

The Moderating Role of Anti-Black Racial Identity and Coping on the Association between Perceived Racism and Health Behaviors

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Research shows that Black Americans are more likely than any other racial/ethnic group to experience racism (Anderson & Stevenson, 2019; Odafe et al., 2017). Black Americans who experience racism are more likely to have more chronic symptoms of depression, anxiety, and substance use (Britt-Spells et al., 2018; Gibbons et al., 2004; Hill & Hoggard, 2018; McNeil et al., 2014; Pieterse et al., 2012; Sosoo et al., 2019) as well as hypertension, cardiovascular disease, and early mortality rates (Bell et al., 2019; Cruz & Palmer, 2015; Drolet & Lucas, 2020; Lucas et al., 2016; Volpe et al., 2019). Although research has documented the relationship between mental and physical health outcomes of racism, limited research has examined the relationship of perceived racism and eating pathology. Increasing attention to this relationship is important, as Black Americans have the highest rate of obesity and are more likely to engage in poor eating patterns when stressed (Talleyrand et al., 2017). Research has shown that perceived racism was positively associated with loss of control eating and poor diet. Studies have indicated that binge eating when experiencing racism can serve as a means of alleviating stress, regaining control, and an alternative to coping (Salami et al., 2019). Thus, coping responses are important to consider when investigating eating patterns, as the presence of active and effective coping may mitigate the risk of eating pathology.

The way in which individuals perceive and respond to stress can vary, particularly in heterogeneous racial/ethnic groups. Using the Lazarus model of stress, the appraisal and coping styles used by an individual impacts psychological and physical health outcomes. Research depicts a positive relationship between ineffective coping styles and poor health outcomes (Mwendwa et al., 2011).

Thus, individuals who appraise a situation as stressful but possess adequate coping strategies may experience decreased stress over time, compared to an individual without effective coping strategies who experiences the same stressors (Greer, 2021). In the Black community, there is mixed results based on the use of active coping and health outcomes (Clark & Adams, 2004; Jones et al., 2020;

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Lewis-Coles & Constantine, 2006; Volpe et al., 2021). Research indicates Black culture-specific coping, involving social support, spirituality, religion, and community has been shown to buffer against the deleterious effects of racism (Greer, 2021; Jones et al., 2020). More research is needed to understand the role that identifying with a particular group could influence these individual differences.

Racial identity is described as the way an individual conceptualizes their self-concept and place meaning on themselves based on the endorsement of group membership (Forsythe & Carter, 2012; Lee & Ahn, 2013). Often, William Cross' Nigrescence model (1971, 1991) is cited as a way to conceptualize racial identity for Black Americans. In this model Black identity is then divided into four stages: Pre-Encounter, Encounter, Immersion-Emersion, and Internalization (Cross, 1971, 1991, 1994; Vandiver et al., 2001). For the purposes of this paper, the Pre-Encounter (Anti-Black) and Immersion-Emersion (Pro-Black) stages are of interest. The Pre-Encounter identities represent rebuking qualities that are considered Black (e.g., Assimilation, Miseducation, Self-hate; Vandiver et al., 2001, 2002). The Immersion-Emersion stage is where an individual applies all aspects of their life to their sense of group membership (e.g., Anti-White or Intense Black Involvement). Research indicates that stronger racial identity can buffer against the deleterious effects of perceived racism due to its association with greater psychological well-being (Forsythe & Carter, 2012; Hughes et al., 2015; Lee & Ahn, 2013; Thomas et al., 2010). However, few studies have examined the role that racial identity can play in the development of physical health outcomes (Capodilupo & Kim, 2013; Flowers et al., 2012; Shuttleworth & Zotter, 2011).

The purpose of the current study was to examine the association between perceived racism and eating pathology, and the moderating effect of coping style and racial identity on this association. We hypothesized that individuals who experience more perceived racism will have more eating pathology. Next, we hypothesized that individuals who engage in active coping strategies and endorse a "Pro-Black" identity



will have less eating pathology; while individuals who endorsed “Anti-Black” identities would have more eating pathology.

METHODS

Participants

Participants included 399 Black college students, ranging in age between 18-49 years ($M = 20.50$, $SD = 3.93$). Most participants were female (75.6%), 23.6% male, 32.2% first-generation college students, 97.2% single, and 1.8% married.

Procedure

Participants were recruited from three universities in Texas. Participants completed a demographics questionnaire and self-report measures of racism, coping, racial identity, and eating pathology.

Measures

Perceived Racism Scale. The Perceived Racism Scale (PRS; McNeilly et al., 1996) is a 51-item scale used to assess an individual’s perception of racism. The items were split into three separate sections. Section I asked participants to rate how often they experience instances of racism at the job, in an academic setting, in public, in the past year, and in their lifetime. Items were rated on a 6-point Likert scale, ranging from 0 (never) to 5 (several times a day). Section II items asked participants how they feel about racism (e.g., “powerless”) using a 5-point Likert scale, ranging from 1 (not at all) to 5 (extremely). Lastly, Section III asked participants to indicate coping with racism (e.g., “speaking up”).

Brief COPE. The Coping Orientation to Problems Experienced Inventory scale (Brief-COPE; Carver, 1997) is a 28-item scale that gives participants statements on ways to cope with stress (e.g., “I’ve been trying to come up with a strategy about what to do”) and asks them how often they have been doing these actions. Each statement was then rated on a 4-point Likert scale, ranging from 1 (I haven’t been doing this at all) to 4 (I’ve been doing this a lot).

Cross Racial Identity Scale. The Cross Racial Identity Scale (CRIS; Cross & Vandiver, 2001) is a 40-item scale that gives participants statements evaluating racial identity. These 40 items are split into 6 subscales, including Assimilation (e.g., “I am not so much a member of a racial group, as I am an American.”), Miseducation (e.g., “Blacks place more emphasis on having a good time than on hard work”), Self-Hatred (e.g., “I sometimes struggle with negative feelings about being Black”), Anti-White (e.g., “White people should be destroyed”), Afrocentricity (e.g., “I respect the ideas that other Black people hold, but I believe that the best way to solve our problems is to think Afrocentrically”), and Multiculturalist Inclusive (e.g., “As a multiculturalist, I am connected to many groups...”). Each statement was rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree).

Three Factor Eating Questionnaire. The Three Factor Eating Questionnaire (TFEQ-R18; Karlsson et al., 2000) is an 18-item scale that assesses eating patterns based on three factors: cognitive restraint, uncontrolled eating, and emotional eating. The first 17 items (e.g., “I

am always hungry enough to eat at any time.”) were rated on a 4-point Likert scale. For item 18, participants were asked to rate themselves on an 8-point Likert scale ranging from 1 (no restraint in eating e.g., eating whatever you want, whenever you want it) to 8 (total restraint e.g., constantly limiting food intake and never “giving in”).

RESULTS

Study hypotheses were examined using multiple regression, specifically testing the impact of interaction effects between racism, coping, and ethnic identity. We used the PROCESS macro (Hayes, 2022) with its focus on statistical moderation—another conceptualization of interaction effects—to test these interactions. We used procedures outlined by Aiken and West (1999) to create the interactions. Specifically, we first centered the three variables and created the interaction terms by multiplying the centered variables. All interaction effects with $p < .10$ were probed to examine simple effects. Results of the interaction effects indicated that a three-way interaction between the experience of academic racism, miseducation, and distraction coping approached statistical significance, $b = -.07$, ($SE = .04$), $t = -1.91$, $p = .058$. Simple effects revealed that for participants who reported high levels of miseducation and high levels of distraction along with experiencing higher levels of academic racism also reported less uncontrolled eating, $b = -.35$, ($SE = .11$), $t = -3.35$, $p = .001$. Conversely, those with low levels of miseducation and low levels of distraction but also experiencing more academic racism reported more uncontrolled

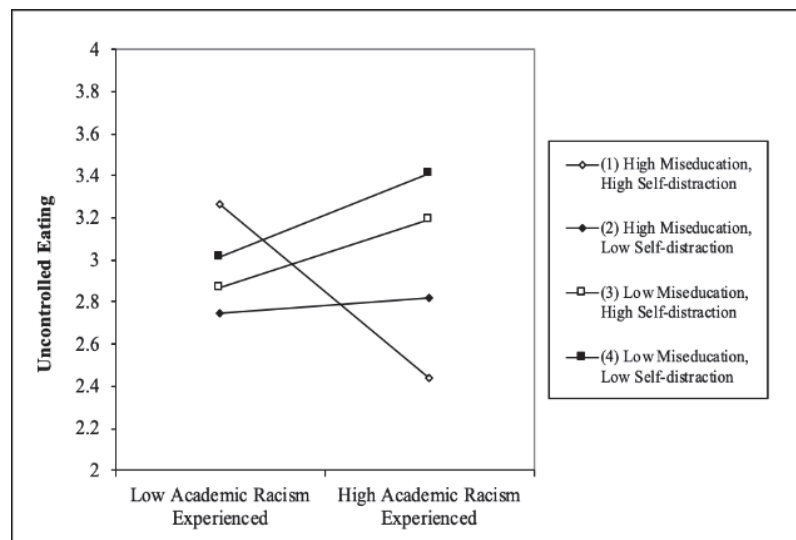


Figure 1. Three-way interaction depicting relations between academic racism and uncontrolled eating as a function of miseducation.



eating, $b = .17$, ($SE = .08$), $t = 2.18$, $p = .031$. These relationships are displayed in Figure 1. There were no statistically significant relationships for other levels of these variables nor were any statistically significant relationships observed for other racial identities, coping styles, or other types of racism.

DISCUSSION

The current study is one of the first within the literature to examine how coping strategies moderate the relationship between racial identity and uncontrolled eating among Black participants who also report experiencing racism. Results indicated that when Black undergraduate students have negative views about being Black and engage in coping strategies to distract, they are less likely to present uncontrolled eating behaviors. Conversely, when Black undergraduate students have positive racial identity and do not endorse adoption of distraction coping strategies, they are more likely to engage in uncontrolled eating behaviors.

Previous research has indicated that positive racial identity is a predictor of adaptive outcomes in Black young adults such as academic achievement, psychological adjustment, and a lower risk for alcoholism (see Livingston et al., 2020). Conversely, the results of this study present that the adoption of a positive racial identity begins a trajectory towards maladaptive behavior and an Anti-Black attitude is a protective factor against adverse eating behaviors when experiencing racism. However, important considerations emerge from the results that should not go unnoticed - regard and salience of racial identity. In their Multidimensional Model of Racial Identity (MMRI), Sellers et al. (1998) suggests that the level of internalization and impact of racial identity is derived from perceptions of public and private regard, salience, centrality, and ideology of being Black. Since adoption of negative Black stereotypes is considered a pre-encounter stage (Cross et al., 2001), it is possible that the participants in this study that adopted miseducated Anti-Black messages have not internalized being Black as positive, important, and central to their lives. Thus, experiences of racism may not be a stressor that one needs to attend to (distraction coping), weakening the likelihood of engaging in uncontrolled eating. On the contrary, Black

students that endorse a positive racial identity may perceive being Black as important personally and publicly in their lives and experiences of racism only exacerbate stress. To this end, results from the current study suggest that Black identity development and coping strategies are components to be emphasized when developing interventions for psychological distress particularly among Black individuals.

These results reinforce the value of culturally responsive practices in applied settings. Specifically, psychologists can facilitate positive outcomes and well-being of clients through explicit application of coping strategies and drawing upon client's adaptive racial socialization messages as sources of grounding, support, and cultural assets.

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