

DO FEMINIST IDENTITY STYLES MODERATE THE RELATION BETWEEN PERCEIVED SEXIST EVENTS AND DISORDERED EATING?

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Feminist consciousness is theorized to be a powerful resource against the detrimental effects of sexism. The present study examined whether feminist identity styles moderated the relation of perceived lifetime and recent sexist events to disordered eating for 256 college women. Using hierarchical moderated regression, we found two styles of feminist identity (i.e., synthesis and active commitment) buffered the relation between perceived sexist events and disordered eating; the three remaining styles of feminist identity did not moderate this relationship. For women low on synthesis and active commitment, both perceived lifetime and recent sexist events positively predicted disordered eating. In contrast, for women high on synthesis and active commitment, neither perceived lifetime nor recent sexist events predicted disordered eating. Our results substantiate extant theory that sexist events contribute more to the psychological distress of nonfeminist women than of feminist women.

Researchers (e.g., Nolen-Hoeksema & Girgus, 1994; Striegel-Moore & Cachelin, 2001) have found that several mental health disorders, such as eating disorders, depression, and anxiety, are more prevalent among women than men. The sociocultural treatment of women has been proposed as one explanation of why women more commonly experience symptomatology characteristic of these disorders (Landrine & Klonoff, 1997). Specifically, women often are devalued and face discrimination in their interactions with significant others and acquaintances.

Klonoff and Landrine (1995) conceptualized these instances of discrimination as sexist events, which can range from subtle (e.g., being treated with lack of respect, not receiving credit for their work) to blatant (e.g., sexual harassment, physical abuse, rape, sexual assault; Landrine & Klonoff, 1997). These events often are very widespread, intertwined within women's lives, and believed to have a greater negative impact on women's physical and mental health than general life stressors because they are highly personal and attack an essential quality of the self that cannot be changed (Landrine & Klonoff, 1997). Thus, the re-

lationship between sexist events and psychological distress is important to investigate.

Several scholars have found initial support for the link between sexist events and several psychological disorders that unduly affect women. Among adult women, Landrine, Klonoff, Gibbs, Manning, and Lund (1995) revealed that perceived sexist events accounted for a greater amount of variance in women's symptoms of anxiety, depression, and somatization than did general stressors (i.e., daily hassles). Swim, Hyers, Cohen, and Ferguson (2001) found that the number of reported sexist events predicted college women's psychological distress, even after controlling for negative affect, state self-esteem, feminist beliefs, and feeling threatened by the possibility of being stereotyped. Moradi and Subich (2002) also found that perceived sexist events were related to college women's levels of general psychological distress after controlling for age, socioeconomic status, and social desirability.

Curiously, no published study has explored the relation between perceived sexist events and eating disorder symptomatology, although some scholars (e.g., Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Morry & Staska, 2001) have investigated the connection between other forms of sexism (e.g., sexual objectification) and disordered eating. Disordered eating is a pertinent form of psychological distress for women, because its clinical (i.e., anorexia, bulimia, eating disorder not otherwise specified) and sub-clinical (e.g., chronic dieting) forms confine women by reinforcing their focus on external appearance in lieu of internal qualities such as their feelings and intellect (Fredrickson &

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Roberts, 1997). Because sexist events affect women's general psychological distress (Moradi & Subich, 2002), and disordered eating is one specific form of such distress, the relation between sexist events and disordered eating seems worthy to explore.

In particular, we wanted to examine whether feminist identity styles moderated the relationship between perceived sexist events and disordered eating. Moderators, or third variables that alter the direction or strength of the relation between two variables (Frazier, Tix, & Barron, 2004), can help answer "for whom" sexist events most strongly predict disordered eating. Researchers often find it useful to examine potential moderators when the relationship between two variables is unexpectedly small in size (Frazier et al., 2004). Given the fact that the size of the relationship between sexist events and psychological disorders/distress has been small in previous research (e.g., Moradi & Subich, 2002; Swim et al., 2001), investigating moderators in this context may be useful. Additionally, it has been recommended that researchers investigate how variables interact to predict disordered eating (Streigel-Moore, Silberstein, & Rodin, 1986), as most previous research has solely explored variables' direct contribution. Indeed, several variables (e.g., self-esteem, body surveillance, neuroticism) have been found to interact with sociocultural pressures for thinness and body dissatisfaction to predict women's disordered eating behaviors (Phan & Tylka, *in press*; Twamley & Davis, 1999; Tylka, 2004). It seems likely, then, that other variables (e.g., feminist identity styles) could buffer the effects of negative sociocultural stress on women's eating behaviors.

Landrine and Klonoff (1997) argued that feminist consciousness is a unique personality factor that could weaken the relationship between sexist events and many types of psychological distress. According to their reasoning, feminist consciousness provides a cognitive framework for understanding sexism and therefore protects women by decreasing (a) their perceptions that sexist events are their own fault and (b) the negative impact of these events. Supporting this theory, Klonis, Endo, Crosby, and Worell (1997) demonstrated that 81% of their sample reported that their feminist identification helped them deal with discrimination in their lives. Other researchers (e.g., Fischer et al., 2000; Moradi & Subich, 2002) have found that feminist identity styles are related to perceived sexist events; thus, feminist attitudes may help women recognize and label sexist events, and in turn, protect them from negative consequences of these events. These findings, however, do not identify the specific aspects of feminist identity that could provide a buffer against poor psychological functioning; this relation may be better understood by investigating feminist identity styles as moderators of the relation between perceived sexist events and psychological distress.

Some empirical support has been garnered for feminist identity styles moderating the relation between perceived sexist events and general psychological distress among adult

women. In their 2002 study, Moradi and Subich found that perceived recent sexist events were related to overall psychological distress for women high in passive acceptance of traditional gender roles and denial of sexism but not for women low in these attitudes. Given these results, perhaps feminist identity styles also moderate the relation between perceived sexist events and a more specific type of psychological distress—disordered eating.

The above assertion has been partially addressed in previous research. Guille and Chrisler (1999) noted that, among adult women, greater acceptance of traditional gender roles was positively correlated with compulsive eating and greater commitment to feminist activism was negatively correlated with compulsive eating. Snyder and Hasbrouck (1996) found that identification with feminist values was negatively related to bulimic symptomatology among college women. Although these two studies did not explore feminist identity styles as moderators of the relationship between perceived sexist events and disordered eating, the findings suggest that feminist attitudes may protect against disordered eating. Therefore, it seems reasonable to argue that women low in feminist consciousness will be more likely to perceive that sexist events are their fault (as they internalize rather than contextualize sexism) and express the distress experienced from these events in the form of disordered eating. Alternatively, it is likely that women high in feminist consciousness will not perceive that sexist events are their fault (as they contextualize rather than internalize sexism) and be less likely to engage in disordered eating.

Following many researchers' recommendations (e.g., Moradi & Subich, 2002), we defined feminist consciousness according to Downing and Roush's (1985) theoretical conceptualization of feminist identity. Their multidimensional stage model addresses the complexity of the growth pattern involved in becoming a feminist. The first stage, *Passive Acceptance*, reflects the acceptance of traditional gender roles, the belief that traditional roles are advantageous, and the belief that men are superior to women. *Revelation*, the second stage, involves questioning of traditional gender roles, feelings of guilt for previous participation in sexism, anger toward men, and dualistic thinking. The next stage, *Embeddedness in and Emanation of women's cultures and communities*, is characterized by feelings of connectedness with other women and cautious interactions with men. The fourth stage, *Synthesis*, reflects synthesis of a positive self-concept that includes positive attributes associated with women, transcendence of traditional gender roles, and evaluating men on an individual basis. The fifth and final stage, *Active Commitment*, involves women's commitment to social change and the belief that men are equal to, but not the same as, women. However, because there is little evidence to support this stage/developmental model, we refer to the aforementioned ostensible stages as feminist identity styles.

We hypothesized that women who accept traditional gender roles (i.e., high *Passive Acceptance*), may experience

greater disordered eating related to their experience of sexist events than do women who do not accept these traditional roles (i.e., low Passive Acceptance). Because Synthesis and Active Commitment represent an authentic and positive feminist identity and the consolidation of this identity into social action, we hypothesized that high levels of these styles would buffer the relation between sexist events and disordered eating. However, the direction of the moderating effects of Revelation and Embeddedness–Emanation was unclear; women high in these styles are aware of sexism and trying to contextualize rather than internalize it, but the interplay of their guilt for previously adhering to sexism and anger at society for supporting sexism may contribute to their distress and, consequently, disordered eating. Yet, it also could be that the women-centeredness of the Embeddedness–Emanation style is helpful in deflecting the harmful effects of sexism because women high in this style surround themselves with those who are more likely to be supportive in the face of sexism.

METHOD

Participants

Participants were 256 college women ranging in age from 17 to 48 years ($M = 19.84$, $SD = 4.15$) recruited from a large Midwestern university. Most women (77.0%) identified as European American, followed in frequency by African American (10.5%), Asian American (6.6%), and Latina (3.5%). Six participants (2.3%) indicated “other” and identified as multiracial, Asian, or African. Women classified themselves as freshmen (66.8%), sophomores (15.6%), juniors (9.4%), seniors (7.0%), or postbaccalaureate (0.4%). Two participants (0.8%) did not specify their college rank. Most participants (88.2%) were upper or middle class.

Measures

Perceived sexist events. The Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995) contains 20 items that assess perceived frequency of sexist discrimination. Items are rated along a 6-point scale ranging from 1 (*the event never happened*) to 6 (*the event happened almost all the time*). A sample item is, “How many times have you been treated unfairly by your employer, boss, or supervisors because you are a woman?” Each item is completed twice to assess the frequency of perceived sexist events in the participant’s life and within the past year. The first 19 items also can be appraised in terms of their stressfulness; however, participants in the present study were not asked to do this because we were interested in the frequency of sexist events rather than appraisals of these events. Items are summed to obtain subscale scores (i.e., SSE-Lifetime, SSE-Recent); each subscale has a possible range of scores from 20 to 120. Higher scores indicate greater perceived sexist discrimination.

Supporting the construct validity of the SSE, Klonoff and Landrine (1995) found that scores on SSE-Lifetime

and SSE-Recent were related positively to the reported frequency of daily hassles. Fischer et al. (2000) reported either nonsignificant or negligible correlations between SSE scores and social desirability, thus supporting its discriminant validity. The means, standard deviations, and internal consistency estimates calculated in the present study for the SSE-Lifetime ($M = 47.13$, $SD = 14.86$, $\alpha = .89$) and the SSE-Recent ($M = 39.04$, $SD = 12.94$, $\alpha = .91$) were similar to those reported in previous studies (e.g., Klonoff & Landrine, 1995; Moradi & Subich, 2002).

Feminist identity styles. The Feminist Identity Composite (FIC; Fischer et al., 2000), consisting of 33 items, is the recommended instrument for assessing feminist identity (Moradi, Subich, & Phillips, 2002). Downing and Roush’s (1985) model serves as the foundation for this scale. Each style is represented as a subscale on the FIC, and a woman’s level of each style is measured. The Passive Acceptance (PA) subscale contains 7 items (e.g., “I don’t see much point in questioning the general expectation that men should be masculine and women should be feminine”). The Revelation (R) subscale contains 8 items (e.g., “Gradually, I am beginning to see just how sexist society really is”). The Embeddedness–Emanation (EE) subscale contains 4 items (e.g., “I am very interested in women writers”). The Synthesis (S) subscale contains 5 items (e.g., “I feel like I have blended my female attributes with my unique personal qualities”). Last, the Active Commitment (AC) subscale contains 9 items (e.g., “I care very deeply about men and women having equal opportunities in all respects”). Each item is rated along a scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Items are averaged to arrive at a total score; higher mean scores for each subscale indicate greater agreement with the corresponding feminist identity style.

Fischer and colleagues (2000) garnered validity support for the FIC. They found that it adhered to a five-factor structure that resembled Downing and Roush’s (1985) model, and that its subscales were negligibly correlated with social desirability but related, as expected, to ego identity status, perceptions of sexist events, and involvement in women’s organizations. No test-retest reliability information has been reported on this measure. The means, standard deviations, and internal consistency estimates calculated in the present study for PA ($M = 2.89$, $SD = .77$, $\alpha = .80$), R ($M = 2.74$, $SD = .66$, $\alpha = .80$), EE ($M = 3.40$, $SD = .91$, $\alpha = .91$), S ($M = 4.37$, $SD = .48$, $\alpha = .75$), and AC ($M = 3.61$, $SD = .67$, $\alpha = .72$) were similar to those found in prior studies (e.g., Fischer et al., 2000).

Disordered eating. The Eating Attitudes Test-26 (EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982) is a 26-item measure used to assess eating disorder symptomatology. Researchers (e.g., Mazzeo, 1999) have suggested that it can be used as a continuous measure in nonclinical samples of women. Items (e.g., “I vomit after I’ve eaten”) are rated on a scale ranging from 1 (*never*) to 6 (*always*). Garner et al.

(1982) recommended that the responses never, rarely, and sometimes receive a score of 0, while the responses often, very often, and *always* receive scores of 1, 2, and 3, respectively. However, in the statistical analyses reported in the present study, EAT-26 scores were treated as continuous variables, and total scores (possible range: 26–156) were equal to the sum of all coded responses. Higher scores reflected greater symptomatology. The reason for using this continuous scoring procedure was that, due to the relatively low base rate of clinical eating disorders, it was expected that the distribution of EAT-26 scores would be skewed.

For college women, the EAT-26's total score is stable over a 3-week period ($r = .86$) and strongly related to bulimic symptomatology and drive for thinness (Brookings & Wilson, 1994; Mazzeo, 1999). The EAT-26 mean (66.12), standard deviation (17.99), and alpha ($\alpha = .91$) for the present sample were similar to those reported by Mazzeo, who also scored the EAT-26 continuously.

Procedure

Women enrolled in introductory psychology courses volunteered to participate through the psychology department's organized research program. All women were told their responses would remain anonymous and were given the option to leave at any time. After providing their consent, they completed the questionnaires in a classroom setting consisting of 2 to 30 participants. To prevent the FIC and SSE from sensitizing participants to the purpose of the study and affecting how they responded to the EAT-26, they filled out the measures in this order: EAT-26, SSE, and FIC. Women received credit that was applied toward their class grade.

RESULTS

Before conducting tests of moderation, we explored the influence of age and ethnic identification on EAT-26 and SSE subscale scores. If age is related to EAT-26 and SSE subscale scores, or ethnic group differences are noted on the EAT-26 and the SSE subscales, then we would partial out the effects of these demographic variables in the tests of moderation. As recommended by Walsh and Betz (2001), correlations below an absolute value of .20 were not considered significant. Age was unrelated to EAT-26 scores ($r = .03$), SSE-Lifetime scores ($r = .11$), and SSE-Recent scores ($r = -.06$). When comparing EAT-26 means for European American women ($M = 67.40$, $SD = 17.91$) and women of color ($M = 61.83$, $SD = 17.74$) via an independent samples t test, we noted a significant mean difference between these groups, $t(254) = 2.10$, $p < .05$. We used a multivariate analysis of variance to compare means for European American women and women of color on the SSE subscales; no mean ethnic group difference was found for SSE-Lifetime or SSE-Recent.

We used hierarchical moderated regression (HMR) to examine whether each feminist identity style moderated the associations of perceived sexist events (both lifetime

and recent) to disordered eating. This analysis is recognized as the best method to detect the presence or absence of moderating effects (Aiken & West, 1991). Moderators may or may not be related to the predictor or the criterion, and the predictor may or may not be related to the criterion (Frazier et al., 2004).

Because of the significant ethnic group difference on the EAT-26, we controlled for this variable by dummy coding (0 = White women, 1 = women of color) and entering it at Step 1 of each analysis. Following the HMR procedure discussed by Aiken and West (1991), the predictor (e.g., perceived lifetime sexist events) and proposed moderator variable (e.g., passive acceptance) were entered at Step 2 of each analysis. Next, at Step 3, the interaction term (e.g., perceived lifetime sexist events \times passive acceptance) was entered. Evidence for a moderator effect is noted at Step 3 by a statistically significant increment in R^2 (i.e., ΔR^2) and beta weight. Because statistically significant interactions are notoriously difficult to detect in nonexperimental designs, the use of liberal alphas (e.g., .10 or .25) has been recommended (McClelland & Judd, 1993). Nevertheless, because of the number of hierarchical moderated regressions performed in the present study (i.e., 10), we set alpha at .025 (.25/10). Also, because statistical significance is only one measure of a variable's contribution to the criterion (McClelland & Judd, 1993), effect size was also considered. Following Cohen's (1992) recommendations, ΔR^2 values at or above .02 were considered to make unique and meaningful contributions to the criterion.

Scale scores for each predictor and proposed moderator were centered to reduce multicollinearity between the main effect and interaction terms. Results from each analysis are presented in Table 1. For each significant interaction, we graphed the corresponding regression slopes. The regression slopes were obtained for values of the predictor variables one standard deviation (SD) above the mean and one SD below the mean. These predicted values were obtained by the procedure outlined by Aiken and West (1991).

Passive Acceptance

Contrary to our hypothesis, Passive Acceptance did not moderate the relation between perceived lifetime sexist events and disordered eating or the relation between perceived recent sexist events and disordered eating.

Revelation

Revelation did not moderate the relation between perceived lifetime sexist events and disordered eating or the relation between perceived recent sexist events and disordered eating.

Embeddedness–Emanation

Embeddedness–Emanation did not moderate the relation between perceived lifetime sexist events and disordered eating or the relation between perceived recent sexist events and disordered eating.

Table 1

Hierarchical Multiple Regression Analyses Predicting Disordered Eating From Perceived Sexist Events (Both Lifetime and Recent), Feminist Identity Styles, and Their Interactions

Step	Predictor	β	Cumulative R^2	Adjusted R^2	Incremental R^2	$t(255)$
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Lifetime (SSE-L)	-.01	.028	.016	.011	-.22
	FIC-Passive Acceptance (PA)	.10				1.55
3	SSE-L \times PA	.42	.040	.024	.012	1.75
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Recent (SSE-R)	.04	.030	.018	.013	.69
	FIC-Passive Acceptance (PA)	.11				1.79
3	SSE-R \times PA	.43	.040	.024	.010	1.62
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Lifetime (SSE-L)	-.07	.021	.010	.004	-.99
	FIC-Revelation (R)	.06				.84
3	SSE-L \times R	-.87	.040	.024	.019	-2.18
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Recent (SSE-R)	.01	.018	.006	.001	.13
	FIC-Revelation (R)	.02				.29
3	SSE-R \times R	-.52	.024	.008	.006	-1.24
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Lifetime (SSE-L)	-.03	.020	.009	.003	-.41
	FIC-Embeddedness-Emanation (EE)	-.04				
3	SSE-L \times EE	-.56	.031	.016	.011	-1.67
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Recent (SSE-R)	.04	.021	.009	.004	.54
	FIC- Embeddedness-Emanation (EE)	-.06				-.94
3	SSE-R \times EE	-.69	.037	.022	.016	-2.06
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Lifetime (SSE-L)	-.02	.055	.044	.038	-.31
	FIC- Synthesis (S)	-.19				-3.10*
3	SSE-L \times S	-1.71	.080	.066	.025	-2.62*
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Recent (SSE-R)	.03	.055	.044	.038	.46
	FIC-Synthesis (S)	-.20				-3.18*
3	SSE-R \times S	-1.34	.075	.060	.020	-2.26*
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Lifetime (SSE-L)	-.01	.026	.014	.009	-.20
	FIC-Active Commitment (AC)	-.09				-1.32
3	SSE-L \times AC	-1.25	.060	.045	.034	-3.04*
1	Ethnic group membership	-.13	.017	.013	.017	-2.10
2	SSE-Recent (SSE-R)	.04	.027	.016	.010	.69
	FIC-Active Commitment (AC)	-.10				-1.59
3	SSE-R \times AC	-1.29	.062	.047	.035	-3.05*

Note. $N = 256$.

* $p < .025$.

Synthesis

As hypothesized, Synthesis buffered the relationship between perceived lifetime sexist events and disordered eating, $\beta = -1.71$, $t(255) = -2.62$, $p < .025$. This interaction accounted for 2.5% of the variance in disordered eating beyond the variance accounted for by ethnic group membership and the individual predictor and moderator variables (ΔR^2 of Step 3 = .025). The regression slopes of this significant interaction are plotted in Figure 1. An analysis of the simple slopes (Aiken & West, 1991) showed that perceived lifetime sexist events did not predict disordered eating for women high (1 *SD* above the mean) on Synthesis; whereas, perceived lifetime sexist events positively predicted disordered eating for women low (1 *SD* below the mean) on Synthesis, $\beta = .21$, $t(255) = 2.16$, $p < .01$.

Also as expected, Synthesis buffered the relation between perceived recent sexist events and disordered eating, $\beta = -1.34$, $t(255) = -2.26$, $p < .025$. This interaction accounted for 2.0% of the variance in disordered eating be-

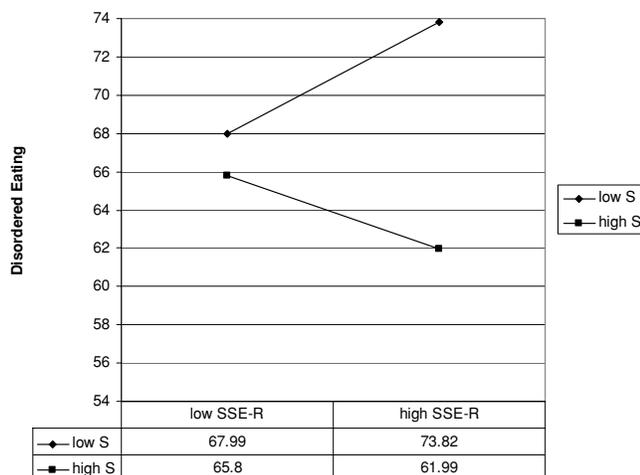
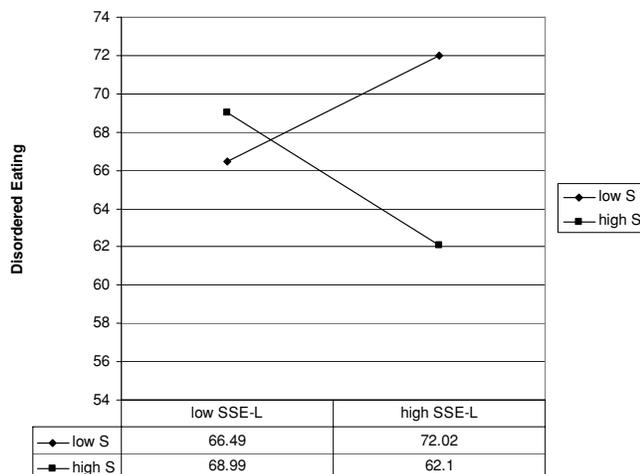


Fig. 1. The interactions of perceived sexist events (SSE-L = top figure, SSE-R = bottom figure) with synthesis (S) in predicting disordered eating.

yond the variance accounted for by ethnic group membership and the individual predictor and moderator variables (ΔR^2 of Step 3 = .020). The regression slopes of this significant interaction are plotted in Figure 1. For women high on Synthesis, perceived recent sexist events did not predict disordered eating whereas for women low on Synthesis, perceived recent sexist events positively predicted disordered eating, $\beta = .20$, $t(255) = 2.04$, $p < .05$.

Active Commitment

As predicted, Active Commitment to a feminist identity buffered the relation between perceived lifetime sexist events and disordered eating, $\beta = -1.25$, $t(255) = -3.04$, $p < .025$. This interaction accounted for 3.4% of the variance in disordered eating beyond the variance accounted for by ethnic group membership and the individual predictor and moderator variables (ΔR^2 of Step 3 = .034). The regression slopes of this interaction are illustrated in Figure 2. Perceived lifetime sexist events did not predict disordered eating for women high on active commitment. However, perceived lifetime sexist events positively predicted disordered eating for women low on Active Commitment, $\beta = .22$, $t(255) = 2.26$, $p < .05$.

Also as hypothesized, Active Commitment buffered the relation between perceived recent sexist events and disordered eating, $\beta = -1.29$, $t(255) = -3.05$, $p < .025$. This interaction accounted for 3.5% of the variance in disordered eating beyond the variance accounted for by the ethnic group membership and the individual predictor and moderator variables (ΔR^2 of Step 3 = .035). The regression slopes of this interaction are presented in Figure 2. Perceived recent sexist events did not predict disordered eating for women high on Active Commitment to a feminist identity. However, perceived recent sexist events positively predicted disordered eating for women low on Active Commitment to a feminist identity, $\beta = .26$, $t(255) = 2.80$, $p < .01$.

DISCUSSION

The present findings provide a framework for understanding how disordered eating is associated with perceived sexist events and styles of feminist identity. It does not appear that most feminist identity styles serve as substantial protective variables against disordered eating, as only Synthesis attitudes directly predicted disordered eating. Furthermore, Passive Acceptance, Revelation, and Embeddedness–Emanation attitudes did not interact with perceived sexist events in the prediction of disordered eating. Instead, Synthesis and Active Commitment feminist identity were found to buffer the relationship of perceived sexist events to disordered eating. Specifically, we found that, for women low in Synthesis and Active Commitment feminist identity, perceived lifetime and recent sexist events were positively related to disordered eating. In contrast, for women high in these two styles, perceived lifetime and

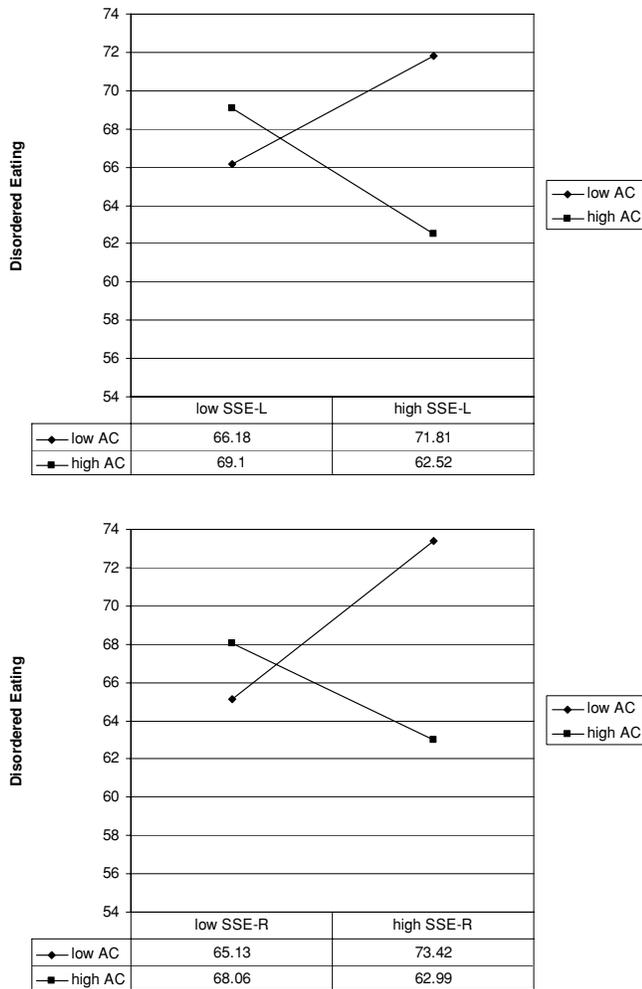


Fig. 2. The interactions of perceived sexist events (SSE-L = top figure, SSE-R = bottom figure) with active commitment (AC) in predicting disordered eating.

recent sexist events were not related to disordered eating. The magnitudes of these moderator effects (accounting for between 2.0% and 3.5% of the criterion variance) were either consistent with or slightly above the magnitudes typically found for interactions (McClelland & Judd, 1993).

Several possibilities could explain our findings. Because the styles of Synthesis and Active Commitment are both action-oriented, it may be that women high in these styles have a stronger sense that they can do something about sexism and therefore are less vulnerable to its harmful effects (e.g., decreased well-being in general and eating disorders in particular). Also, women high in these styles may have an internalized critique of sexism and gendered societal expectations that happen to involve, among other things, the body. These women, then, may be more resistant to internalizing the thin-ideal societal prototype and dieting to conform to this image. Future studies could explore the relationship between women’s actual levels of social action and their well-being and the relationship between these styles and the refusal to internalize societal expectations of appearance. Moreover, because Synthesis and

Active Commitment entail external attributions of sexism, women high in these styles may be able to contextualize sexist events and not internalize the blame for these events by engaging in maladaptive eating. Future studies could examine this assertion by directly measuring women’s attribution styles. Further, women high in the Revelation and Embeddedness–Emanation styles may be aware of sexism and gender inequality, but they also may experience guilt for previously adhering to traditional gender roles and anger toward men and society for this inequality. This guilt and anger could have offset the positive effects that may be gained from recognizing sexism. We recommend that researchers directly explore this hypothesis.

It also would be valuable to investigate whether feminist identity styles interact with other factors associated with disordered eating (e.g., perfectionism, ineffectiveness, negative affect, societal pressures for thinness) and moderate their impact on women’s levels of eating disorder symptomatology. Because many women report significant levels of body image disturbance (Mazzeo, 1999), identifying whether feminist identity styles can protect against this disturbance when faced with sexist discrimination should be an additional area for future research.

Limitations of the present study are important to acknowledge. First, the composition of our sample (i.e., primarily young adult, middle- to upper-middle-class, European American college women) precludes generalization of these results to diverse groups of women. We noted a difference between European American women and women of color with regard to their levels of disordered eating. Because we sampled mostly European American women, we recommend that professionals explore relationships among sexist events, feminist identity styles, and disordered eating for samples consisting of women of color. It is important also to examine these relationships among other diverse groups such as lesbian women, older women, working-class women, and noncollegiate women. Second, we used self-report measures, which are susceptible to inaccurate responding because they rely on participants’ recollections and perceptions of events. We focused on women’s perceptions of what constituted a sexist event in their lives and did not measure actual levels of sexism. According to Moradi and Subich (2004), a variety of individual difference (e.g., race, knowledge about prejudice) and contextual (e.g., intensity of the event) variables determine peoples’ judgments about what constitutes a sexist event. Such variables may have affected our findings. Thus, future research should explore the relations between actual levels of sexism, disordered eating, and feminist identity styles. Third, we did not include the SSE-Appraisal items because we were interested in the perceived frequency of the event rather than reactions to the stressfulness of the event. Nevertheless, the use of the partial SSE could have affected its internal and external validity.

Feminist consciousness often is not addressed within education, prevention, and treatment programs designed for disordered eating (Shisslak & Crago, 1994). Given our

findings that synthesis and active commitment to a feminist identity seem to protect women from engaging in disordered eating behaviors when faced with sexist events, we suggest that professionals encourage girls and women to develop their synthesis and active commitment attitudes by explaining, discussing, and modeling how to appropriately contextualize sexist events and by providing ways they can learn about the achievements of women and appreciate themselves as women. Although not directly explored in the current study, it also is possible that these feminist identity styles could: (a) help women recognize and contextualize sexism, (b) protect women from internalizing this sexism, and (c) help dissipate their distress from sexist events by engaging in social action aimed toward reducing the occurrence of these events.

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