

EATING DISORDER RISKS AND PERSONALITY VARIABLES AMONG BLACK
WOMEN

by

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ABSTRACT

Personality characteristics along with acculturation factors associated with the western African American culture were examined to determine eating disorder risk for women of African American, African, Afro Caribbean, and biracial descent. All 66 female participants from a variety of black ethnicities were recruited from various social media and digital platforms. They participated in a survey that contained measures pertaining to acculturation, self-esteem, personality traits, eating pathology, and hair texture and skin tone satisfaction. Results provided weak to moderate correlations for most hypotheses tested. Eating disorders risk showed significant relationships with neuroticism, acculturation, and medium to dark skin tone among these black women.

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CHAPTER I

LITERATURE REVIEW

When discussing eating disorders, Caucasian women seem to have a higher probability of inheriting such disorders compared to other races. If specifying the types of symptoms associated with eating disorders, white American women are more likely to have binge eating behaviors than African American, Latino, Asian, and Native American women (Franko, Becker, Thomas, & Herzog, 2007). When comparing African American women to Caucasian women, white women also seem to surpass African Americans in not only anorexia, but also bulimia and binge eating disorders (Striegel-Moore et al., 2003). In a longitudinal study, it was found that the onset of eating disorders was earlier for white women when compared to African American women. Furthermore, white women were more likely than African American women to meet the lifetime criteria for a binge eating disorder (Striegel-Moore et al., 2003).

This is not surprising, given that literature has mainly attributed African American women's protection from eating disorders to culture or how much one identifies with her ethnic group (Shuttlesworth & Zotter, 2011). Acculturation has been such an important factor that it even moderates the relationships for body dissatisfaction, drive for thinness, and bulimic symptoms among African American women (Kroon Van Diest, 2014). However, this can mostly be said for African American women who were born or have lived in the United States for a certain amount of time because they are more likely to have internalized the thin body image ideal of the American society (Kroon Van Diest, 2014). When comparing African American women and black women from outside the

United States, identifying more with one's own culture does not seem to protect all black women from eating disorders (Gordon, Castro, Sitnikov, & Holm-Denoma, 2010). Thus, it may not be enough to state that the black culture in general protects black women, but maybe certain key features within the black culture serve as protective factors for some black women. However, first we have to consider the black community's standard of beauty.

Body Satisfaction (White and African American Women)

Given that Caucasian women are statistically at higher risk for eating disorders than women of other races, having a desire to be thin or conforming to societal norms could ultimately be the root of the problem. Throughout most of the literature dealing with body image, Caucasian women have been at the top when it comes to body dissatisfaction and negative automatic body image thoughts (Rucker & Cash, 1992). Compared to black women, white women seem to desire a thinner body type and seem to favor a thinner body ideal than their self-perceived body size (Rucker & Cash, 1992). From this, the Caucasians female's standard of beauty could easily be influenced by exposure to media or any other social platform. Greenwood and Dal Cin (2012) found that Caucasian women reported higher wishful identification and identified more with their favorite female television persona. As a result, both Caucasian participants and their favorite female television persona held a thinner body frame. This female television persona can be in the form of celebrities or even fashion models. With media fashion models being portrayed with a certain body frame, Caucasian supermodels have been found to have a lower BMI than African American supermodels, resulting in Caucasian

females viewing Caucasian supermodels as the “ideal” body type that society portrays (Coetzee & Perrett, 2011).

Body Satisfaction (African American Women)

Despite the overwhelming exposure to societal beauty standards, literature has led us to believe that African American women are not as bothered about body image as Caucasian woman. However, there are exceptions when looking at black women more closely. When examining body dissatisfaction or attractiveness, the literature has seemed to focus on African Americans females’ concept of body image, instead of taking into account that there might be different levels of “beauty” and “attractiveness” with black women from other ethnicities (Gilbert, Crump, Madhere, & Schutz, 2009).

When examining just African American women, one study found that the majority of participants who rated themselves as too fat found themselves less happy than other African American participants who saw their body image as just right (Thomas, 1989). This could be due to some African American females internalizing societal ideals regarding attractiveness (i.e., thinness), with the consequence that some African American woman may express more concerns with the size and shape of their bodies (Gilbert et al., 2009; Rogers Wood & Petrie, 2010). In contrast, some African American women still seem to hold fewer disparaging body-image attitudes, view their body appearance in a more positive light, and report fewer negative thoughts about their body than Caucasian women (Rucker & Cash, 1992). More specifically, some African American women are less likely to pick a thin and toned body image and prefer a more androgynous/masculine image (Molloy & Herzberger, 1998). This preference is not only

associated with older African American women; even African American girls as young as 6 seem to prefer a larger body size (Kelly, Bulik, & Mazzeo, 2011). This discrepancy in beauty standards among black females can also be seen when comparing African American women from a HBCU (historically black college and university) to African American women from a PWI (predominately white institute), for which both groups are prone to reject the standards of beauty and thinness (Sanderson, Lupinski, & Moch, 2013). In turn, African American women from PWI are more dissatisfied with their weight than African American women from HBCUs (Sanderson et al., 2013).

Body Shape (Black Women)

When comparing African American women to women from other races, the literature for the most part has painted African Americans women as having a thicker body frame. (Akan & Grilo, 1995; Awad et al., 2015; Molloy & Herzberger, 1998; Rand & Kuldau, 1990; Rucker & Cash, 1992). African American women have been reported to have a higher BMI and to engage in fewer dieting behaviors than their Caucasian counterparts (Akan & Grilo, 1995; Franko, Becker, Thomas, & Herzog, 2007). If we include Mexican American women, African American women outweigh women from both groups (Snooks & Hall, 2002). When specifying specific curves, black college women have been reported as having larger buttocks than white college women (Overstreet, Quinn, & Agocha, 2010). However, when we compare African American women to other black women who are not American, all black women do not seem to be on one accord in terms of body image. In one study examining African American and South African female models, it was found that African American models and South

African white female models had a higher BMI than South African black female models (Coetzee & Perrett, 2011). With this discrepancy of African American women and black women from different cultures having different views on ideal attractiveness, there could be other factors that may cause some black woman to be at a greater risk for developing eating disorders than other black woman.

When examining different age groups, one study found that young African American woman who rated themselves as not having a weight problem had acceptable weights within the recommended weight range (Rand & Kuldau, 1990). However, when older African American woman also rated themselves as not having a weight problem, they were found to be 17 to 20 pounds overweight (Rand & Kuldau, 1990). Maybe it is not the women's body as a whole that is causing black women to have these different views regarding ideal attractiveness, but maybe it is specific features of the body or other aspects of the body that are causing some black women to have different perspectives.

External Variables (Hair/Skin Color)

It could be that other features besides the body itself, such as hair, seem to compliment the body or change the black woman's perception of the body. Depending on a black woman's upbringing or exposure to societal beauty standards, opinions of one's hair has been a deep seated issue in the black community, particularly with black females (Robinson, 2011). For a while, the ideal hair texture for black women has been long straight hair, for which easy maintenance and societal beauty ideals play an important part (Robinson, 2011). Not only has this ideal hair texture been consistently portrayed through societal beauty standards, but it has caused controversy among black women. In

one study Robinson (2011) conducted interviews with only black females discussing good and bad hair valuations, for which one black female participant explained her own experiences of being teased by her mother due to not having long thick hair (Robinson, 2011). However, despite the backlash of not having a particular grade of hair, some black women have begun to grow fond of the natural kinky curly hair, given the many hairstyles that can be performed with this particular hair texture (Robinson, 2011).

One study found that African American woman somehow felt their hair contributed to the overall appearance of the general-body image, more specifically curly or textured hair (Awad et al., 2015). Participants went on to express how their hair gave them a sense of confidence, as if their hair was giving them a sense of identity or personality (Awad et al., 2015).

An additional study even found a positive correlation between high internal locus of control and an increased likelihood of African American women wearing their hair in its natural state (Ellis-Hervey, Doss, Davis, Nicks, & Araiza, 2016). Being that culture plays a huge factor in the African American community, distinct features within the African American culture, such as hair, skin tone, or even personality characteristics, can shape African American women's perception of the ideal body and somehow provide a buffer against eating disorders.

For instance, DeBraganza and Hausenblas (2010) found that some Caucasian female reported greater body dissatisfaction than African American females. However, the results from the study displayed societal ideal body images of only Caucasian females to both Caucasian and African American participants. Therefore, it did not allow African

American females to fully relate to the depicted ideal body image as if the ideal body image was of a similar or brown skin tone. Skin tone has become more vital in determining body satisfaction to the degree that some African American females have mixed views on whether a lighter skin tone is the preferred skin tone (Mucherah & Frazier, 2013). It has been found that biracial women are the most satisfied with their skin tone, compared to non-biracial women, but biracial women preferred a darker skin tone over a lighter skin tone (Mucherah & Frazier, 2013). Despite biracial women's greater satisfaction with their own skin tone, biracial and African American women have been the least satisfied with their body shape when compared to Afro-Caribbean and African women (Mucherah & Frazier, 2013). As hinted at earlier, this dissatisfaction could be due to different standards of "beauty," "attractiveness" or features within the black community (Gilbert et al., 2009; Mucherah & Frazier, 2013).

Self-Esteem Variables

This is not to say that skin tone or hair determines biracial or black women's overall perception of their bodies. Instead, it could be an internal factor that has contributed to their perception of their bodies. In one study determining whether low self-esteem was a causal factor for skin bleaching in Jamaica, a group of black female participants from Jamaica were asked to make a visual judgment on whether there was facial discoloration after taking a self-esteem measure (Charles, 2003). In the end, both the control and the discoloration group still had high self-esteem. This begs the question of whether self-esteem or even personality, in addition to skin tone or hair, buffer some black women against eating disorders.

Personality Variables

When it comes to personality, there have been a few traits that have been linked to different eating disorders, such as insecure attachment and social avoidance (Mason et al., 2016). When examining just women with bulimia nervosa, insecure attachment and social avoidance were found to have a significant association to global eating disorder pathology (Mason et al., 2016). Furthermore, reassurance-seeking has been found to strengthen the relationship between social avoidance and eating disorder pathology (Mason et al., 2016). Given that reassurance seems to be a contributing factor to eating patterns, self-esteem in itself could be important for distinguishing some black women from other black women. In examining the Big Five personality traits, it can be said that the neuroticism has the strongest association to BMI of all of the Big Five personality traits (Sutin & Terracciano, 2016). Using Steinberg and Shaw's (1997) definition, neuroticism can be defined as difficulties with self-soothing and low self-esteem. In other words, it is a person's inability to maintain a cohesive sense of self and the belief that the self is worth protecting (Costa & McCrae, 1992). In the end, Steinberg and Shaw (1997) found that Caucasian female college students had high levels of eating related characteristics that were associated with high levels of neuroticism; this was particularly true of participants with bulimia. When just looking at binge eating by itself, neuroticism seems to reinforce the behavior, for which it creates a cycle of binge eating (Izydorczyk, 2012). From this, neuroticism can be said to be the foundation for why some people emotionally eat to cope with anxiety issues (Izydorczyk, 2012), thereby triggering frustration with body image and creating a fear of weight gain (Izydorczyk, 2012). This

correlation between neuroticism and increased eating habits been shown with Caucasian females, and with African American women as well (Sutin & Terracciano, 2016). In fact, this relation could be even stronger for black women, if more studies included an adequate sample of black women (Steinberg & Shaw, 1997; Sutin, Ferrucci, Zonderman, & Terracciano, 2011). Furthermore, the relation between neuroticism and BMI can explain how eating disorders are passed from one generation to another (Sutin et al., 2011).

As we have seen from past literature, white women have been at greater risk for developing eating disorders than African American women, due to African American women's high acculturation to their own culture (Striegel-Moore et al., 2003). However, high acculturation among black women is sometimes not the strongest protection against eating disorders (Gordon et al., 2010). Some African American women might find themselves wanting a thinner body type (Greenwood & Dal Cin, 2012; Thomas, 1989). In contrast, black women from outside of the United States are shown to have a thicker body frame when compared to African American women (Coetzee & Perrett, 2011). Despite what the literature has said regarding the thicker shape preference or the cultural variable that has kept most black women less at risk for eating disorders, some black women still have eating disorders. Something as simple as the texture of hair or the preference for a specific skin tone can be a determining risk factor for an eating disorder among black women (Awad et al., 2015; Mucherah & Frazier, 2013). Also, perhaps internal features such as the personality trait neuroticism has lessened or increased the risk of eating disorders for some black women (Steinberg & Shaw, 1997). All in all, the risk or

protective factors for eating disorders cannot be limited to just one factor, but a combination of factors.

Purpose of the Current Study

The current study examined internal and external characteristics that could potentially identify factors differentiating black women who are a greater risk for eating disorders than other black women. Along with certain personality traits like neuroticism, we examined characteristics such as satisfaction with hair and skin tones that may also be associated with eating disorder risk among black women. We further assessed the role of self-esteem and acculturation as variables potentially associated with body image disturbances among black women. Specifically, we hypothesized that African American women would be more similar to mainstream western culture compared to black women from other black ethnic groups. Comparing African American, biracial, Afro-Caribbean, and African women, African American and biracial women were predicted to be more likely to develop an eating disorder, to be less satisfied with their skin and hair, to have lower self-esteem, and to be more likely to adopt mainstream western cultural ideals. We also predicted that black women with less traditional African American hair and skin tones would have higher eating pathology (i.e., less body satisfaction, more drive for thinness). Furthermore, women with less traditional African American skin tone and hair were predicted to have lower self-esteem, lower body satisfaction, and higher neuroticism. Finally, neuroticism, self-consciousness and impulsiveness were predicted to positively correlate with Eating Disorder Inventory-3 eating disorder risk variables.

CHAPTER II

METHOD

Participants

Participants ($N = 66$) were black and biracial women from different ethnic groups: African, African American, Afro Caribbean, Biracial, and others. Participants were ages 18 to 30 years old. Institutional Review Board (IRB) approval was acquired prior to data collection (see Appendix A). Channels used to recruit participants were through email, social media (i.e., Facebook), and The Collegiate 100 Tennessee Chapter. All participation was anonymous, with data collected being non-identifiable and therefore confidential. The original number of respondents ($N = 88$) was reduced due to participants not meeting the participation criteria, along with incomplete surveys. Participants who did not give consent were also removed. Therefore, the final sample included 66 Black and Biracial women, with a mean age of 24.08 years ($SD = 4.08$).

Of the 66 women participating, African Americans females ($n = 54$) made up the majority of the sample (approximately 82%), with Biracial females ($n = 7$) reporting at 12%, and both Afro Caribbean ($n = 2$) and African ($n = 2$) women reporting at 3%. No other category of black women participated in the study. Despite the different channels of recruitment, the sample was predominately well-educated with (a) 25.8% holding a master's, doctorate or professional degree ($n = 17$), (b) 36.4% holding a bachelor's degree ($n = 24$), (c) 6.1% holding an associate's degree ($n = 4$), (d) 22.7% having some college/no degree ($n = 15$), and (e) 9.1% being high school graduates ($n = 6$).

Materials

Demographics. Participants completed a questionnaire pertaining to age, ethnicity, gender, highest level of education obtained and their satisfaction with their hair and skin tone. (See Appendix B).

Skin Color Questionnaire. Skin color satisfaction was measured by items adapted from both the Skin Color Satisfaction Scale (SCSS; Falconer & Neville, 2000) and the Skin Color Questionnaire (SCQ; Bond & Cash, 1992). Both scales examine skin color satisfaction, self-perceived skin color, and ideal skin color. For the purpose of the study, only one item from the SCQ was used: “How satisfied are you with the shade (lightness or darkness) of your own skin color?” The response for this question was on a 9-point Likert-type scale, ranging from 1 for *extremely dissatisfied* to 9 for *extremely satisfied*. The measure demonstrated strong reliability ($\alpha = .81$; Falconer & Neville, 2000). Participants were also asked two additional questions: “which skin color most closely matches your own?” and “which skin color most closely matches the skin color you would prefer to have?” Answers from the additional questions were based on the Felix von Luschan skin color chart, from which participants picked one number that corresponds to a certain skin tone (See Appendix C; Treerichod, Chansakulporn, & Wattapan, 2014). In terms of validity, the Felix von Luschan skin color chart closely correlates with the results of the Mexameter MX18, with correlation coefficients being above 0.86 (Treerichod et al., 2014).

NEO PI-R. Personality factors were measured using scales from the NEO Personality Inventory-Revised (NEO PI-R) which is based on a five factor model of

personality: neuroticism, extraversion, openness, agreeableness, and conscientiousness (NEO PI-R; Costa & McCrae, 1992). Overall, the NEO PI-R contains 240 items rated on a 5-point Likert scale ranging from 1 = *absolutely disagree* to 5 = *strongly agree*. For the purpose of this study, we administered items from two subscales of the neuroticism domain: self-consciousness, and impulsiveness. The Self-Consciousness facet assesses shame and embarrassment. Sample items include: “I seldom feel self-conscious when I’m around people” and “I often feel inferior to others.” The Impulsiveness facet assesses the inability to control cravings and urges. Sample items from this subscale include: “I eat myself sick” and “When I am having my favorite foods, I tend to eat too much.” Domains from the NEO PI-R are scored by totaling the responses from each subscale. Overall, the neuroticism domain has strong reliability with a Cronbach's alpha being .92 (Costa & McCrae, 1992).

Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale (RSES; 1965) is the most common measure used to examine self-approval or self-acceptance. It contains 10 items on which participants either agree or disagree on a four-point Likert scale ranging from 1 = *strongly agree* to 4 = *strongly disagree* for each item (See Appendix D). Higher scores indicate higher self-esteem and vice versa. Half of the items are phrased positively and the other half negatively. The RSES is scored by totaling the items after reverse scoring the negatively worded items. Reported internal consistency is .92 (Collins & Lightsey, 2001).

African American Acculturation Scale - Revised. The African American Acculturation Scale- Revised (AAAS-R; Klonoff & Landrine, 2000) was used to

examine how well black women identify with the African American culture (See Appendix E). The scale contains 47 items answered using a 7 point Likert scale (1 = *totally disagree* to 7 = *totally agree*). Lower scores on the instrument indicate a preference towards mainstream society and higher scores indicate a preference towards African American culture. When the items are summed up, they form eight subscales with alphas $\geq .65$: (a) Preferences for Things African American (e.g., “Most of the music I listen to is by Black artists.”) ($\alpha = .89$); (b) Religious Beliefs and Practices (e.g., “The church is the heart of the Black community.”) ($\alpha = .89$); (c) Family Practices (e.g., “When I was young, I shared a bed at night with my sister, brother, or some other relative.”) ($\alpha = .79$); (d) Health Beliefs and Practices (e.g., “Some people in my family use Epsom salts.”) ($\alpha = .77$); (e) Racial Segregation (e.g., “I grew up in a mostly Black neighborhood.”) ($\alpha = .76$); (f) Interracial Attitudes (e.g., “Most tests like the SATs and tests to get a job are set up to make sure that black people do not score well on them.”) ($\alpha = .87$), and (g) Cultural Superstitions (e.g., “I avoid splitting a pole.”) ($\alpha = .76$) (Klonoff & Landrine, 2000). The remaining subscale, Family Values (e.g., “It is better to try to move your whole family ahead rather than trying to be out for yourself.”), has a low Cronbach’s alpha ($\alpha = .37$) (Robinson, Shaver, & Wrightsman, 1991). Totaled scores from all eight scales give an indication of the level of acculturation for black women into African American culture.

Eating Disorders Inventory – 3rd edition. The Eating Disorder inventory – 3rd edition (EDI-3; Garner, 2004) was used to measure eating disorder risk variables. The measure contains 91 items answered on a 6-point Likert Scale (*always, usually, often,*

sometimes, rarely, or never), with items scored using a 0-6 pt scale. Higher scores indicate more problematic symptoms. All 91 items make up 12 primary subscales: (a) Drive for Thinness; (b) Bulimia; (c) Body Dissatisfaction; (d) Low Self-esteem; (e) Personal Alienation; (f) Interoceptive Deficits; (g) Interpersonal Insecurity; (h) Interpersonal Alienation; (i) Emotional Dysregulation; (j) Perfectionism; (k) Asceticism; and (l) Maturity Fears. For the purpose of the current study, scores from the Drive for Thinness, Bulimia, and Body Satisfaction subscales were used, which are the three subscales that make up the Eating Disorders Risk factor. Overall, all subscales yielded good discriminative validity when examining both patients and a non-clinical control group (Clausen, Rosenvinge, Friborg, & Rokkedal, 2011).

Hair Assessment. To grasp the importance of hair perceptions as a component of black women's body image, questions were designed for this particular study. Answers from questions were based on a hair chart that depicts a variety of hair textures (i.e., Type I: straight to minimal wave to Type VIII: zig zag coiled) from which participants compared their own hair texture (See Appendix F). Questions included selecting which hair texture a participant currently has and which hair texture she would like to have. At the beginning of the survey, participants also were asked, "how satisfied are you with your hair texture?" The response to this question was rated on a 9-point Likert scale; 1=Extremely Dissatisfied and 9= Extremely Satisfied

Procedure

Data were gathered using an online survey developed through Qualtrics. The first page of the survey was the consent form.(Appendix A) Once a participant consented to

participate and acknowledged that she self-identified as both female and either black or biracial, the questionnaire was presented. The questionnaire included the demographic questions and items from the SCSS, SCQ, NEO PI-R, RSES, AAAS-R, EDI-3, along with the specific hair questions designed for the current study. Demographic items and satisfaction with skin tone and hair texture items were always presented first; the remaining scales were presented in randomized blocks to control for potential order effects. Participants were not compensated for participation.

CHAPTER III

RESULTS

Descriptive

Hair texture and skin tone. Table 1 shows frequency data for hair textures reported by black women. As evident, all participants reported textures on the middle to high (curly/coiled) end of the scale (i.e., Types IV – VIII). These texture types are described as a thicker grade of hair, inconsistent with long and straight hair commonly seen in current western culture (Robinson, 2011). On a scale of 1 – 7, with 1 = *extremely dissatisfied* and 7 = *extremely satisfied*, the mean satisfaction rating for current hair texture was 5.18 ($SD = 1.71$).

Table 1*Black Women's Current Hair Texture*

	<u>Frequency</u>	<u>%</u>	<u>Valid %</u>
Curly	7	10.6	13.2
Very Curly	14	21.2	26.4
Coiled	17	25.8	32.1
Very Coiled	13	19.7	24.5
Zig Zag Coiled	2	3.0	3.8

Note. N=66; ratings made using an 8-point (Type I= straight to minimal wavy to Type VIII-Zig Zag Coiled) scale.

Table 2 shows frequency data regarding the current skin color reported by participants. The majority of participants reported current skin tones of medium tan to dark black complexions, with about half of the sample reporting moderate brown

complexions (i.e., tones 27 – 29). On a scale of 1 – 7, with 1 = *extremely dissatisfied* and 7 = *extremely satisfied*, the mean satisfaction rating for current skin tone was 6.57 ($SD = .87$).

Table 2

Black Women's Current Skin Tone

<u>Skin tone #</u>	<u>Frequency</u>	<u>Valid %</u>
6	1	1.9
19	1	1.9
21	1	1.9
22	1	1.9
23	2	3.8
24	5	9.4
25	1	1.9
26	3	5.7
27	12	22.7
28	5	9.4
29	10	18.9
30	3	5.7
31	1	1.9
32	1	1.9
32	1	1.9
33	4	7.5
34	1	1.9

Note. $N = 66$; Rating Scale (1 = *white*; 34 = *dark black*); See Appendix C.

Eating disorders risk and personality variables. Table 3 presents the means and standard deviations for the EDI-3 subscales, the NEO-PI Neuroticism subscales, and the RSE. These descriptive statistics indicate that participants reported low risk for eating disorders (i.e., all three ED risk subscale means are below clinical cut-offs), moderately high self-esteem ($M = 20.61$ out of 30 possible), and moderate self-consciousness and impulsivity ($M = 25.04$ and 23.71 , respectively, out of 40 possible).

Table 3*Means and Standard Deviations for Eating Disorders Risk and Personality Variables*

	<u>N</u>	<u>M</u>	<u>SD</u>
RSE	49	20.61	5.89
EDI - Drive for Thinness	47	10.72	7.28
EDI - Bulimia	46	5.57	6.93
EDI - Body Dissatisfaction	45	14.84	7.77
EDI - Risk Composite	45	30.77	19.13
NEO - Self-Consciousness	50	25.04	5.15
NEO - Impulsivity	50	23.74	3.32

Acculturation variables. Table 4 provides the means and standard deviations for the AAAS-R total and subscale scores for the full sample. These data indicate that the sample has some acculturation, particularly on scales concerning religious beliefs and preference for African American culture.

Table 4*AAAS-R Total and Subscale Score Means and Standard Deviations for the Full Sample*

	<u>N</u>	<u>M</u>	<u>SD</u>
Total Score	51	225.43	30.23988
Religious Beliefs	51	59.08	8.36862
Preference for African American Culture	51	47.63	9.74466
Interracial Attitudes	51	29.90	8.41488
Family Practice	51	14.08	7.76877
Health Beliefs and Practices	51	24.65	5.99274
Cultural Superstitions	51	15.71	5.77337
Racial Segregation	51	12.63	7.70704
Family Values	51	21.76	3.85013

Correlational and Regression Analyses

It was predicted that having less traditional African American hair textures and skin tones would be associated with eating pathology risk due to similarities in body image with white western culture. Pearson product moment correlations were calculated to assess these potential relationships. Table 5 shows the correlations among these factors. No significant correlations were found between hair texture and skin tone and any of the eating disorders risk subscale scores. Satisfaction with current hair texture and skin tone were not related to the eating disorders risk factors.

Table 5*Correlation of Current Hair Texture and Skin Tone and Satisfaction to Eating Pathology*

	<u>Hair texture</u> <u>Current</u>	<u>Hair</u> <u>Satisfaction</u>	<u>Skin tone</u> <u>Current</u>	<u>Skin</u> <u>Satisfaction</u>	<u>N</u>
Drive for Thinness	.18	-.03	-.05	-.01	46
Bulimia	.19	.18	.01	-.06	45
Body Dissatisfaction	.17	-.02	-.16	-.20	44
Eating Disorder Composite	.17	.03	-.10	-.10	44

It was also predicted that women with less traditional African American skin and hair would have lower self-esteem and less neuroticism. Pearson product moment correlations between these variables are presented in table 6. Current skin tone was significantly negatively correlated with neuroticism-impulsivity but not self-esteem or neuroticism-self-consciousness, supporting the hypothesis that a darker current skin tone (i.e., a higher score on the skin tone scale) would be associated with lower impulsivity scores. Hair texture, however, was not significantly correlated with self-esteem or either neuroticism factor. Satisfaction with skin tone was significantly positively correlated with self-esteem, and hair texture satisfaction was significantly positively correlated with the self-consciousness aspect of neuroticism.

Table 6

Correlation of Current Hair Texture and Skin Tone and Satisfaction to Self-Esteem and Neuroticism Factors

	<u>Hair texture Current</u>	<u>Hair satisfaction</u>	<u>Skin tone Current</u>	<u>Skin satisfaction</u>	<u>N</u>
Self-Esteem	-.23	.17	.10	.36**	49
Neuroticism (Impulsivity)	-.11	.20	-.29*	.02	47
Neuroticism (Self- Consciousness)	.13	.29*	-.09	-.21	47

* $p < .05$. ** $p < .01$

Last, neuroticism, specifically self-consciousness and impulsiveness, was predicted to be positively correlated with EDI-3 eating disorder subscales. Pearson product moment correlations were calculated and are presented in table 7. There were significant positive relationships between impulsivity and both body dissatisfaction and the eating disorders risk composite score. Furthermore, drive for thinness was significantly positively correlated with self-consciousness. The other relationships assessed were not significant.

Table 7*Correlation between Neuroticism and EDI*

	<u>Neuroticism (Impulsivity)</u>	<u>Neuroticism (Self- Consciousness)</u>	<u>N</u>
Drive for Thinness	.24	.30*	45
Bulimia	.15	.28	45
Body Dissatisfaction	.35*	.20	44
Eating Disorder Composite	.32*	.25	44

* $p < .05$

Regression analyses were conducted to assess the predictability of eating disorders risk factors from cultural factors. Specifically, three step-wise multiple linear regressions were calculated to predict each of the three eating disorders risk variables (i.e., drive for thinness, body dissatisfaction, and eating disorders risk composite) based on hair texture, skin tone, and AAAS-R scores.

In predicting Drive for Thinness, a significant regression equation was found, $F(1, 42) = 7.08, p = .011$, with an R^2 of .144. Participants' predicted Drive for Thinness score is equal to $-11.26 + .10(\text{AAAS total score})$.

In predicting Body Dissatisfaction, a significant regression equation was found, $F(1, 41) = 6.63, p = .014$, with an R^2 of .14. Participants' predicted Body Dissatisfaction score was best predicted by AAAS-R Interracial Attitudes score, equal to $4.036 + .36(\text{Interracial Attitudes subscale score})$.

In predicting the Eating Disorders Risk Composite score, specifically Interracial Attitudes, a significant equation was found, $F(1, 41) = 11.18, p = .002$, with an R^2 of .21.

Participants' predicted Interracial Attitudes score, equal to $-2.374 + 1.10$. For Interracial Attitudes and AAAS Family Practices, a significant regression equation was found, $F(2, 40) = 8.42, p = .001$, with $R^2 = .30$. Participants' predicted Eating Disorders Risk Composite score was best predicted by Interracial Attitudes and AAAS Family Practices score, equal to $-7.570 + .93(\text{Interracial Attitudes}) + .74(\text{Family Practices})$.

Ethnic Group Comparisons

It also was initially hypothesized that there would be ethnic group differences (i.e., African Americans, Africans, Afro Caribbean, and Biracial) for both acculturation and eating disorders risk. Specifically, African American women were predicted to score the lowest on the acculturation measure (i.e., more similar to mainstream western culture) compared to the other three groups of Black women. Additionally, when comparing African American and Biracial women to Afro-Caribbean and African women, African American and Biracial women were predicted to be more at risk for developing an eating disorder, to be less satisfied with their skin tone and hair texture, to have lower self-esteem, and to have lower scores on acculturation. These predictions, however, could not be tested with the current sample due to the low number of participants in the Biracial ($n = 8$; 12.1% of the sample), Afro-Caribbean ($n = 2$; 3% of the sample), and African ($n = 2$; 3% of the sample) ethnic groups.

Despite skin color and hair texture not having a relationship with EDI-scales overall, results did find skin tone (i.e., darker complexion) to have a negative correlation with neuroticism-impulsivity. Furthermore, self-esteem had a positive correlation with both current skin tone and satisfaction with skin tone. Overall, neuroticism (impulsivity

and self-consciousness) was found to be correlated with 3 of the EDI-3 subscales: body dissatisfaction, drive for thinness and eating disorder composite. In terms of predicting eating disorder risk from cultural variables, eating disorder risk factors were best predicted by AAAS total, Interracial Attitudes subscale score, and AAAS Family Practices.

CHAPTER IV

DISCUSSION

The purpose of this study was to examine if certain variables, specifically personality traits and acculturation factors, put black women at risk for eating disorders. Furthermore, the study was designed to possibly explain why some black women from certain ethnicities are more prone to an eating disorder pathology than other black women from a different ethnicity. Despite not being able to perform group comparisons, the study yields some important findings. Given previous literature, it was expected that some black women in general would be protected from developing eating disorders based on acculturation factors. However, this study was designed not only to further advance the literature on disordered eating in black women and acculturation, but to explore other variables within acculturation (i.e. hair texture and skin tone) that could play a role in black women's eating pathology. Furthermore, personality variables, along with self-esteem was examined as well.

Results indicated that black women with less traditional African American hair texture and skin tone did not score high on the eating disorder risk subscales; therefore, this hypothesis was not supported. However, results did indicate that skin tone (i.e., darker skin complexion) was negatively correlated with neuroticism, specifically impulsivity. From this it can be said that the darker a black women's skin complexion the lower the neuroticism-impulsivity. Furthermore, black participants were found to have high self esteems regardless of their current and satisfaction with their skin tone.

Results also indicated that both neuroticism and acculturation, were the only predictors from the study that correlated with eating disorder risk. From this my study not only confirmed acculturations effects on eating disorder risk among black women, but it specified what acculturation variables (i.e. AAAS total, Interracial Attitudes, and AAAS Family Practices). With interracial attitudes, it could be that a biracial woman is torn between identifying more than one ethnicity. Furthermore, based off the ethnicity a black woman identifies with (i.e. Afro-Caribbean, African, etc.), can determine what family practices are established in the household.

Limitations and Implications for Future Research

Despite the study yielding some results, there are several limitations. Given little participation from black women from different ethnicities other than African American, group comparisons could not be conducted, thereby limiting conclusions regarding why some black women more prone to eating disorders than other black women of a different ethnicity. Furthermore, the results from the study are more applicable to African American females than black women from other ethnicities, being that African American females made up most of the sample. Second, the design of the study was more of a correlational study, for which other extraneous factors could play a part in black women's eating pathology. Third, most of the significant results were weak to moderate correlations with small effect sizes

Future research should address eating disorders among black women through a group comparison to better pinpoint eating disorder risk for different groups of black females. In contrast, maybe future studies can examine one category of black women at a

time. It would be interesting to see how well the acculturation stands against eating disorders when it comes to biracial women. Despite skin tone and hair texture not being correlated with eating disorder risk among black women, future research should examine other variables other than the skin tone and hair texture. Perhaps look more into neuroticism concerning eating disorder risk, given that my study did find neuroticism to be positively correlated to eating disorder risk.

In conclusion, this study examined personality and acculturated factors associated with the development of eating disorders in black females. Previous literature has mainly referenced eating disorders outcomes to African American females and acculturation, while simultaneously comparing their outcomes to Caucasian females' eating disorder outcomes. Very few studies have dug deep into why acculturation plays a significant role concerning eating disorders or have tried to pinpoint specific eating disorder risk factors among black women. Hopefully by examining other variables, there would be a better understanding concerning the presentation of eating disorders among black females.

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APPENDICES

APPENDIX A

IRB APPROVAL

IRB**INSTITUTIONAL REVIEW BOARD**

Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129



IRBN001 - EXPEDITED PROTOCOL APPROVAL NOTICE

Monday, June 15, 2020

Principal Investigator **Shereese Moye** (Student)
 Faculty Advisor Kimberly Ulcich Ward
 Co-Investigators NONE
 Investigator Email(s) *snm4c@mtmail.mtsu.edu; kimberly.ward@mtsu.edu*
 Department Psychology

Protocol Title ***Eating Disorders Risk and Personality Factors among Black Women***
 Protocol ID **20-2190**

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the **EXPEDITED** mechanism under 45 CFR 46.110 and 21 CFR 56.110 within the category (7) *Research on individual or group characteristics or behavior*. A summary of the IRB action and other particulars in regard to this protocol application is tabulated below:

IRB Action	APPROVED for ONE YEAR		
Date of Expiration	6/30/2021	Date of Approval	6/15/20
Sample Size	200 (TWO HUNDRED)		
Participant Pool	Target Population: Primary Classification: Healthy Adults (18 or older) Specific Classification: Individuals who self-identify themselves as female and as "Black" or "Bi-Racial Black"		

Exceptions	Online consent administered via Qualtrics is permitted followed by a survey
Restrictions	<ol style="list-style-type: none"> 1. Mandatory ACTIVE informed consent. 2. Identifiable data/artifacts, such as, audio/video data, photographs, handwriting samples, personal address, driving records, social security number, and etc., ARE NOT APPROVED; accidental recording of such details/data must be reported to the IRB and remedial measures must be taken immediately. 3. Mandatory Final report (refer last page).
Approved Templates	IRB Templates: Recruitment email, SONA script, and Consent template; Non-MTSU Templates: Debriefing script
Comments	COVID-19: Refer to the Post-Approval Action section for important instruction

IRBN001 Version 1.4

Revision Date 06.11.2019 Institutional Review Board

Office of Compliance

Middle Tennessee State University

Post-approval Actions

The investigator(s) indicated in this notification should read and abide by all of the post-approval conditions related to this approval (*refer Quick Links below*). Any unanticipated harms to participants, adverse events or compliance breach must be reported to the Office of Compliance by calling 615-494-8918 within 48 hours of the incident. All amendments to this protocol, including adding/removing researchers, must be approved by the IRB before they can be implemented.

Continuing Review (The PI has requested early termination)

Although this protocol can be continued for up to THREE years, The PI has opted to end the study by **The PI must close-out this protocol by submitting a final report**
6/30/2021 **ose-out may result in penalties including cancellation of the data 6/30/2021**
Failure protocol. **sing this**

Post-approval Protocol Amendments:

Only two procedural amendment requests will be entertained per year. *In addition, the researchers can request amendments during continuing review. This amendment restriction does not apply to minor changes such as language usage and addition/removal of research personnel.*

Date	Amendment(s)	IRB Comments
NONE	NONE.	NONE

Other Post-approval Actions:

Date	IRB Action(s)	IRB Comments
06/15/2020	Due to the COVID-19 National Emergency, the Office of Compliance grants administrative authority to the Faculty Advisor (FA) to make the necessary changes or revisions to this protocol in the best interest of the health and welfare of the participants and student workers. The FA must notify such revisions up on implementation to the IRB via simple email or using suitable amendment documents. The IRB will audit the revisions at a later date and suggest any remedial measures if necessary.	COVID-19

Mandatory Data Storage Requirement: All research-related records (signed consent forms, investigator training and etc.) must be retained by the PI or the faculty advisor (if the PI is a student) at the secure location mentioned in the protocol application. The data must be stored for at least three (3) years after the study is closed. Additional Tennessee State data retention requirement may apply (*refer "Quick Links" for MTSU policy 129 below*). Subsequently, the data may be destroyed in a manner that maintains confidentiality and anonymity of the research subjects.

The MTSU IRB reserves the right to modify/update the approval criteria or change/cancel the terms listed in this letter without prior notice. Be advised that IRB also reserves the right to inspect or audit your records if needed.

Sincerely,

Institutional Review Board
Middle Tennessee State University

IRBN001 – Expedited Protocol Approval Notice
Compliance

Page 2 of 3 Institutional Review Board Office of

Middle Tennessee State University

Quick Links:

- Post-approval Responsibilities: <http://www.mtsu.edu/irb/FAQ/PostApprovalResponsibilities.php>
- Expedited Procedures: <https://mtsu.edu/irb/ExpeditedProcedures.php>
- MTSU Policy 129: Records retention & Disposal: <https://www.mtsu.edu/policies/general/129.php>

IRBN001 – Expedited Protocol Approval Notice

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APPENDIX B

Demographic Information

1. AGE
 - Open-ended response
2. Gender
 - True or False
3. Ethnicity
 - African American
 - Biracial
 - Black/White
 - Afro Caribbean
 - African
 - Other
4. Highest level of education
 - Some high school
 - High School Graduate
 - Some college, no degree
 - Associate's degree
 - Bachelor's degree
 - Master's. Doctorate. Or Professional Degree

5. How satisfied are you with the shade (lightness or darkness) of your own skin color?

1	2	3	4	5	6	7	8	9
Extremely Dissatisfied	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Neither Satisfied nor Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	Extremely Satisfied

6. How satisfied are you with your natural hair texture?

1	2	3	4	5	6	7	8	9
Extremely Dissatisfied	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Neither Satisfied nor Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	Extremely Satisfied

APPENDIX C

Skin Color Questionnaire

	1	10			19	28	
	2	11			20	29	
	3	12			21	30	
	4	13			22	31	
	5	14			23	32	
	6	15			24	33	
	7	16			25	34	
	8	17			26	35	
	9	18			27	36	

- Using the above color chart, which skin color most closely matches your own?

Enter the number from the chart here: _____

- Using the above color chart, which skin color most closely matches the skin color you would prefer to have? Enter the number from the chart here: _____

APPENDIX D

Rosenberg Self-Esteem Scale

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

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

APPENDIX E

African American Acculturation Scale- Revised

1	2	3	4	5	6	7
I Totally Disagree Not True at All			Sort of Agree Sort of True			I Strongly Agree Absolutely True

1. I believe in the Holy Ghost.
2. I like gospel music.
3. I believe in heaven and hell.
4. The church is the heart of the Black community.
5. I have seen people “get the spirit” or speak in tongues.
6. I am currently a member of a Black church.
7. When I was young, I was a member of a Black church.
8. Prayer can cure disease.
9. What goes around, comes around.
10. I used to sing in the church choir.
11. Most of the music I listen to is by Black artists.
12. I like Black music more than White music.

13. I listen to Black radio stations.
14. I try to watch all the Black shows on TV.
15. The person I admire the most is Black.
16. I feel more comfortable around Blacks than around Whites.
17. When I pass a Black person (a stranger) on the street, I always say hello or nod at them.
18. Most of my friends are Black.
19. I read (or used to read) Essence or Ebony magazine.
20. I don't trust most White people.
21. IQ tests were set up purposefully to discriminate against Black people.
22. Most Whites are afraid of Blacks.
23. Deep in their hearts, most White people are racists.
24. Whites don't understand Blacks.
25. Most tests (like the SATs and tests to get a job) are set up to make sure that Blacks don't get high scores on them.
26. Some members of my family hate or distrust White people.
27. When I was young, I shared a bed at night with my sister, brother, or some other relative.

28. When I was young, my parent(s) sent me to stay with a relative (aunt, uncle, grandmother) for a few days or weeks, and then I went back home again.
29. When I was young, my cousin, aunt, grandmother, or other relative lived with me and my family for a while.
30. When I was young, I took a bath with my sister, brother, or some other relative.
31. Some people in my family use Epsom salts.
32. Illnesses can be classified as natural types and unnatural types.
33. Some old Black women/ladies know how to cure diseases.
34. Some older Black women know a lot about pregnancy and childbirth.
35. I was taught that you shouldn't take a bath and then go outside.
36. I avoid splitting a pole.
37. When the palm of your hand itches, you'll receive some money.
38. There's some truth to many old superstitions.
39. I eat black-eyed peas on New Year's Eve.
40. I grew up in a mostly Black neighborhood.
41. I went to (or go to) a mostly Black high school.
42. I went to a mostly Black elementary school.
43. I currently live in a mostly Black neighborhood.

44. It's better to try to move your whole family ahead in this world than it is to be out for only yourself.
45. Old people are wise.
46. I often lend money or give other types of support to members of my family.
47. A child should not be allowed to call a grown woman by her first name, "Alice."
The child should be taught to call her "Miss Alice."

APPENDIX F

Hair Questionnaire



1. Using the above hair texture chart, which hair texture most closely matches your natural hair texture?
2. Using the above hair texture chart, which texture most closely matches the texture you would like to have?

APPENDIX G:
INFORMED CONSENT

Participant Informed Consent (ONLINE)

Primary Investigator: Shereese Moye

PI Department & College: Psychology Department; Middle Tennessee State University

Faculty Advisor: Dr. Kimberly Ujcich Ward

Protocol Title: Eating Disorder Risks and Personality Variables Among Black Women

Protocol ID: Approval Date: Expiration Date: (For expedited)

Information and Disclosure Section

Purpose: The study will be assessing body image, eating disorder risk factors and personality variables among black women.

Description: Participants will be completing an online survey with items related to personality characteristics, body image, and cultural factors.

Duration: The survey is estimated to be completed in 20-25 minutes.

Who CANNOT participate: Males and individuals who do NOT self-identify as Black are not eligible to participate. Females below the age of 18 and older than 30 are not eligible to participate. This study is for Black Females between the ages of 18 and 30.

Here are your rights as a participant:

Your participation in this research is voluntary.

You may skip any item that you don't want to answer, and you may stop the experiment at any time (but see the note below) .If you leave an item blank by either not clicking or entering a response, you may be warned that you missed one, just in case it was an accident. But you can continue the study without entering a response if you didn't want to answer the question. Some initial items require a response to access the survey (e.g., age, female, self-identify as Black, and consent) .

Risks & Discomforts: There are no identifiable risks to participating in this study. Some participants may be uncomfortable answering some of the questions that pertain to feelings and self-image. If you are not comfortable answering a question, you may skip it. There are also additional resources listed at the end of the survey should you want to talk with someone about feelings that come up as you answer the survey items. **Benefits:** There are no personal benefits to participating in the study other than for participants who participate through the

MTSU Research Pool, who will receive one research credit. Benefits to science are potentially furthering the understanding and awareness of eating disorders risk factors among black women.

Identifiable Information: You will NOT be asked to provide identifiable personal information.

Compensation: There is no compensation for participating in this study. Class credit: Participants who are completing this survey through the MTSU Research Pool for a psychology course will receive one research credit.

Confidentiality. All efforts, within reason, will be made to keep your personal information private but total privacy cannot be promised. Your information may be shared with MTSU or the government, such as the Middle Tennessee State University Institutional Review Board, Federal Government Office for Human Research Protections, if you or someone else is in danger or if we are required to do so by law.

Contact Information. If you should have any questions about this research study, please Contact Shereese Moye by email snm4c@mtmail.mtsu.edu OR my faculty advisor, Dr. Kimberly Ujcich Ward, at kimberly.ward@mtsu.edu. You can also contact the MTSU Office of compliance via telephone (615 494 8918) or by email (compliance@mtsu.edu).

Participant Response Section

I have read this informed consent document pertaining to the above identified research.

YES

NO

Skip To: End of Survey If Participant Response Section I have read this informed consent document pertaining to the above i... = NO

The research procedures to be conducted are clear to me and I am aware of the potential risks of the study

YES

NO

Skip To: End of Survey If The research procedures to be conducted are clear to me and I am aware of the potential risks of... = NO

I am 18 years old or older.

Yes

No

Skip To: End of Survey If I am 18 years old or older. = No

I am aware of the potential risks of the study.

YES

NO

Skip To: End of Survey If I am aware of the potential risks of the study. = NO

By clicking "YES" below, I affirm that I freely and voluntarily choose to participate in this study. I understand I can withdraw from this study at any time without facing any consequences. If I choose not to participate in the study, I will indicate by checking "NO".

YES

NO