These results indicate that body satisfaction partially mediated the relationship between sociocultural pressure and eating pathology in African American college women. This finding supports the relationship between body dissatisfaction and eating pathology in college-aged women (Rucker & Cash, 1991). Additionally, this result is consistent with James and colleagues (2001) finding that body dissatisfaction is a
significant predictor of eating pathology for both African American and Caucasian females. More importantly, consistent with Stice (1994; 2002), these results also provided evidence that the sociocultural model is relevant for African American college-aged women. To my knowledge, this study is the first to extend these aspects of the sociocultural model to a sample consisting entirely of African American women. These findings suggest that like their Caucasian peers, those African American women who are feeling sociocultural pressure to be thin experience decreased body satisfaction and an increase in disordered eating.

Research has yielded discrepant findings as to whether African American women are experiencing levels of perceived sociocultural pressure and body dissatisfaction comparable to those of their Caucasian counterparts. Some research has argued that African American women are now showing comparable levels of perceived sociocultural pressure and body dissatisfaction (Shaw et al., 2004), while other research argues that African American women are less affected by this pressure (Schooler et al., 2004; Stice et al., 2003), which leads them to be generally more pleased with their bodies (Altabe, 1998; Grabe & Hyde, 2006). Although this research did not test whether African American women are showing comparable perceived sociocultural pressure than women of other racial or ethnic groups, the findings of this study demonstrate that a significant negative relationship between perceived sociocultural pressure to be thin and body satisfaction within this population.

When sociocultural pressure from the media and sociocultural pressure from peers and family were examined separately, body satisfaction continued to partially mediate the
relationship between sociocultural pressure and eating pathology in African American college women (see Figure 3). This finding is in contrast to research by Schooler and colleagues (2004) as well as Frisby (2004), which found that African American women are less affected by sociocultural pressure to be thin and that African American women are unaffected by media images presenting the physically attractive Caucasian ideal woman, respectively. However, this study provides support for previous research that found that exposure to physically attractive African American media was related to a decrease in body esteem in African American women who are already body dissatisfied or insecure (Frisby, 2004). Additionally, as research has shown that college-aged women are experiencing more body dissatisfaction when exposed to thin-ideal promoting media (Anschutz et al., 2008; Harrison & Cantor, 1997; Presnell et al., 2004), this study extends those findings to a sample composed entirely of African American women. However, given the measure of sociocultural pressure used in this research, it should be noted that it is unclear which type of media (Caucasian or African American media) these women are viewing.

Results of the regression analyses also indicate that body satisfaction partially mediated the relationship between sociocultural pressure from peers and family and eating pathology in African American college women (see Figure 4). This finding suggests that among African American women, sociocultural pressure to be thin from peers and family is associated with decreased body satisfaction, which is associated with more eating pathology. These analyses extend the findings that suggest that when sociocultural pressures exist, one’s body satisfaction is negatively impacted. This finding
is new and unique as historically, it has been argued that African American culture promotes a larger ideal figure for women (Gluck & Geliebter, 2002; Striegel-Moore, Schreiber, Pike, Wilfley, & Rodin, 1995). Perhaps as Shaw and colleagues (2004) argued, sociocultural pressure has become so prevalent that it is permeating the lives of those that we originally deemed as protected.

*Self-oriented Perfectionism as a Moderator of the Sociocultural Pressure – Body Dissatisfaction Relationship*

Results of the hierarchical regression analyses and the graphical decomposition of the hierarchical regression analyses demonstrated that self-oriented perfectionism moderated the relationship between sociocultural pressure to be thin and body satisfaction. African American women with higher levels of self-oriented perfectionism exhibited less body satisfaction when experiencing high levels of sociocultural pressure to be thin. These results suggest that African American college women who have greater self-imposed perfectionism experience greater body dissatisfaction in response to greater sociocultural pressure, while individuals who have less self-imposed perfectionism do not. This finding provides knowledge about perfectionistic attitudes in African American samples. Furthermore, this finding supports the idea that highly perfectionistic African American women may more sensitive to these sociocultural pressures, perhaps because they are more self-critical.
Self-oriented Perfectionism and Socially Prescribed Perfectionism as Moderators of the Sociocultural Pressure from the Media – Body Satisfaction Relationship

As demonstrated in the results of the hierarchical multiple regression analyses and as graphically illustrated in Figure 5 and Figure 6, self-oriented and socially prescribed perfectionism both moderated the relationship between sociocultural pressure from the media and body satisfaction. Specifically, African American women with high levels of self-oriented and socially prescribed perfectionism exhibited higher body satisfaction when reporting higher levels of sociocultural pressure to be thin from the media.

These findings are counterintuitive as one would expect that, among highly perfectionistic women, exposure to thin-ideal messages from the media would decrease one’s body satisfaction instead of increasing it. Moreover, self-oriented and socially prescribed perfectionism did not moderate the relationship between sociocultural pressure from peers and family and body satisfaction. These results suggest that African American women may be receiving mixed messages from their families and the mainstream Caucasian society. Historically, African American families have promoted a larger body ideal with less concern on size and shape, while the mainstream Caucasian society may stress ideal perfection in body size and shape. However, these results suggest that sociocultural pressure from peers and family may promote decreased body satisfaction for this sample; when one only considers sociocultural pressures from the media, this effect is lost.

Cassidy (1991) proposed an explanation that may support the counterintuitive findings that at high levels of self-oriented and socially prescribed perfectionism, women
experienced greater body satisfaction in the presence of greater sociocultural pressure from the media. Cassidy (1991) argued that African American women may be actively rejecting the Caucasian ideal of thinness and instead imposing a larger body ideal for themselves. Within Cassidy’s interviews, many of the African American women stated that European beauty standards were tyrannical and racist. The significant relationship between these women’s self-esteem and higher body mass may be a result of their desire to refrain from internalizing the Caucasian thin-ideal (Harris & Kuba, 1997). Therefore, their feelings of self-worth were not dependent on how closely they resemble the ideal Caucasian American woman (Thomas & James, 1988). If these women, who experience high levels of self-oriented and socially prescribed perfectionism, are reporting pressure from, but rejecting thin-ideal Caucasian media, they may have internalized an African American body ideal and therefore may experience more body satisfaction. Their socially prescribed perfectionism may be apparent when they compare themselves to African American media that presents women who ascribe to the African American body ideal, as that ideal may be both more salient and more indicative of a standard that they could seek to attain. The Caucasian thin-ideal, while present in mass media, may merely seem to be undesirable and unattainable. Another possibility is that while these women are perfectionistic, both self-imposed and societally-imposed, conceivably they are less perfectionistic about their bodies in terms of weight and more perfectionistic about other image based ideals, such as the brand name of clothing they are wearing, whether their fashion sense is in style with the current trends, or whether their hair and nails are
properly done. These other image based ideals may be more salient for African American women than weight-related ideals.

*Ethnic Identity as a Moderator of the Sociocultural Pressure – Body Satisfaction Relationship*

The results of this study are consistent with the research finding that more ethnically identified women experience less pressure to be thin and exhibit less drive for thinness (Pumariega et al., 1994). Yet, one thing to be noted is that participants in this sample as whole had greater African American identification. There were very few participants in this sample whose scores on the MEIM fell within the low ranges of ethnic identity. During recruitment of the samples, individuals from both predominantly Caucasian colleges and universities and historically black colleges or universities (HBCU) were solicited for participation in order to attempt to get a range of ethnic identification. It is unknown how many individuals from HBCUs actually received the solicitation to participate from their group leader, but the majority of individuals who participated in this study came from predominantly Caucasian colleges and universities. Additionally, the mere fact that these individuals were recruited from groups that were ethnically based may attest to their higher level of ethnic identification. Future research should assess a larger number of African American women who are less ethnically identified in order to test whether low African American ethnic identity is accounting for the relationship between sociocultural pressure and body satisfaction and dissatisfaction in African American women.
Issues with Construct Validity

There is limited research examining the role of perfectionism for African American women. Typically, research has been done on predominantly Caucasian female samples. To my knowledge, the Multidimensional Perfectionism Scale and the Frost Multidimensional Perfectionism Scale have not been used on a sample consisting entirely of African American women. However, Cash and colleagues (2004) have used the Appearance Evaluation subscale of the MBSRQ with African American women and found mean scores that were comparable to this sample.

Although these scales are valid in Caucasian samples, there may potentially be issues with the construct validity of these scales in African American women. Particularly, the question can be raised as to whether these questions truly imply the same meaning for African American women that they imply for Caucasian women. When we are thinking about perfectionistic attitudes in relation to body dissatisfaction, perhaps for African Americans, these mechanisms are more so defined through things like hair care (the texture, appearance, and length), skin color (lighter as compared to darker), specific body areas, and fashion sense. Allan and colleagues (1993) found that in their interviews with African American participants, attractiveness was assessed by one’s shapeliness, the fit of one’s clothing, one’s hips and femininity. These women contended that being fashionably in style and looking “put together” was more aesthetically appealing to men than having a thin body. While, the Appearance Evaluation subscale may be appropriate for use in African American women, the perfectionism scales may not be capturing the perfectionistic attitudes of African Americans.
Within the African American community, women have had to deal with intergroup internalized racism since slavery. For centuries, African American women with longer straighter hair, lighter skin, and a curvy body frame have been favored both in the eyes of the Caucasian mainstream, but also within the African American community. As these norms for appearance have followed this path, an increased number of products such as skin bleaching creams and hair extensions have been marketed towards African American women to emulate the “African American standard of beauty.” Perhaps a closer appraisal of in-group norms may be needed for future assessment of sociocultural pressure, body dissatisfaction, and perfectionism. Conceivably, sociocultural pressure may be manifested differently within group, with pressure to conform more to a Caucasian ideal for skin color and to an African American ideal for hair length and texture coming from individuals within the African American race. African American women who are perfectionistic may be more likely to internalize these ideals due to a need for greater acceptance and a sense of belonging within their own group. Failure to conform to these ideals may lead to greater body dissatisfaction in these women. While a focus on drive for thinness may be relevant for some African American women, an investigation of these other factors may provide a more adequate and in-depth picture of how body dissatisfaction is manifested in this group (Roberts et al., 2006).

Limitations and Future Directions

There were several limitations to the current study. First, this study relied on self-report measures, so the ability to determine whether responses were biased by the
retrospective nature of the measures or the tendency to respond in a socially desirable manner in unknown. Additionally, this study is cross-sectional, which prevents the determination of definitive conclusions of causality in regards to the results. These analyses were also limited by small sample size (N = 100) and the lack of individuals with extreme scores, particularly low scores on the ethnic identity measures.

Additionally, the results may not be generalizable to other African American women or other ethnic minority groups. This sample consisted of African American women enrolled in undergraduate and graduate level study. Perhaps being enrolled in a college or university is associated with greater perfectionistic attitudes. Typically post-secondary institutions of learning are often environments that promote appearance orientation, which may hinder the ability to find these results in women of different ages. Furthermore, we did not control for socioeconomic economic status (SES) among the participants. Higher SES has been suggested as a mechanism that is associated with increased body dissatisfaction (Hsu, 1987), so perhaps the results may have been different if socioeconomic status was controlled.

Future studies should include the use of a socioeconomic status variable and sample from areas of high SES to assess whether the findings regarding perfectionism are maintained and if greater variety in ethnic identity scores is found within higher SES groups. On the same token, as African Americans as a whole become more upwardly mobile, it would be interesting to compare whether African Americans with high SES and who surround themselves with other upwardly mobile African Americans differ from African Americans with high SES who surround themselves primarily with Caucasians.
with high SES. Perhaps the African American cultural protective factor is still apparent, even with upwardly mobile African Americans.

Furthermore, when deciding on a college or university to attend, a number of African American women must decide between attending a HBCU or a traditional predominantly Caucasian college or university. Although it is unknown, one may argue that attendees of HBCUs may be more ethnically identified than attendees of predominantly Caucasian colleges or universities based on the fact that they chose to devote their college career to a campus where they would be surrounded by a majority of students and professors of their own racial and ethnic backgrounds. Future research should compare the differences between college women at HBCUs and predominately Caucasian colleges and universities in order to examine the function of these constructs.

These results suggest that it will be of continued importance to educate women on the effects of unrealistic media presentations of women on body image satisfaction, but to also ensure that clinicians are targeting African American women. Particularly for African American women, it will be of increased importance to discriminate the pressures they may feel from Caucasian media and African American media as these pressures may have a differential effect. Because African American women have been previously thought to be less affected by thin-ideal media, they may not be receiving educational inoculation at an early age regarding any type of media presentations. This approach may be found to be faulty if presentations of African American media and image ideals later contributes to an decrease in body satisfaction and an increase in eating pathology in this group.
Moreover, in order for research to become more clinically appropriate for African American women, it will be important to ensure that our measures of body dissatisfaction and perfectionism are actually assessing the constructs that are important for African American women. The focus on thin-ideal internalization may not be the most important factor of body dissatisfaction and perfectionism in these women. Measures may need to be altered or constructed that assess constructs like hair texture, skin color, specific bodily areas, and fashion sense to examine whether these constructs greater predict body dissatisfaction in this group compared to measures that merely assess body dissatisfaction through the thin-idea.
REFERENCES
REFERENCES


APPENDICES
APPENDIX A

EMAIL RECRUITMENT SCRIPT
Dear President/ Chair/ Head of ______________________ at ____________________,

My name is Nicole M. Williams, and I am a clinical psychology graduate student at Kent State University. I am currently recruiting individuals to participate in my Masters Thesis research entitled “The Moderating Effects of Perfectionism and Ethnic Identity on the Relationship Between Sociocultural Pressure and Body Dissatisfaction.”

I am looking for African American females (who are not biracial—both parents must be Black/African American) that are enrolled as undergraduate or graduate students at four-year colleges or universities to participate in my study. This study will be conducted online via an anonymous survey.

I would like to ask you if you could please forward this correspondence to your members and friends and/or discuss this opportunity in your next meeting. As an African American female, this research is very important to me and will be beneficial to future research on body image for African American college females.

If anyone is interested in participating, they can email me at nwilli3@kent.edu for more information.

Thank you so much for your time and consideration.

Sincerely,

Nicole M. Williams, B.A.
APPENDIX B

CONSENT FORM
Consent to Participate in a Research Study
Adult Participants

IRB Study #: 08 -66  Consent Form Version Date: September 2007
Title of the Study: The Moderating Effects of Perfectionism and Ethnic Identity on the Relationship Between Sociocultural Pressure and Body Dissatisfaction

Principal Investigator: Nicole M. Williams, B.A.
Kent State University Department: Psychology
Kent State University Contact Phone Number: (330) 672 – 2090
Contact Email Address: nwilli3@kent.edu
Faculty Advisor: Janis H. Crowther, Ph.D.
Faculty Advisor Email Address: jcrowthe@kent.edu

What are some general things you should know about research studies?
You are being asked to take part in a research study. To join the study is voluntary.
You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above any questions you have about this study at any time.

What is the purpose of this study?
The purpose of this research study is to assess the effects of perfectionism and ethnic identity on the relationship between sociocultural pressure to be thin and body dissatisfaction in African American college females.
You are being asked to participate in the study because you are an African (Black) American female, 18 years of age or older, who is enrolled as an undergraduate or graduate student at a four-year college or university.

Are there any reasons why you should not be in this study?
You should not be in this study if you are male, are not African (Black) American (your parents must also be African (Black) American), are under the age of 18, and you are not enrolled in a four-year college or university as an undergraduate or graduate student.

How many people will take part in this study?
If you decide to participate in the study, you will be one of approximately two hundred participants.

How long will your part in the study last?
Your participation should last no more than one hour.

What will happen if you take part in the study?
You will be asked to complete multiple measures that will ask you about: (1) pressure you feel from society and your environment to be thin; (2) your body satisfaction; (3) perfectionism; (4) your ethnic identity; (5) your eating practices; (6) feelings about your skin color; and (7) demographic information. You have the right to forgo answering any question for any reason, but it is requested that if you choose to answer a question, you answer it as truthfully as possible.

What are the possible benefits from being in this study?
Research is designed to benefit society by gaining new knowledge. You may not benefit directly from being in this research study. Your participation in this study will help to guide future research.

What are the possible risks or discomforts involved from being in this study?
It is believed that this study does not present any risks beyond those encountered in everyday life. However, it is possible that you may feel some discomfort or distress due to the sensitive and personal nature of some of the questions that are being asked in this study. If you are feeling distressed, you should make an appointment with counseling and psychological services at your college or university. There may be uncommon or previously unknown risks. You should report these risks to the primary investigator.

How will your privacy be protected?
Participants will not be identified by name in any paper or publication associated with this study. Participant names will be separated from the information provided at the time that they complete the survey. Thus, the participant’s data is anonymous. The principal investigator and the faculty advisor will be the only people who have access to your responses. All identifying information will be password protected and any hard copy documents will be kept locked in the office of the faculty advisor.
Will it cost you anything to be in this study? Will you receive anything for being in this study?
It will not cost you anything to be in this study. At the completion of the measures, you will be awarded 2 points of credit towards your General Psychology research participation requirement.

What happens if you want to end the study early?
You may choose to not participate in the study or to stop participating in the study before it is over at any time. This will not affect your class standing or grades in any way. You will not be offered or receive any special consideration if you take part in this research.

What if you have questions about this study?
You have the right to ask and have answered any questions that you may have about this research. If you have questions or concerns, you should contact the principal investigator or the faculty advisor using the contact information provided at the beginning of this consent form.

What if you have questions about your rights as a research participant?
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, you may contact Dr. John West, Vice President and Dean, Division of Research and Graduate Studies (Tel. 330.672.2704).

**PLEASE PRINT A COPY OF THIS FORM FOR YOUR RECORDS**

Participant’s Agreement:
I have read the information provided above. I know that I can ask questions prior to and after signing this form. I certify that I am at least 18 years of age. I voluntarily agree to participate in this research study.

__________________________________________________________________________
Signature of Research Participant                                      Date
APPENDIX C

MEASURES
DEMOGRAPHIC DATA SHEET

- Age: ___________ years old
- Weight: _________ lbs.
- Height: _____ feet _____ inches
- What type of school do you attend?
  - _____ Predominantly Caucasian (i.e. Ohio State University)
  - _____ Historically Black College or University (i.e. Howard University)
- Think about the individuals that you consider your close friends. Please indicate the race of your close friends.
  - _____ Predominantly African American
  - _____ Equally Mixed Between two or more races/ethnicities with one being African American
  - _____ Predominantly not African American
- Think about the color of your skin. In your personal opinion, how do you classify your skin tone?
  - _____ Light Skin Tone
  - _____ Medium Skin Tone
  - _____ Dark Skin Tone
- Socioeconomic Status: Please indicate your parents’/guardians’ occupations and their estimated overall household income. If you are financially independent, please indicate your (and your spouse if applicable) occupation and estimated overall household income.
  - _____________ Father Occupation
  - _____________ Mother Occupation
  - _____________ Your Occupation (if financially independent)
  - _____________ Spouse Occupation (if applicable)
  - _____________ Estimated Overall Household Income
FROST MULTIDIMENSIONAL PERFECTIONISM SCALE (FMPS)

PLEASE INDICATE HOW MUCH YOU AGREE WITH THE FOLLOWING STATEMENTS.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Neither Agree Nor Disagree</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

1.) My parents set very high standards for me.
2.) Organization is very important to me.
3.) As a child, I was punished for doing things less than perfect.
4.) If I do not set the highest standards for myself, I am likely to end up a second-rate person.
5.) My parents never tried to understand my mistakes.
6.) It is important to me that I be thoroughly competent in everything I do.
7.) I am a neat person.
8.) I try to be an organized person.
9.) If I fail at work/school, I am a failure as a person.
10.) I should be upset if I make a mistake.
11.) My parents wanted me to be the best at everything.
12.) I set higher goals than most people.
13.) If someone does a task at work/school better than I, then I feel like I failed the whole task.
14.) If I fail partly, it is as bad as being a complete failure.
15.) Only outstanding performance is good enough in my family.
16.) I am very good at focusing my efforts on attaining a goal.
17.) Even when I do something very carefully, I often feel that it is not quite right.
18.) I hate being less than the best at things.
19.) I have extremely high goals.
20.) My parents have expected excellence from me.
21.) People will probably think less of me if I make a mistake.
22.) I never felt like I could meet my parents’ expectations.
23.) If I do not do as well as other people, it means I am an inferior human being.
24.) Other people seem to accept lower standards for themselves than I do.
25.) If I do not do well all the time, people will not respect me.
26.) My parents have always had higher expectations for my future than I have.
27.) I try to be a neat person.
28.) I usually have doubts about the simple everyday things I do.
29.) Neatness is very important to me.
30.) I expect higher performance in my daily tasks than most people.
31.) I am an organized person.
32.) I tend to get behind in my work because I repeat things over and over.
33.) It takes me a long time to do something “right.”
34.) The fewer mistakes I make, the more people will like me.
35.) I never felt like I could meet my parents’ standards.
MEIM

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be ____________________

Use the numbers below to indicate how much you agree or disagree with each statement.

(4) Strongly agree (3) Agree (2) Disagree (1) Strongly disagree

1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
2- I am active in organizations or social groups that include mostly members of my own ethnic group.
3- I have a clear sense of my ethnic background and what it means for me.
4- I think a lot about how my life will be affected by my ethnic group membership.
5- I am happy that I am a member of the group I belong to.
6- I have a strong sense of belonging to my own ethnic group.
7- I understand pretty well what my ethnic group membership means to me.
8- In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.
9- I have a lot of pride in my ethnic group.
10- I participate in cultural practices of my own group, such as special food, music, or customs.
11- I feel a strong attachment towards my own ethnic group.
12- I feel good about my cultural or ethnic background.

13- My ethnicity is
   (1) Asian or Asian American, including Chinese, Japanese, and others
   (2) Black or African American
   (3) Hispanic or Latino, including Mexican American, Central American, and others
   (4) White, Caucasian, Anglo, European American; not Hispanic
   (5) American Indian/Native American
   (6) Mixed; Parents are from two different groups
   (7) Other (write in): ____________________________

14- My father's ethnicity is (use numbers above)
15- My mother’s ethnicity is (use numbers above)
The Other-group Orientation Scale is a distinct scale, completely separate from the MEIM (Multigroup Ethnic Identity Measure), although it was developed originally in conjunction with the MEIM. It was found to be a distinct factor in the study referenced above. It can, of course, be used in conjunction with the MEIM.

The usual scoring is to calculate the mean of the six items, so that individual scores can range from 1 to 5.

Use the numbers given below to indicate how much you agree or disagree with each statement.

<table>
<thead>
<tr>
<th>5: Strongly agree</th>
<th>4: Somewhat agree</th>
<th>3: Neutral</th>
<th>2: Somewhat disagree</th>
<th>1: Strongly disagree</th>
</tr>
</thead>
</table>

1- I like meeting and getting to know people from ethnic groups other than my own. _____

2- I sometimes feel it would be better if different ethnic groups didn't try to mix together. [reversed] _____

3- I often spend time with people from ethnic groups other than my own. _____

4- I don't try to become friends with people from other ethnic groups. [reversed] _____

5- I am involved in activities with people from other ethnic groups. _____

6- I enjoy being around people from ethnic groups other than my own. _____
EATING SCREEN
Please carefully complete all questions.

Over the past 3 months…

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1. Have you felt fat?.

2. Have you had a definite fear that you might gain weight or become fat?

3. Has your weight influenced how you think about (judge) yourself as a person?

4. Has your shape influenced how you think about (judge) yourself as a person?

5. During the past 6 months have there been times when you felt you have eaten what other people would regard as an unusually large amount of food (e.g., a quart of ice cream) given the circumstances?

6. During the times when you ate an unusually large amount of food, did you experience a loss of control (feel you couldn't stop eating or control what or how much you were eating)?

7. How many DAYS per week on average over the past 6 MONTHS have you eaten an unusually large amount of food and experienced a loss of control?

8. How many TIMES per week on average over the past 3 MONTHS have you eaten an unusually large amount of food and experienced a loss of control?

During these episodes of overeating and loss of control did you…

9. Eat much more rapidly than normal?

10. Eat until you felt uncomfortably full?

11. Eat large amounts of food when you didn't feel physically hungry?
12. Eat alone because you were embarrassed by how much you were eating? 

YES  NO

13. Feel disgusted with yourself, depressed, or very guilty after overeating? 

YES  NO

14. Feel very upset about your uncontrollable overeating or resulting weight gain? 

YES  NO

15. How many times per week on average over the past 3 months have you made yourself vomit to prevent weight gain or counteract the effects of eating? 

0  1  2  3  4  5  6  7  8  9  10  11  12  13  14

16. How many times per week on average over the past 3 months have you used laxatives or diuretics to prevent weight gain or counteract the effects of eating? 

0  1  2  3  4  5  6  7  8  9  10  11  12  13  14

17. How many times per week on average over the past 3 months have you fasted (skipped at least 2 meals in a row) to prevent weight gain or counteract the effects of eating? 

0  1  2  3  4  5  6  7  8  9  10  11  12  13

18. How many times per week on average over the past 3 months have you engaged in excessive exercise specifically to counteract the effects of overeating episodes? 

0  1  2  3  4  5  6  7  8  9  10  11  12  13


20. How tall are you? Please specify in inches (5 ft. = 60 in.) __________ in.

21. Over the past 3 months, how many menstrual periods have you missed? 

0  1  2  3  n/a

22. Have you been taking birth control pills during the past 3 months? 

YES  NO
Multidimensional Perfectionism Scale

Please answer EACH of the following items. If you have any questions, please ask the researcher.

Read each item and decide whether you agree or disagree and to what extent. If you strongly agree, circle 7. If you strongly disagree, circle 1. If you feel somewhere in between, circle one of the numbers between 1 and 7. If you feel neutral or undecided, the midpoint is 4.

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>NEUTRAL</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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<td>2</td>
<td>7 6 5 4 3 2 1</td>
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<td>3</td>
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<tr>
<td>17</td>
<td>7 6 5 4 3 2 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>The people around me expect me to succeed at everything I do.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>19</td>
<td>I do not have very high standards for those around me.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>20</td>
<td>I demand nothing less than perfection from myself.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>21</td>
<td>Others will like me even if I don’t excel at everything.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>22</td>
<td>I can’t be bothered with people who won’t strive to better themselves.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>23</td>
<td>It makes me uneasy to see an error in my work.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>24</td>
<td>I do not expect a lot from my friends.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>25</td>
<td>Success means that I must work even harder to please others.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>26</td>
<td>If I ask someone to do something, I expect it to be done flawlessly.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>27</td>
<td>I cannot stand to see people close to me make mistakes.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>28</td>
<td>I am perfectionistic in setting my goals.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>29</td>
<td>The people who matter to me should never let me down.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>30</td>
<td>Other think I am okay, even when I do not succeed.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>31</td>
<td>I feel that people are too demanding of me.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>32</td>
<td>I must work to my full potential at all times.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>33</td>
<td>Although they may not show it, other people get very upset with me when I slip up.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>34</td>
<td>I do not have to be the best at whatever I am doing.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>35</td>
<td>My family expects me to be perfect.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>36</td>
<td>I do not have very high goals for myself.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>37</td>
<td>My parents rarely expected me to excel in all aspects of my life.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>38</td>
<td>I respect people who are average.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>39</td>
<td>People expect nothing less than perfection from me.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>40</td>
<td>I set very high standards for myself.</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>41</td>
<td>People expect more from me that I am capable of giving.</td>
<td>7</td>
<td>6</td>
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<tr>
<td><strong>42)</strong> I must always be successful at school or work.</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td><strong>43)</strong> It does not matter to me when a close friend does not try their hardest.</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td><strong>44)</strong> People around me think I am still competent even if I make a mistake.</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td><strong>45)</strong> I seldom expect others to excel at whatever they do.</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>
MBSRQ-AS

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<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>

____ 2. I am careful to buy clothes that will make me look my best.
____ 3. My body is sexually appealing.
____ 4. I constantly worry about being or becoming fat.
____ 5. I like my looks just the way they are.
____ 6. I check my appearance in a mirror whenever I can.
____ 7. Before going out, I usually spend a lot of time getting ready.
____ 8. I am very conscious of even small changes in my weight.
____ 9. Most people would consider me good-looking.
____ 10. It is important that I always look good.
____ 11. I use very few grooming products.
____ 12. I like the way I look without my clothes on.
____ 13. I am self-conscious if my grooming isn't right.
____ 14. I usually wear whatever is handy without caring how it looks.
____ 15. I like the way my clothes fit me.
____ 16. I don't care what people think about my appearance.
____ 17. I take special care with my hair grooming.
____ 18. I dislike my physique.
____ 19. I am physically unattractive.
____ 20. I never think about my appearance.
____ 21. I am always trying to improve my physical appearance.
____ 22. I am on a weight-loss diet.

For questions 23 – 25, use the response scale given with the item, and enter your answer in the space beside the item.

____ 23. I have tried to lose weight by fasting or going on crash diets.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often
24. I think I am:
1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

25. From looking at me, most other people would think I am:
1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

26-34. 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:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely Dissatisfied</td>
<td>Mostly Dissatisfied</td>
<td>Neither Satisfied Nor Dissatisfied</td>
<td>Mostly Satisfied</td>
<td>Definitely Satisfied</td>
</tr>
</tbody>
</table>

26. Face (facial features, complexion)
27. Hair (color, thickness, texture)
28. Lower torso (buttocks, hips, thighs, legs)
29. Mid torso (waist, stomach)
30. Upper torso (chest or breasts, shoulders, arms)
31. Muscle tone
32. Weight
33. Height
34. Overall appearance
Perceived Sociocultural Pressure Scale

Please circle the response that best captures your own experience:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Some</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. I've felt pressure from my friends to lose weight. . . . . . . . . . . . .
   1 2 3 4 5

2. I've noticed a strong message from my friends to have a thin body. . . .
   1 2 3 4 5

3. I've felt pressure from my family to lose weight . . . . . . . . . . . . .
   1 2 3 4 5

4. I've noticed a strong message from my family to have a thin body. . . .
   1 2 3 4 5

5. I've felt pressure from people I've dated to lose weight. . . . . . . .
   1 2 3 4 5

6. I've noticed a strong message from people I've dated to have a thin body.
   1 2 3 4 5

7. I've felt pressure from the media (e.g., TV, magazines) to lose weight . .
   1 2 3 4 5

8. I've noticed a strong message from the media to have a thin body. . . .
   1 2 3 4 5

9. Family members tease me about my weight or body shape . . . . . . . .
   1 2 3 4 5

10. Kids at school tease me about my weight or body shape . . . . . . . .
    1 2 3 4 5