Psychology of Women Quarterly, **26** (2002), 36–45. Blackwell Publishing. Printed in the USA.
Copyright © 2002 Division 35, American Psychological Association. 0361-6843/02

LINKING FEMININITY, WEIGHT CONCERN, AND MENTAL HEALTH AMONG LATINA, BLACK, AND WHITE WOMEN

Laina Y. Bay-Cheng, Alyssa N. Zucker, Abigail J. Stewart, and Cynthia S. Pomerleau
University of Michigan

Studies examining women's appearance ideals and weight concern have predominantly relied on samples of White women. This study addresses this oversight, examining the different relations among embodied femininity, weight concern, and depressive symptomatology that exist for different groups of women. Using a nationally representative sample of women between the ages of 18 and 45, bivariate analyses were conducted using three samples of Latina, Black, and White women. When sample size allowed, a multivariate model was tested (i.e., for Black and White respondents). Results confirm, as hypothesized, different patterns of relations between embodied femininity, weight concern, and depressive symptomatology for each of the samples. At the bivariate level, embodied femininity, weight concern, and depressive symptomatology were positively intercorrelated among Latina respondents. Whereas weight concern fully mediated the relation between embodied femininity and depressive symptomatology for the White respondents, the mediational model was not borne out for the Black respondents. For the latter, although embodied femininity and weight concern were related, weight concern was unrelated to depressive symptoms. Both of these patterns are discussed, as well as the need for greater empirical sensitivity to various constructions of femininity among women of different ethnicities.

Since the Women's Movement of the 1960s and 1970s, women's different possible relations to gender prescriptions have been a focus in feminist psychology (e.g., Bem, 1974). Femininity, the conventional sex role orientation assigned/attributed to women, is a multifaceted construct involving prescriptions regarding behavior, cognition, affect, and physical appearance. As our understanding of gender has evolved, it has become increasingly clear that the content and meaning of femininity and ideals of feminine beauty differ according to the identities and statuses of women (e.g., on the basis of race, ethnicity, age, generation, ability, sexual orientation; e.g., Bond & Cash, 1992). Indeed, feminist theorists and theories (e.g., intersectionality) have challenged this notion, calling attention to the unique intermingling of different social positions and identities, and the accompanying experiences of oppression and discrimination (Crenshaw, 1993; Hurtado, 1989). This study moves away from the conceptualization of femininity as a static, universal construct that is applicable to all women and affects all women in a singular way. Instead, we discern differences in how the embodied aspect of femininity is construed by three groups of women and its implications for mental health. Using a nationally representative sample and controlling for class and age, this study examines the pathways that link the internalized ideals of embodied femininity (the way in which femininity is physically enacted), weight concern, and depressive symptomatology for three samples of White, Black, and Latina women.

As mentioned previously, femininity affects various domains of women's lives. A large body of writing supports the premise that the social worth of American women (usually assumed to be White and middle-class) is predicated upon their physical appearance (Bordo, 1993; Brownmiller, 1984). Femininity is embodied in multiple ways: corporal dimensions such as body shape, size, and proportions; qualities such as youthful appearance; specific elements such as voice and complexion; and aspects of ornamentation or presentation such as clothing or hairstyle (Brownmiller, 1984; Cash & Brown, 1989; Jackson, Sullivan, & Rostker, 1988; Muth & Cash, 1997). Of these different facets of a feminine

Laina Y. Bay-Cheng, Joint Program in Social Work and Psychology; Alyssa N. Zucker, Institute for Research on Women and Gender; Abigail J. Stewart, Department of Psychology, Program in Women's Studies, and Institute for Research on Women and Gender; Cynthia S. Pomerleau, Nicotine Research Laboratory, Department of Psychiatry, University of Michigan Substance Abuse Research Center.

The data reported in this manuscript were collected with support from the Robert Wood Johnson Foundation (Grant 031672).

Address correspondence and reprint requests to: Laina Y. Bay-Cheng, School of Social Work, University of Michigan, 1080 S. University, Ann Arbor, MI 48109-1106. E-mail: chengl@umich.edu

physical appearance, weight concern and thinness pressures have received the most attention, and are thought of as central components of the ideal feminine body in the current American cultural context (Striegel-Moore, Silberstein, & Rodin, 1998).

Feminist researchers, however, have begun to explore how the ideal feminine body is constituted differently for women of different ethnicities. Efforts in this direction have uncovered an extremely complex story involving a plurality of various embodied femininities and an array of connections to mental health. Altabe (1998) found that Black, Latina, White, and Asian women prioritized different aspects of their bodies and identified different appearance ideals, confirming the existence of various forms of embodied femininity. For instance, all of the women in the study wished that they were taller, and Latina and White women stated that they wanted to have larger breasts, whereas neither the Black nor the Asian participants mentioned breast size as an important feature of their ideal body. Furthermore, all but the Black women expressed a desire for a darker complexion. This last example points to another consideration involving the intersection of gender and ethnicity: that the feminine appearance ideals most prominent in the minds of some women might be particularly "raced," such as skin color (Bond & Cash, 1992). Given this evidence of the myriad ways in which women think about their bodies and internalize ideals of femininity, it is important to note that in this study, embodied femininity is conceptualized as including any of these possible aspects, whereas weight concern refers strictly to a focus on the size of one's body.

Weight concern, a specific facet of embodied femininity resulting from thinness pressures, has been viewed as most salient for White women (Fallon, 1990; Striegel-Moore et al., 1998). The majority of cross-ethnic comparisons of weight concern have used White and Black samples, and most have yielded findings of significantly less weight concern among Black women (Akan & Grilo, 1995; Altabe, 1998; Chandler & Abood, 1997; Harris, 1994; Henriques & Calhoun, 1999; Rucker & Cash, 1992). There are exceptions, however. A minority of studies have found Black women to be as dissatisfied with their weight as their White peers (Caldwell, Brownell, & Wilfley, 1997; Williamson, Serdula, Anda, Levy, & Byers, 1992), and some researchers have expressed the concern that the needs of Black women in the domains of weight concern and disordered eating are being overlooked (Pumariega, 1997; Thompson, 1992). Existing evidence indicates that, in contrast to Black women, Latinas are strongly influenced by thinness pressures. In most studies, Latinas have exhibited levels of weight concern and dissatisfaction that either match or exceed those of White females (Altabe, 1998; Dawson, 1988; Fitzgibbon, Spring, Avellone, Blackman, Pingitore, & Stolley, 1998; Robinson, Killen, Litt, Hammer, Wilson, Haydel, Hayward, & Taylor, 1996; Williamson et al., 1992). Based on the literature reviewed above, weight concern appears to be a more central feature of embodied femininity for White women, and possibly Latinas, than for Black women.

Drawing mainly on samples of White women, body image in general, and weight satisfaction in particular, have been linked to various aspects of mental health such as self-esteem and depression (Denniston, Roth, & Gilroy, 1992; Jackson et al., 1988; Mintz & Betz, 1986; Oates-Johnson & DeCourville, 1999; Sarwer, Wadden, & Foster, 1998). Given the proposed centrality of weight concern in embodied femininity for White women, it can be argued that weight concern might serve as a mediator between generalized embodied femininity and mental health.

In discussing the connection between body dissatisfaction and disordered eating in Latina and Asian adolescent women, Robinson et al. (1996) highlighted the fact that the paths between these two variables will be influenced by a range of sociocultural factors specific to each of these communities, factors that might inhibit or exacerbate body dissatisfaction, thus preventing or promoting the development of an eating disorder. Similarly, given the different meanings associated with embodied femininity, and the range of levels of weight concern exhibited by different groups of women, it is reasonable to expect that the connections between these two variables and mental health will vary as well. For instance, the association between body satisfaction and overall self-esteem has been demonstrated to be stronger for White women than for Black women (Henriques & Calhoun, 1999). Furthermore, depression and binge eating are significantly correlated among Latina and White women, although the relation is more pronounced for Latinas, and is not significant at all for Black women (Fitzgibbon et al., 1998). Given the previously reviewed evidence of differing ideals of feminine beauty and the indications that the relations between affect and women's body- and eating-related perceptions and behaviors vary by ethnicity, there is ample cause for further investigation of the pathways between embodied femininity, weight concern, and depressive symptomatology. Specifically, in contrast to White women, neither embodied femininity nor weight concern may be associated with depressive symptomatology in Black women.

This study tested the primary research question of whether embodied femininity affects depressive symptomatology through weight concern. Based on theoretical and empirical work in this field, it is hypothesized that: (1) Black respondents will exhibit less weight concern than both the White and Latina respondents, who will exhibit comparable levels of weight concern to one another; (2) for White women, weight concern will mediate the relation between embodied femininity and depressive symptomatology; and (3) for Black respondents there will be no direct effect of either embodied femininity or weight concern on depressive symptomatology.

METHOD

Participants

Data for this study were drawn from a larger research project focusing on women's smoking habits and fear of weight gain. Participants were 945 adult women between the ages of 18 and 45 years old, with a mean age of 34 years. Participants living in the continental United States were solicited through random digit dialing and interviewed over the phone by female interviewers. Interviewers were trained to standard survey administration techniques. Interviews consisted of approximately 180 questions (this varied based on smoking history and responses) and lasted approximately 30 minutes. All interviews were conducted in the evening between the hours of 6 P.M. and 9 P.M. in each local calling zone, and arrangements were made to call respondents back if they could not immediately participate, but were willing to do so at a more convenient time. There was a 75.1% response rate.

In order to address the primary research questions of the project regarding women's smoking habits and fear of weight gain, current and former smokers were over-sampled, resulting in the following sample composition: 371 current smokers, 215 ex-smokers, and 359 nonsmokers. Participants were excluded if they were pregnant, had given birth within the past six weeks, were using a nicotine replacement product, or used alternative tobacco products (e.g., pipes, cigars, snuff) more than cigarettes. Furthermore, ex-smokers had to have quit at least 6 months prior to participation in the survey. For all analyses in this paper, a weight was applied to correct for the over-sampling of smokers and ex-smokers, permitting generalization to the population of nonpregnant women aged 18 to 45.

Over half (58.4%) of the respondents were employed full-time at the time of the interview, 16.1% were employed part-time, and 25.3% were not employed. Two respondents did not state their work status. Of the sample, 15.7% were students at the time. The median income of the sample fell between $35,000–$49,999, and on average, study respondents had some college-level education.

Participants were asked to identify themselves as members of any of the following racial groups: Black/African American, Hispanic/Latina, Native American/Alaskan Native, Asian/Asian American, Pacific Islander, or White. In order to accommodate the possibility of multiracial heritage, participants were allowed to endorse as many groups as appropriate. For the purposes of this study, three different racial or ethnic samples were examined: participants who identified themselves as White-only ($n = 608$); those self-identified as at least part Black ($n = 113$); and those who self-identified as at least part Hispanic but not also Black ($n = 60$). This strategy was adopted in order to ensure the independence of each of the three samples. Even when combined into an aggregate Asian/Pacific Islander American sample, there was insufficient statistical power to perform analyses using the Asian and Pacific Islander samples ($n = 28$). Native Americans are not included as a distinct sample in this study for this same reason. After respondents who were not also Black and/or Latina were removed (in order to maintain sample independence), only 39 Native American respondents remained.

Measures

Body-Mass Index (BMI). BMI (kg/m^2) was calculated from respondents' self-reported weight and height.

Respondent education. Respondents were asked to identify the highest grade they had completed in school. Responses were categorized as follows: 1 = less than 8th grade; 2 = finished 8th grade; 3 = some high school; 4 = graduated from high school; 5 = graduated from technical or trade school; 6 = some college; 7 = graduated from college; 8 = some graduate or professional school; 9 = earned a post-graduate degree.

Household income. Respondents were asked if their household income from the previous year was $25,000 or more. Based on their response to this initial question, respondents were asked a subsequent series of questions in order to locate their income level in one of the following categories: 1 = under $5,000; 2 = $5,000–14,999; 3 = $15,000–24,999; 4 = $25,000–34,999; 5 = $35,000–49,999; 6 = $50,000–74,999; 7 = $75,000–99,999; 8 = $100,000 or more.

Embodied femininity. The degree to which participants had internalized ideals of embodied femininity was assessed using a variable composed of the averaged scores for 12 items. Six items were drawn from the internalization subscale of the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ; Heinberg, Thompson, & Stormer, 1995). Items on this SATAQ subscale pertain to women's acceptance of mainstream criteria regarding embodied femininity and their use of media images of female models as a standard by which to measure their own femininity and attractiveness. Participants were asked to indicate the degree to which they agree with statements such as: "I believe that clothes look better on thin models," and "Pictures of thin women make me wish that I were thin." The original SATAQ subscale was condensed for the purposes of this study from eight to six items in order to limit the length of the entire survey.

The remaining six items used to measure embodied femininity concern the degree of importance of various feminine appearance goals to participants (e.g., "Is being feminine and womanly very important to you, somewhat important, not too important, or not at all important to you?" "Is looking young very important to you, somewhat important, not too important, or not at all important to you?") and were developed by Pomerleau, Zucker, and Stewart (2001). By combining these two sets of items, we constructed an index of embodied femininity that encompasses both self-evaluations of appearance and level of investment in different aspects of appearance. All 12 items were measured on

a 4-point Likert scale ranging from 1 (*not at all*) to 4 (*very important*). The resulting Cronbach's alpha coefficient for this scale was .76, indicating good internal reliability.

Weight concern. In order to assess the level of concern regarding one's weight, participants responded to nine items pertaining to their attitudes towards weight gain and their eating habits (see Appendix for a list of the items). One cluster of five items asked participants to anticipate how they might react to a weight gain of 10 pounds. One item asked respondents to rate their level of agreement with the statement: "I am willing to take a risk with my health in order to be slim," with 1 indicating *strong disagreement* and 4 indicating *strong agreement*. The final three items for this scale assessed respondents' dieting habits and fear of weight gain. These were rated on a 5-point scale with 1 indicating *little or no anxiety around weight gain* and 5 indicating *extreme or omnipresent weight concern*. The five items of the first cluster were reverse coded so that their conceptual orientation matched that of the other index items, with 1 indicating low levels of weight concern and 3 indicating high levels of weight concern. All items were standardized in order to account for varying scales. The aggregate variable was created by averaging the standardized individual item scores. The resulting Cronbach's alpha coefficient for weight concern was .73, indicating good internal reliability.

Depressive symptomatology. The 20-item Center for Epidemiological Study-Depression (CES-D) scale (Radloff, 1977) was employed to assess the depressive symptomatology of respondents. The validity and reliability of the scale have been evaluated and found to be strong (Cronbach's alpha coefficient = .89). Respondents were asked to report how often in the past week they have experienced various affective and behavioral symptoms of depression (e.g., "How often during the past week did you feel like your life was a failure?"). All items were rated on a 4-point scale. Four items were reverse coded such that for all items, 1 indicated infrequent appearance of depressive symptoms, and 4 indicated frequent or constant appearance of depressive symptoms.

RESULTS

Respondents for whom data were missing on any of the variables were excluded from all analyses. Following the restriction of the sample based on these criteria, data from 781 respondents were analyzed. In most cases of excluded respondents, data on household income were missing (61 cases). Mean comparisons between this group of excluded respondents and those included in analyses on all other variables used in this study yielded only one significant difference: respondents who reported income were three years older than those who did not ($t = -2.67$, $p < .01$).

Residual analyses revealed positive skewness in the CES-D scores for depressive symptomatology. A square root transformation was found to be most effective in correcting for this non-normality. This transformed variable was used in bivariate and multivariate analyses.

Means and standard deviations for embodied femininity, weight concern, and depressive symptomatology for each of the three ethnicity-based samples, as well as the corresponding F-values for the ANOVA tests performed on the means of the samples, are presented in Table 1. Post hoc comparisons indicated that White respondents

Table 1

Mean Comparisons of Embodied Femininity, Weight Concern, Depressive Symptomatology, and Demographic Variables of White-only, Black, and Latina Respondents

Variable (range)	*White* ($n = 608$) *Mean (SD)*	*Black* ($n = 113$) *Mean (SD)*	*Latina* ($n = 60$) *Mean (SD)*	*ANOVA* F (2, 774)
Embodied Femininity (1.08–4)	2.81^{a} (.46)	2.64^{a} (.48)	2.72 (.46)	6.40**
Weight Concern (−1.67–1.59)	.04^{a} (.59)	−.26^{a} (.63)	−.11 (.61)	13.48***
Depressive Symptomatology (0–57)	10.74^{a,b} (8.93)	13.28^{a} (7.60)	15.15^{b} (10.66)	10.97***
BMI (15.45–58.36)	24.74^{a,b} (5.51)	26.99^{a} (5.90)	26.57^{b} (5.60)	9.71***
Age (18–45)	34.39^{a,b} (7.36)	32.01^{a} (8.20)	31.69^{b} (7.34)	7.52***
Education (1–9)	5.88^{c}(1.61)	5.55^{c} (1.44)	5.37^{d} (1.81)	4.27**
Income (1–8)	5.39^{a,b,e} (1.64)	4.46^{a,f} (1.74)	4.43^{b,f} (1.64)	21.76***

Note: Means in a row sharing ^{a} or ^{b} superscripts are significantly different at $p \leq .05$. ^{c} indicates some college education. ^{d} indicates graduation from technical or trade school. ^{e} indicates income between $35,000–49,000. ^{f} indicates income between $25,000–34,999.
$^{*}p \leq .05$. $^{**}p \leq .01$. $^{***}p \leq .001$.

Table 2

Intercorrelations for Embodied Femininity, Weight Concern, Depressive Symptomatology, BMI, Age, Education, and Income for White-only Sample ($n = 608$)

Variable	1	2	3	4	5	6	7
1. Embodied Femininity	—						
2. Weight Concern	.48***	—					
3. Depressive Symptomatology	.16***	.30***	—				
4. BMI	−.11**	.23***	.22***	—			
5. Age	−.16***	−.05	−.09*	.11**	—		
6. Education	.00[a]	.00[a]	−.18***	−.10*	.08	—	
7. Income	.11**	.02	−.22***	−.22***	.24***	.35***	—

[a] indicates $r \leq .01$.
$^{*}p \leq .05$. $^{**}p \leq .01$. $^{***}p \leq .001$.

had significantly higher levels of embodied femininity and weight concern than the Black respondents, and significantly lower levels of depression than both Black and Latina respondents. The White sample was significantly slimmer, older, and had a higher mean income than the other two groups. There were no significant mean differences between the Black and Latina respondents on any of the variables.

The findings from analyses of the correlations among variables for the White-only, Black, and Latina samples are presented in Tables 2 and 3, respectively. Among the White-only and Latina samples, embodied femininity, weight concern, and depressive symptomatology were all significantly intercorrelated. Among Black participants, however, no significant relation between weight concern and depressive symptomatology was observed.

In the proposed model, it is hypothesized that weight concern mediates the relation between the independent variable (IV), embodied femininity, and the dependent variable (DV), depressive symptomatology. This hypothesis was tested for both of the ethnicity-based samples using three regression equations, as recommended by Baron and Kenny (1986): (1) mediator is regressed onto the IV; (2) DV is regressed onto the IV; (3) DV is simultaneously regressed onto the IV and the mediator.

Previous research has demonstrated that BMI (Caldwell, Brownell, & Wilfley, 1997; Cash & Hicks, 1990; Demarest & Langer, 1996; Fitzgibbon et al., 1998), age (Cash & Henry, 1995; Hetherington & Burnett, 1994; Lamb, Jackson, Cassiday, & Priest, 1993), and socioeconomic status (SES; Jeffery & French, 1996; Molarius, Seidell, Sans, Tuomilehto, & Kuulasmaa, 2000; Sundquist & Johansson, 1998; Thompson, 1992) can influence the primary variables of this study. Therefore, BMI, respondent age, education, and income were included as covariates in all multivariate analyses.

The mediational model was tested only using the White-only and Black samples. It was not possible to perform reliable analyses using the Latina sample due to its limited size.

White-only sample. In the first two regression equations, embodied femininity emerged as a significant predictor of both weight concern ($\beta = .50$, $p \leq .001$) and depressive symptomatology ($\beta = .19$, $p \leq .001$). BMI positively predicted weight concern in the first regression equation ($\beta = .29$, $p \leq .001$). In the second, depressive symptomatology was positively predicted by BMI ($\beta = .16$, $p \leq .001$)

Table 3

Intercorrelations for Embodied Femininity, Weight Concern, Depressive Symptomatology, BMI, Age, Education, and Income for Black ($n = 113$) and Latina ($n = 60$) Samples

Variable	1	2	3	4	5	6	7
1. Embodied Femininity	—	.50***	.22*	.01	.09	−.08	−.03
2. Weight Concern	.41***	—	.14	.22*	.04	.00[a]	.07
3. Depressive Symptomatology	.44***	.34**	—	.00[a]	−.31**	−.20*	−.34***
4. BMI	.28**	.34***	.11	—	.21*	−.07	−.11
5. Age	.17	.04	−.07	.18	—	.19*	.24**
6. Education	−.03	.18	−.23	.04	.20	—	.18
7. Income	−.14	−.08	−.02	.04	.22	.09	—

Note: Correlations for Black respondents are located above the diagonal; those for Latinas are below the diagonal.
[a] indicates $r \leq .01$.
$^{*}p \leq .05$. $^{**}p \leq .01$. $^{***}p \leq .001$.

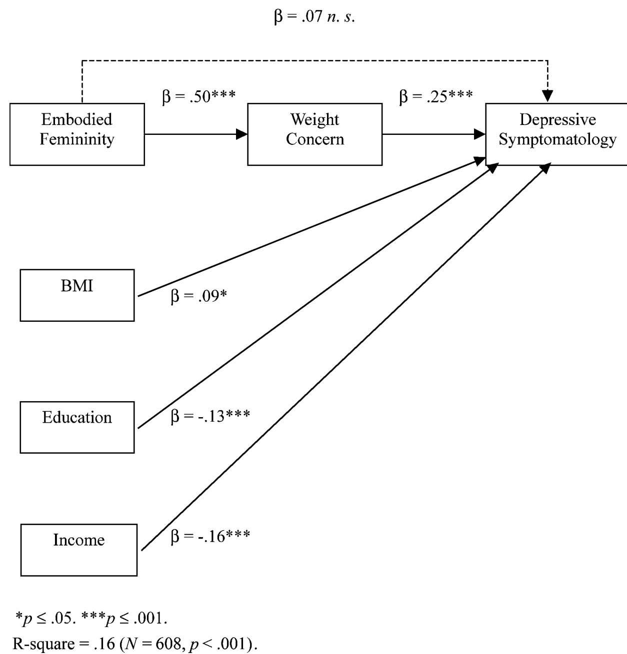

Fig. 1. Beta coefficients for the pathways between embodied femininity, weight concern, and depressive symptomatology among White-only respondents.

and negatively predicted by both SES indicators: education ($\beta = -.12$, $p \leq .01$) and income ($\beta = -.15$, $p \leq .001$). As shown in Figure 1, the results of the third equation, in which the full mediational model was tested, indicate that weight concern is a potent mediator of the relation between embodied femininity and depressive symptomatology. Once the mediator was included in the regression, the relation between the independent and dependent

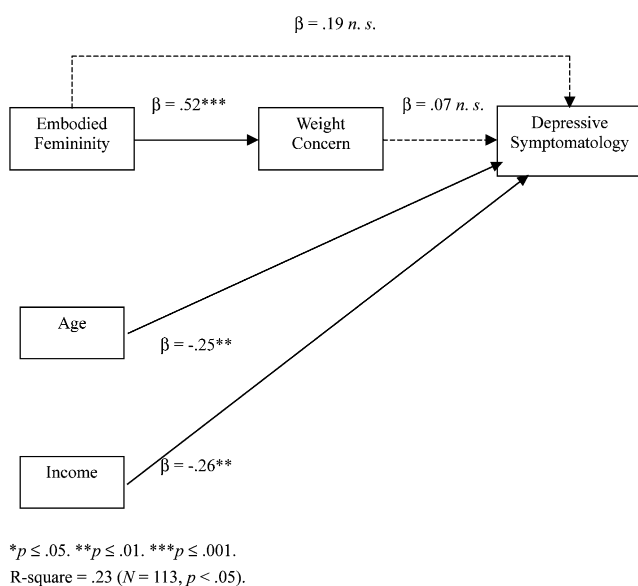

Fig. 2. Beta coefficients for the pathways between embodied femininity, weight concern, and depressive symptomatology among Black respondents.

variables was significantly diminished. BMI and both of the socioeconomic indicators used as covariates, education and income, predicted depressive symptomatology in the final regression equation. Age was not a significant predictor.

Black sample. Among the Black respondents, embodied femininity was a significant predictor of weight concern ($\beta = .52$, $p \leq .001$) and depressive symptomatology ($\beta = .23$, $p \leq .01$). Only BMI significantly predicted weight concern ($\beta = .26$, $p \leq .01$), although two covariates significantly negatively predicted depressive symptomatology in the second equation: age ($\beta = -.26$, $p \leq .01$) and income ($\beta = -.25$, $p \leq .01$). In the third equation, the relation between embodied femininity and depressive symptomatology was no longer significant; however, the mediational model was not supported for this sample since the mediator, weight concern, failed to predict depressive symptomatology (see Figure 2). Of the control variables, both age and income were significant negative predictors of depressive symptomatology.

DISCUSSION

This study examined the relations among embodied femininity, weight concern, and depressive symptomatology for three different ethnic groups of women. Correlation results indicated that there are multiple parallel relations between these variables among Latina and White-only women. For instance, embodied femininity, weight concern, and depressive symptomatology are all positively intercorrelated within both of these samples. These findings are congruent with those of previous studies regarding the comparable levels of weight concern and dissatisfaction among Latinas and White women (Altabe, 1998; Dawson, 1988; Fitzgibbon et al., 1998; Robinson et al., 1996; Williamson et al., 1992). One study found that Latinas who were either born in the United States or immigrated prior to the age of 16 identified an ideal body size most similar to that of White women; those who arrived after the age of 17 had the largest body ideal (Lopez, Blix, & Blix, 1995). The possibility of an acculturation effect, whereby larger and less stringent body ideals of the culture of origin are gradually "eroded" and replaced by White, middle-class, thinness pressures, has been suggested as an explanation for the elevated levels of weight concern among Latinas (Pumariega, 1997).

Among Black respondents, weight concern and depressive symptomatology were not significantly correlated, and Black respondents' mean scores on embodied femininity and weight concern were significantly lower than the White respondents', whereas Latinas tended to score in between the White-only and Black respondents. It is important to note the divergent trends for Latina and Black women, as they undermine the notion that it is acceptable to think of race and ethnicity in terms of a simple White–not White dichotomy. However, one possible interpretation of these results is that Latinas are located at some middle point

on a continuum of embodied femininity or weight concern. Although their scores on these variables are indeed in between those of White and Black women, this quantitative continuum should not be mistaken for a qualitative continuum of experience. Such an interpretation risks overlooking the distinctiveness of Latina experiences and identities, reducing these to mere variations of Whiteness or Blackness.

One signal of such distinctiveness is the finding that, of all the respondents, Latinas exhibited the highest level of depressive symptomatology, with the mean for the sample (15.15) approaching the threshold score of 16 for the clinical diagnosis of depression. Epidemiological studies have reported higher scores for Latina/os on instruments measuring depressive symptomatology (Garcia & Marks, 1989), and elevated scores by Latinas as compared to Latinos (Canino, Rubio-Stipec, Shrout, Bravo, Stolberg, & Bird, 1987; Gil, 1996; Ramírez de Arellano, 1996). In the Commonwealth Fund's survey on adolescent female health, Latina and Asian Pacific Islander American girls reported the highest levels of depressive symptoms (Schoen, Davis, Collins, Greenberg, Des Roches, & Abrams, 1997). Experts have suggested that the unique challenges of immigration and acculturation may be important factors in Latina mental health (Amaro & Russo, 1987; Canabal & Quiles, 1995; Espin, 1987; Gil, 1996). A recent study provided evidence of this, finding that an immigrant Latino sample living in the U. S. exhibited higher levels of depressive symptomatology than two nonimmigrant Latino groups living in Mexico City and Puerto Rico (Munet-Vilaró, Folkman, & Gregorich, 1999). Indeed, immigration, like any significant transition, can be associated with anxiety, role changes, and loss. The experiences of Latina immigrants are further complicated by language differences and racism in the United States. Fabrega (1995) recommends depathologizing assumptions regarding depressive symptomatology in Latinas by framing the symptoms in the context of the environmental and emotional upheaval triggered by relocation.

The mediational analyses using the White-only and Black samples demonstrate that the patterns of relations among the variables differed for the two ethnic groups. For White women, weight concern fully mediated the relation between embodied femininity and depressive symptomatology. This finding supports the theory that for White women, thinness is a cardinal feature of the ideal feminine body, and that weight concern, rather than other aspects of embodied femininity, is most centrally linked to their mental health. Over the past decades, this ideal has become thinner and thinner and is therefore even more unattainable (Bordo, 1993; Fallon, 1990). As this goal moves further out of reach, it is likely to cause women who have internalized this ideal even greater consternation.

A different picture emerged for Black respondents, however. As hypothesized in accordance with the majority of previous findings, Black women were significantly less concerned with their weight than their White peers. For the Black women, there was no direct relation between weight concern and depressive symptomatology; thus, the mediational model for this group was rejected. Although embodied femininity was significantly related to weight concern, neither of these factors could account for the variability in depressive symptomatology, at least through the pathways tested here. In fact, only income and age were related to depressive symptomatology, both in an inverse direction. These results support Robinson et al.'s (1996) theory that the unique sociocultural contexts of different groups influence how issues such as embodied femininity and weight concern are conceptualized and handled and, therefore, lead in different directions. In a study similar to the present one, Demarest and Allen (2000) found no significant differences in body dissatisfaction among Latinas, White, and Black women. However, they did find that Black women had the least distorted perception of what men found attractive. They suggested that this realistic assessment of male preference protects Black women from negative consequences of body dissatisfaction such as eating disorders. A similar mechanism might be at work in this study, explaining why weight concern in Black women is not related to depressive symptomatology.

Additionally, Black women may be buffered from negative mental health consequences of weight concern and embodied femininity by socially critical and skeptical attitudes. Cassidy (1991) found that some Black women expressed the conscious desire to reject and resist White, middle-class norms, such as the appearance ideal of thinness. Furthermore, Poran (1999) found evidence that although Black women were aware of the importance of embodied femininity, they were also critical of these ideals, whereas the White women in her study tended not to question them. Thus, Black women may use a social critique of ethnicity and gender to protect themselves from the negative implications of pursuing largely unattainable ideals. It has been suggested that Black women hold a different set of appearance ideals than White women, one that centers less on weight and body shape, and more on other features, such as skin color (Bond & Cash, 1992). The present study suggests that weight concern is indeed a facet of embodied femininity for Black women, but that they differ from White women in that it does not bear on their mental health—at least in relation to depressive symptoms—to the same degree. In order to gain a fuller understanding of the particular gender and appearance-related pressures experienced by Black women, and the possible implications of these for mental health, we need more comprehensive and sensitive explorations in this domain.

Limitations of This Study

To begin, it should be noted that the correlational and cross-sectional nature of these data make it impossible to establish

causality. Therefore, it must be noted that all results represent only associations between variables, rather than cause and effect relations. Longitudinal data are needed.

Although these data offer new opportunities to examine the variability in the construction of femininity, the sample of Black participants is nevertheless significantly smaller than that of the White participants. These limited sample sizes also preclude examining SES indicators in this study except as covariates. It is also unfortunate that it was not possible to test reliably the mediational model using the Latina sample. As discussed earlier, there is a dearth of research focusing on Latinas. The bivariate results presented in this study make a contribution to this literature, but a more in-depth focus on Latinas is needed. Although the ethnic groupings used in this study move beyond the dichotomy of White–not White, the diversity of experiences and cultures that exist within each of these three groups is largely obscured. For instance, multiple distinct ethnic groups fall under the umbrella term of Latina/Hispanic, and such labels are also applied irrespective of acculturation. Similarly, the labels of White and Black cannot possibly capture the diversity of identity and experience that exists among these respondents. Some of these groups may themselves be recent immigrants, for example, and they certainly have different ethnic heritages.

It should also be noted that concerns about weight and a desire for slimness are not necessarily synonymous. For example, although Black women are less likely to express a desire to be thin they may nevertheless have strong concerns about weight and body shape (Fitzgibbon et al., 1998; Kumanyika, Wilson, & Guilford-Davenport, 1993; Pomerleau, Zucker, Namenek Brouwer, Pomerleau, & Stewart, 2001). Since our measure of weight concern included an assessment of desire for slimness, it may therefore underestimate the degree of weight concern in Black women.

It is important to consider the possibility that the effects of racial discrimination might take a significant toll on the psychological well-being of the Black and Latina respondents, thus masking the relatively smaller effect of weight concern on mental health. Optimally, it would be possible to assess the experience of racial discrimination and then add it to analyses as a covariate. Unfortunately, this information is not available in this dataset but represents an important direction for future research.

Furthermore, while this study has yielded many thought-provoking and striking results regarding the experiences of different women, there are many other subgroups of women that warrant similar investigation. For example, since mainstream construals of femininity are based not only on White and middle-class norms but also on heterosexual norms, an investigation of the roles played by physical appearance and femininity for women who are not engaged in traditional heterosocial communities might be very interesting. Unfortunately, data on participants' sexual orientation were not available in the present study.

Conclusions

The purpose of this study was to attend more closely to the way in which the ideal feminine body is conceptualized by different groups of women and the implications of such appearance ideals on their mental health. At the bivariate level, embodied femininity, weight concern, and depressive symptomatology were significantly intercorrelated for Latinas. In mediational analyses, weight concern mediated the relationship between embodied femininity and depressive symptomatology for White-only respondents, whereas neither weight concern nor embodied femininity predicted depressive symptomatology for the Black respondents. There are twin conclusions that can be based on the findings of this particular study: (1) These data suggest that the effects of embodied femininity for Latinas are similar to those for White-only women; however, additional research focusing specifically on Latinas is required in order to better understand how their experiences and conceptualizations of femininity parallel or diverge from those of other groups of women; and (2) the patterns of relations among embodied femininity, weight concern, and depressive symptomatology for Black and White-only women are distinct, supporting the theory that femininity and its effects vary for different women, particularly by ethnicity.

Initial submission: October 31, 2000
Initial acceptance: February 1, 2001
Final acceptance: June 13, 2001

REFERENCES

Akan, G. E., & Grilo, C. M. (1995). Sociocultural influences on eating attitudes and behaviors, body image, and psychological functioning: A comparison of African American, Asian American, and Caucasian college women. *International Journal of Eating Disorders, 18,* 181–187.

Altabe, M. (1998). Ethnicity and body image: Quantitative and qualitative analysis. *International Journal of Eating Disorders, 23,* 153–159.

Amaro, H., & Russo, N. F. (1987). Hispanic women and mental health: An overview of contemporary issues in research and practice. *Psychology of Women Quarterly, 11,* 393–407.

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51,* 1173–1182.

Bem, S. L. (1974). The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology, 42,* 155–162.

Bond, S., & Cash, T. F. (1992). Black beauty: Skin color and body images among African-American college women. *Journal of Applied Social Psychology, 22,* 874–888.

Bordo, S. (1993). *Unbearable weight.* Berkeley, CA: University of California Press.

Brownmiller, S. (1984). *Femininity.* New York: Ballantine.

Caldwell, M. B., Brownell, K. D., & Wilfley, D. E. (1997). Relationship of weight, body dissatisfaction, and self-esteem in African American and White female dieters. *International Journal of Eating Disorders, 22,* 127–130.

Canabal, M. E., & Quiles, J. A. (1995). Acculturation and socioeconomic factors as determinants of depression among Puerto Ricans in the United States. *Social Behavior and Personality, 23,* 235–248.

Canino, G. J., Rubio-Stipec, M., Shrout, P., Bravo, M., Stolberg, R., & Bird, H. R. (1987). Sex differences and depression in Puerto Rico. *Psychology of Women Quarterly, 11,* 443–459.

Cash, T. F., & Brown, T. A. (1989). Gender and body images: Stereotypes and realities. *Sex Roles, 21,* 361–373.

Cash, T. F., & Henry, P. E. (1995). Women's body images: The results of a national survey in the U.S.A. *Sex Roles, 33,* 19–28.

Cash, T. F., & Hicks, K. L. (1990). Being fat versus thinking fat: Relationships with body image, eating behaviors, and well-being. *Cognitive Therapy & Research, 14,* 327–341.

Cassidy, C. M. (1991). The good body: When big is better. *Medical Anthropology, 13,* 181–213.

Chandler, S. B., & Abood, D. A. (1997). Race and the role of weight, weight change, and body dissatisfaction in eating disorders. American *Journal of Health Behavior, 21,* 21–25.

Crenshaw, K. W. (1993). Beyond racism and misogyny: Black feminism and 2 Live Crew. In M. J. Matsuda, C. R. Lawrence III, R. Delgado, & K. W. Crenshaw (Eds.), *Words that wound* (pp. 111–132). Boulder, CO: Westview.

Dawson, D. A. (1988). Ethnic differences in female overweight: Data from the 1985 National Health Interview Survey. *American Journal of Public Health, 78,* 1326–1329.

Demarest, J., & Allen, R. (2000). Body image: Gender, ethnic, and age differences. *Journal of Social Psychology, 140,* 465–472.

Demarest, J., & Langer, E. (1996). Perception of body shape by underweight, average, and overweight men and women. *Perceptual and Motor Skills, 83,* 569–570.

Denniston, C., Roth, D., & Gilroy, F. (1992). Dysphoria and body image among college women. *International Journal of Eating Disorders, 12,* 449–452.

Espin, O. M. (1987). Psychological impact of migration on Latinas. *Psychology of Women Quarterly, 11,* 489–503.

Fabrega, H., Jr. (1995). Hispanic mental health research: A case for cultural psychiatry. In A. M. Padilla (Ed.), *Hispanic psychology: Critical issues in theory and research* (pp. 107–130). Thousand Oaks, CA: Sage.

Fallon, A. (1990). Culture in the mirror: Sociocultural determinants of body image. In T. F. Cash, & T. Pruzinsky (Eds.), *Body images: Development, deviance, and change* (pp. 80–109). New York: Guilford.

Fitzgibbon, M. L., Spring, B., Avellone, M. E., Blackman, L. R., Pingitore, R., & Stolley, M. R. (1998). Correlates of binge eating in Hispanic, Black, and White women. *International Journal of Eating Disorders, 24,* 43–52.

Garcia, M., & Marks, G. (1989). Depressive symptomatology among Mexican-American adults: An examination with the CES-D scale. *Psychiatry Research, 27,* 137–148.

Gil, R. M. (1996). Hispanic women and mental health. *Annals of the New York Academy of Sciences, 789,* 147–159.

Harris, S. M. (1994). Racial differences in predictors of college women's body image attitudes. *Women and Health, 21,* 89–104.

Heinberg, L. J., Thompson, J. K., & Stormer, S. (1995). Development and validation of the Sociocultural Attitudes Towards Appearance Questionnaire. *International Journal of Eating Disorders, 17,* 81–89.

Henriques, G. R., & Calhoun, L. G. (1999). Gender and ethnic differences in the relation between body esteem and self-esteem. *Journal of Psychology, 133,* 357–368.

Hetherington, M. M., & Burnett, L. (1994). Ageing and the pursuit of slimness: Dietary restraint and weight satisfaction in elderly women. *British Journal of Clinical Psychology, 33,* 391–400.

Hurtado, A. (1989). Relating to privilege: Seduction and rejection in the subordination of White women and women of Color. *Signs: Journal of Women in Culture and Society, 14,* 833–855.

Jackson, L. A., Sullivan, L. A., & Rostker, R. (1988). Gender, gender role, and body image. *Sex Roles, 19,* 429–443.

Jeffery, R. W., & French, S. A. (1996). SES and weight control practices among 20–45-year-old women. *American Journal of Public Health, 86,* 1005–1010.

Kumanyika, S., Wilson, J. F., & Guilford-Davenport, M. J. (1993). Weight-related attitudes and behaviors of Black women. *American Dietetic Association, 93,* 416–422.

Lamb, C. S., Jackson, L. A., Cassiday, P. B., Priest, D. J. (1993). Body figure preferences of men and women: A comparison of two generations. *Sex Roles, 28,* 345–358.

Lopez, E., Blix, G. G., & Blix, A. G. (1995). Body image of Latinas compared to body image of non-Latina White women. *Health Values: The Journal of Health Behavior, Education and Promotion, 19,* 3–10.

Mintz, L. B., & Betz, N. E. (1986). Sex differences in the nature, realism, and correlates of body image. *Sex Roles, 15,* 185–195.

Molarius, A., Seidell, J. C., Sans, S., Tuomilehto, J., and Kuulasmaa, K. (2000). Educational level, relative body weight, and changes in their association over 10 years. *American Journal of Public Health, 90,* 1260–1268.

Munet-Vilaró, F., Folkman, S., & Gregorich, S. (1999). Depressive symptomatology in three Latino groups. *Western Journal of Nursing Research, 21,* 209–224.

Muth, J. L., & Cash, T. F. (1997). Body-image attitudes: What difference does gender make? *Journal of Applied Social Psychology, 27,* 1438–1452.

Oates-Johnson, T., & DeCourville, N. (1999). Weight preoccupation, personality, and depression in university students: An interactionist perspective. *Journal of Clinical Psychology, 55,* 1157–1166.

Pomerleau, C. S., Zucker, A. N., Namenek Brouwer, R. J., Pomerleau, O. F., & Stewart, A. J. (2001). Race differences in weight concerns among women smokers: Results from two independent samples. *Addictive Behaviors, 26,* 651–663.

Pomerleau, C. S., Zucker, A. N., & Stewart, A. J. (2001). Characterizing concerns about postcessation weight gain: Results from a national survey of women smokers. *Nicotine and Tobacco Research, 3,* 51–60.

Poran, M. A. (1999). Embodying identities: De-essentializing the body through ethnic location. *Dissertation Abstracts International, 60 (1-B).*

Pumariega, A. J. (1997). Body dissatisfaction among Hispanic and Asian-American girls. *Journal of Adolescent Health, 21,* 1.

Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1,* 385–401.

Ramírez de Arellano, A. B. (1996). Latino women: health status and access to health care. In M. M. Falik & K. S. Collins (Eds.), *Women's health: The Commonwealth Fund survey* (pp. 123–144). Baltimore, MD: Johns Hopkins University Press.

Robinson, T. N., Killen, J. D., Litt, I. F., Hammer, L. D., Wilson, D. M., Haydel, K. F., Hayward, C., & Taylor, C. B. (1996). Ethnicity and body dissatisfaction: Are Hispanic and Asian girls at increased risk for eating disorders? *Journal of Adolescent Health, 19,* 384–393.

Rucker, C. E., & Cash, T. F. (1992). Body images, body-size perceptions, and eating behaviors among African-American and White college women. *International Journal of Eating Disorders, 12,* 291–299.

Sarwer, D. B., Wadden, T. A., & Foster, G. D. (1998). Assessment of body image satisfaction in obese women: Specificity, severity, and clinical significance. *Journal of Consulting and Clinical Psychology, 66,* 651–654.

Schoen, C., Davis, K., Collins, K. S., Greenberg, L., Des Roches, C., & Abrams, M. (1997). *The Commonwealth Fund survey of the health of adolescent girls.* New York: Commonwealth Fund.

Striegel-Moore, R. H., Silberstein, L. R., & Rodin, J. (1998). Toward an understanding of risk factors for bulimia. In B. M. Clinchy and J. K. Norem (Eds.), *The gender and psychology reader* (pp. 573–609). New York: New York University Press.

Sundquist, J., & Johansson, S. (1998). The influence of socioeconomic status, ethnicity and lifestyle on body mass index in a longitudinal study. *International Journal of Epidemiology, 27,* 57–63.

Thompson, B. W. (1992). "A way outa no way": Eating problems among African American, Latina, and White women. *Gender and Society, 6,* 546–561.

Williamson, D. F., Serdula, M. K., Anda, R. F., Levy, A., & Byers, T. (1992). Weight loss attempts in adults: Goals, duration, and rate of weight loss. *American Journal of Public Health, 82,* 1251–1257.

APPENDIX

Weight Concern

1. If you gained 10 pounds do you think your overall body shape would improve, worsen, or remain the same?
2. If you gained 10 pounds would you feel more attractive, less attractive, or would there be no change?
3. If you gained 10 pounds would your mood improve, worsen, or remain the same?
4. If you gained 10 pounds would you feel more self-confident, less self-confident, or would there be no change?
5. If you gained 10 pounds would you be more socially active, less socially active, or would there be no change?
6. I am willing to take a risk with my health in order to be slim. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?
7. How frequently do you diet? Would you say always, often, sometimes, rarely, or never?
8. I am terrified of gaining weight. Is this true for you always, often, sometimes, rarely, or never?
9. I feel out of control when I eat. Is this true for you always, often, sometimes, rarely, or never?