White public regard: Associations among eating disorder symptomatology, guilt, and White guilt in young adult women

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A B S T R A C T
Objective: As a novel investigation of the role of White racial identity, the current study explored the link between White guilt and disordered eating.

Participants: Young adult women (N = 375), 200 of whom self-identified as White.

Methods: Measures assessed disordered eating, trait guilt, White guilt, and affect.

Results: White guilt is interrelated with disordered eating, particularly bulimic symptomatology. Distress tolerance and tendency to experience negative affect moderated the relation between White guilt and several disordered eating variables.

Conclusions: Exploration of White guilt in clinical and research settings can inform understanding and treatment of disordered eating.

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1. Introduction

1.1. Overview

Students enrolled in higher education must negotiate appearance-related attitudes and behaviors on college campuses (Thompson, Roehrig, & Kinder, 2007). Most college students are in the “emerging adulthood” developmental stage, characterized by worldview and interpersonal identity development (Arnett, 2000). Both White students and students of Color who are emerging adults explore and test identities related to appearance and race (Miville, Darlington, Whitlock, & Mulligan, 2005; Pope, 2000). Appearance-related tension, body image concern, and disordered eating behavior are associated with negative affect such as guilt, depression, and anxiety (Stice, 2002). Likewise, racial identity development is also associated with negative affect, particularly as individuals begin the process of identifying with a group. Moreover, White individuals often report their first encounter experiences to be during this emerging adulthood stage (Lopez, 2004). Thus, White emerging adults seem to be at increased risk for higher levels of race-related guilt, but it is not known whether the source of the guilt that they feel is important, and whether the guilt is related to disordered eating behaviors (Sanftner & Crowther, 1998). White women with higher disordered eating attitudes and behaviors might experience higher White guilt because they evaluate themselves based on how they imagine others see them, and internalize others’ standards of attractiveness, eating behavior, and race-related behavior.

1.2. Self-objectification and public regard

Self-objectification is one theoretical framework for understanding eating disorder etiology and maintenance (McKinley, 1998; Noll & Fredrickson, 2006). Women self-objectify when they perceive their bodies as primarily valued for use by others, that is, as objects (Fredrickson & Roberts, 1997). This means that an individual adopts the perceptions that she imagines others have about her so that these perceptions become how she sees and values herself. This theory proposes that exposure to thin-ideal and sexualized images lead women to see themselves as they think others see them, which, in turn, leads to greater body shame, guilt, disordered eating behaviors, and negative health outcomes (Calogero, Davis, & Thompson, 2005). For example, if an individual believes that other college students perceive her as eating too many calories, she will in turn see herself as eating too many calories, and feel guilt about her eating behavior.

The process of self-evaluation based on imagined evaluations by others is also a central concept in racial identity development. Public regard is a dimension of African American racial identity development that describes an individual’s adoption of how she believes society...
perceives her racial group (Sellers, Smith, Shelton, Rowley, & Chavous, 1998). If others appear to devalue her racial group, then the individual internalizes a negative view of her group and demonstrates low public regard of herself. Extending this concept of public regard to White individuals, if an individual perceives that her non-White peers view White Americans negatively, then she would internalize this perception and have low public regard. Emerging adults often become increasingly aware of White privilege and racial injustice during college when they have increasing exposure to students of Color, and might respond to these encounters with negative affect such as guilt (Iyer, Leach, & Crosby, 2003; Poteat & Spanierman, 2008; Spanierman & Heppner, 2004).

Thus, both self-objectification and public regard describe an individual assigning her personal worth and value as a surrogate of the worth and value of a larger group. Because of this shared, externally-based perspective, White women might internalize and evaluate themselves based upon how they perceive others evaluate their appearance and racial group. Evaluations that are negative, or discordant with an individual’s ideal self, could lead to guilt about failing to meet perceived societal standards. This guilt, in turn, can lead to behaviors to correct the gap between what an individual perceives society to desire, and where she perceives herself to be.

1.3. Guilt and disordered eating behavior

Guilt is a cognitive and affective experience of distress in response to a breached value (2004) or specific behavioral trigger (Lewis, 1971). It occurs after self-reflection and aids in self-regulation of future behavior (Baumeister, Stillwell, & Heatherton, 1994; Eisenberg, 2000). Cognitive aspects of guilt hinge on an individual’s beliefs about the world and her role in it. Such beliefs include perceptions about how negative events could have been prevented and attributions of blame or responsibility (Kubany & Manke, 1995). Women who binge eat commonly experience guilt following a binge episode, and report that guilt is preferable to purging. That is, distress tolerance might weaken the affect and behavior of this eating disorder are consistent with the conceptualization that specific behaviors trigger feelings of guilt (Lewis, 1971). Lower distress tolerance skills are also associated with a higher incidence of bulimic symptoms (Anestis, Selby, Fink, & Joiner, 2007). Distress tolerance and emotion regulation are common interventions for individuals with bulimia nervosa (Safer, Telch, & Chen, 2009). As such, they have been proposed as moderators between strong negative affect and maladaptive behavioral responses such as purging. That is, distress tolerance might weaken the affect and behavior relation, and emotional dysregulation or tendency to experience negative emotions might strengthen the affect and behavior relation.

In addition to the role of guilt in binge eating, self-objectification appears to influence the guilt that adolescent girls feel about their appearance (Grabe, Shibley Hyde, & Lindberg, 2007). For example, when girls see themselves through others’ eyes, they might imagine that others are comparing them to the societal thin ideal, and that others find them to fall short of that ideal. This can lead to guilt about appearance and not meeting the imagined standards of others. Thus, assessing the relation between guilt and disordered eating seems warranted.

1.4. White guilt

White racial identity development is the process by which White individuals become aware of their race, and their role as a White member of a multiracial society (Spanierman & Heppner, 2004). White guilt is a cognitive and affective reaction of an individual to awareness of unearned White privilege along with awareness of racism (Spanierman & Heppner, 2004; Swim & Miller, 1999). While White guilt is conceptually related to general guilt, it is distinct as a consequence of a system of oppression and racism, as opposed to being inherently rooted in the individual’s experience, like general guilt. Similar to general guilt, White guilt comes from the process of reflecting on negative events and attributing blame; specifically, White guilt is reflection and self-imposed blame about racial injustice. White guilt might manifest similarly to general guilt affectively and in how it ties to behavioral consequences, or it might require more behavioral responses; the relation between White guilt and behaviors such as disordered eating is not known. However, because of the systemic origin of this form of guilt, it might require a different therapeutic response from general guilt because of the uncontrollability and public nature of the source of the guilt, which is why White guilt is an important variable to explore with disordered eating.

For White Americans, the awareness of privilege that leads to White guilt can be conceptualized as a response to the perceived negative evaluation of the group by non-White individuals. Because of this shared, externally-based perspective, White women will theoretically evaluate themselves based on their internalization of how they perceive others to evaluate both their appearance and their racial group. Experiences of White guilt predict social attitudes as well as negative affect (Iyer et al., 2003; Iyer, Leach, & Pedersen, 2004; Swim & Miller, 1999). Further, awareness of racial intolerance, in the context of White guilt, impairs social, occupational, emotional and cognitive functioning (Guindon, Green, & Hanna, 2003).

Studies have provided evidence that there are racial and ethnic differences in disordered eating behaviors and body perceptions (Cassidy et al., 2012; Kronenfeld, Reba-Harrelson, Von Holle, Reyes, & Bulik, 2010; Chao et al., 2008) and encouraged researchers and practitioners to aim toward tailoring treatments to specific groups and eating disordered symptomatology. The current study aims to add to this knowledge by investigating White guilt as a domain of White identity and investigating the relation of this construct to disordered eating.

The current study conceptualized high levels of White guilt as low levels of White public regard. Within models of African American racial identity, public regard plays an important role in one’s own feelings and judgments about a group (Sellers et al., 1998). Hence, if a White person has high White guilt (i.e., she feels guilty about unearned privilege associated with her race and racism attributed to her race), she would have low White public regard (i.e., she would not see her racial group as positively regarded by non-White social groups), and she could negatively evaluate herself based on affiliation with her racial group. This negative evaluation could, in turn, manifest as self-punitve behaviors, such as disordered eating. Eating disorder symptomatology might be especially likely because of its strong association with self-objectification and disordered eating. Moreover, White women with eating disorder attitudes and behaviors might experience White guilt because they tend to internalize others’ standards of attractiveness, behavior, and other traits, and evaluate themselves based on how they imagine others see them.

The contribution of aspects of White guilt to disordered eating symptoms is a relatively unexplored area. Thus far, only one study conducted by Shuttlesworth and Zotter (2011) investigated the relation between ethnic identity and disordered eating in White and African American women. Their results provide evidence that high ethnic identity functions as a protective factor for African American women, and serves as a risk factor for White women. The current study aims to explore the role of White guilt in this relation.

1.5. Specific aims

Further investigation of the associations among guilt, negative affect, distress tolerance, and eating disorder attitudes and behaviors is warranted to inform research and clinical treatment. The aim of the
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