

**THE RELATIONSHIP OF WEIGHT AND BODY IMAGE
TO EATING DISORDERED BEHAVIORS AND SELF-ESTEEM
AMONG WOMEN AND MEN**

THESIS

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By

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CHAPTER 1

INTRODUCTION TO THE STUDY

The Problem

In our society, concern with physical appearance is a phenomenon that has considerable personal and societal implications. At the personal level, researchers have identified some of these implications as diminished self-esteem, impaired physical and mental health, and disordered eating thoughts and behaviors (Rodin, Silversstein and Striegel-Moore, 1984). On a macro-social level, others have noted that these concerns may result in increasingly complex roles for women, changing sociocultural values, unhealthy interpersonal relationships, and lost personal vitality and productivity (Jackson, 1992; Hesse-Biber, 1996; Cash and Pruzinsky, 1990). Additional societal consequences include financially rich returns to some industries, and the continuation of societal institutions such as sexism and patriarchal interests (Liesse, 1992; Hesse-Biber, 1996). Concern with physical appearance is a habit that children learn from an early age (Alessi and Anthony, 1969; Giancoli and Neimeyer, 1983; Richardson, 1970). They are exposed to family and societal messages through family norms and the media. These messages are underscored by movies, the media, beauty pageants, and sports club cheerleaders echo this American cultural value placed on attractive, youthful physical appearance. From all these sources, the messages accumulate from childhood into adulthood, suggesting that to be trim, fit and attractive is the ultimate in physical desirability.

The concept of "body image" has been used to summarize the attitudes individuals develop about their bodies. Body image has many dimensions, including skin complexion and color, facial features, height, and shape and size of various body parts. However, most researchers identify weight as the predominant aspect of body image (Megel, Erickson, Wade, Hawkins, Norton, Sandstrom, Zajic, Hoefler, Partusch, Willrett, and Tourek , 1994; Schwartz, Thompson and Johnson, 1982). Cash and Pruzinsky (1990, p. 338), write that body image is a multidimensional self-attitude toward one's body, particularly its appearance. They suggest that body image refers to how people think, feel and behave with regard to their own physical attributes. Furthermore, Cash argued:

...three facets of body image attitudes should be distinguished and examined--evaluation, affect, and investment. Body image evaluation refers to satisfaction-dissatisfaction with one's physical attributes, as well as evaluative thoughts and beliefs about one's appearance.... Body image affect refers to discrete emotional experiences that these self-evaluations may elicit in specific situational contexts....Cognitive-behavioral investment is the extent of attentional self-focus on one's appearance, its importance or schematicity vis-a-vis one's sense of self, and behaviors involving the management or enhancement of appearance (1994, p. 1169).

In an early work on this subject, Bruch (1978, p. 83) has noted that social attitudes toward the body, appearance and beauty in our society cause mild forms of body image disturbance in non-obese individuals. She further states, "The obsession of the western world with slimness and the condemnation of any degree of overweight as undesirable and ugly may well be considered a distortion of the social body concept, but it dominates present day living" (Bruch, 1978, p. 75). Other studies have shown the same relationship between body image disturbance and societal attitudes (Pyle, Mitchell, Eckert, Halverson, Neuman, and Goff, 1983, p. 77; Button, Fransella and Slade, 1977, p. 241; Casper, Halmi, Goldberg, Eckert and Davis, 1979, p. 64).

Gender is recognized as an important variable in body-image development (Cash and Pruzinsky, 1990; Jackson, 1992; Thompson, 1996). Some studies have specifically examined gender differences and have shown a stronger correlation between body image and self-esteem for women than for men (Lerner, Karabenick and Stuart, 1973, p. 121; Secord and Jourard, 1953, p. 347; Pliner, Chaiken, and Flett, 1990, p. 263). Physical appearance was found to have a greater influence on the self esteem of women than on the self esteem of men, a finding that has several explanations in the literature, including different factors underlying body image satisfaction for men and women and women's being more invested in their overall attractiveness (Lerner, Karabenick, and Stuart, 1973, p. 315; Martin, Housley, McCoy, Greenhouse, Stigger, Kenny, Shoffner, Fu, Korslund, Ercanli-Huffman, Carter, Chopin, Hegsted, Clark, Disney, Moak, Wakefield, and Stallings, 1988, p. 883; and Megel et al., 1994, p. 17). Cash and Muth (1997, p. 1439) cite that, "most research on body image investment has determined that, relative to men, women are more cognitively and behaviorally invested in their appearance." Furthermore, Martin, et al. (1988, p. 883), in a study of 550 teenage girls, found that as obesity increased, self-esteem decreased. Hendry and Gillies (1978, p. 186) reported that being underweight also adversely affected girls' self-esteem. Jackson argues that throughout the life span, women are more discontented with their bodily appearance because they often view themselves as being overweight, even at average weight levels (1992). They tend to weigh themselves more frequently, and they report seeking medical help for weight problems more often than men do (Wooley and Wooley, 1984, p. 202).

While important to men, weight and body image are less likely to be key factors in their sense of self and psychological well-being (Adams, 1977, p. 231; Millman, 1980, p. 97; Striegel-Moore, Silberstein and Rodin, 1986, p. 259). A

few studies have produced evidence to the contrary, however, citing men's weight dissatisfaction as influencing their self esteem and sense of well-being more than women's weight dissatisfaction did (Franzoi and Shields, 1984, p. 177; Mahoney, 1974, p. 29). Furthermore, Johnston cites evidence of a rising pressure on men to focus on their looks:

When we consider the spiraling rewards of professional sports, which increasingly demand taller, bigger, more muscle-bound physiques, the boundary between appearance and performance is getting blurred. In addition, the dramatic increase in plastic surgery among men suggests that more and more boys will be exposed to looks-conscious dads (1994, pp. 65-66).

Franzoi and Shields (1984, pp. 177-178) cite a possible reason for these contradictory findings surrounding the connection of body image and self esteem: the factors underlying body image satisfaction differ for men and women. These researchers analyzed the factors on the Body Esteem Scale and found that the three factors of body esteem that emerged for men were physical attractiveness, upper body strength and physical condition. For women, the three factors comprising body esteem were sexual attractiveness, weight concern and physical condition.

The apparent increase of eating disorders in American society is another variable found in the literature. Researchers have found that women in higher socioeconomic classes, at least partially because of their increased tendency to follow fashion and beauty trends, exhibited greater preoccupation with weight than women in lower socioeconomic classes (Striegel-Moore, Silberstein and Rodin, 1986, p. 247). The same researchers reported that certain environments, such as boarding schools and colleges, have high rates of eating disorders (Striegel-Moore, Silberstein, and Rodin, 1986, p. 247). Societal implications include mental and physical health issues and financially lucrative

business development in the diet, fitness, cosmetic surgery, and fashion industries.

Overall, the concern with physical appearance in our modern American culture is wide spread and important. Because it cuts across classes, ages and education levels and has significant potential for having an impact on our society, this phenomenon will be the focus of this thesis, with the relationships of body image, gender, self-esteem and symptoms characteristic of eating disorder being specifically studied.

Review of Literature

To look more thoroughly at variables influencing body image, self esteem, and incidence of eating disorders, a survey of the literature provides useful and guiding ideas. Beauty ideals have varied considerably in Western culture during the past few centuries, and females, more than males, have been required to meet beauty ideals. A historic look at preferred body size and concepts of attractiveness offers a framework for understanding today's standards.

Historically, human cultures have placed value on a variety of body shapes. Cross-cultural studies indicate that, for the majority of human societies, fatness has been valued more highly than thinness, especially in females (Gordon, 1990, pp. 76-77). In societies where resources and wealth have been limited, the large body has been admired and sought after as a symbol of plenty and abundance. Another issue historically linked to the valuing of an ample, full body, especially in women, has been reproduction (Bruch, Eating Disorders, 1973, pp. 14-16). Some primitive African cultures sent young girls at puberty to

"fattening houses" to prepare them for pregnancy and motherhood (Gordon, 1990, p. 76-77).

Modern Western concerns about obesity, however, are not new. Examples from privileged classes of the ancient Western world are numerous. Ancient Cretans were said to have used a drug that permitted them to stay slim regardless of how much they ate. Spartans had enforced exercise for those who had gained weight. Socrates reported dancing each morning to control his weight, and Romans invented the "vomitorium" where citizens were encouraged to relieve themselves of excessive amounts of food on which they had gorged (Bruch, Eating Disorders. 1973, pp. 16-17). Modern young women seem to have reinvented this "process" (Healy, Conroy, & Walsh, 1985, p. 165; Pyle, Halvorson, Neuman, and Mitchell, 1986, p. 637; Pyle et al., 1983, p. 79).

In Western Europe and the United States, the ideal of a thin body shape, primarily for females, did not gain popularity until the twentieth century, although it certainly had some support in the nineteenth century as evidenced by the use of corsets and bindings to produce an attractively feminine look. As early as 1908, fashion models in Paris were adopting an extremely thin look, a look that was adopted more broadly in America in the 1920s by the "flapper." Gordon (1990, p. 78) describes this phenomenon: "The flapper's boyish, androgynous body was clearly the forerunner of the tubular look that was once again to emerge in the 1960s, and it was disseminated by powerful forces that were to play an even stronger role in the contemporary period.....the media and an emerging consumerism." The preference for thinness had begun.

Thinness was not as fashionable in the war years of the 30s and 40s; the 1950s saw Marilyn Monroe and Jayne Mansfield represent a new ideal standard, one of the more voluptuous, large breasted, small waisted female (Garfinkel and Garner, 1982, p. 106). Yet, in the 1960s, British super model

Twiggy appeared on the world fashion scene with her boyish, ultra-thin body, and the ideal for the American female body took a major turn towards thinner bodies being valued. Substantial evidence points to this increasingly thinner beauty ideal for women. Garner, Garfinkel, Schwartz and Thompson (1980, pp. 487-489) determined that the body dimensions and weights of the average Playboy centerfold and Miss America pageant contestants from 1959 through 1978 had substantially decreased at the same time that those measurements for the average American woman had increased. A study by Wiseman, Gray, Mosimann, and Ahrens (1992) updated the Garner et al. (1980) study, finding that this slimming trend had continued from 1979 to 1988:

69% of the Playboy centerfolds and 60% of the pageant contestants studied weighed at least 15% less than expected if actuarial tables were consulted....This is noteworthy because being at least 15% below one's expected body weight is considered symptomatic of anorexia nervosa, according to the American Psychiatric Association, 1994 (Wiseman et al.1992, p. 87).

Since fashion models who adorn the pages of magazines and who parade down the fashion runways are considerably more slender than Playboy centerfolds and Miss America contestants, average fashion-conscious young American females, who have actually gained size and weight in the last twenty years, have been under considerable pressure to emulate the slimmer role models (Garner et al., 1980, p. 490). The emphasis on thinness has become more extreme, even as it is documented as a preference not based on the reality of social trends.

The move since the 1960s toward an idealization of thinness for women is further documented in Garner et al. (1980, p. 488) when the number of articles on dieting published in six popular women's magazines in the twenty years between 1959-1979 was studied. From a mean of 17.1 diet articles per

year from 1959-1968, the number of articles increased to a mean of 29.6 from 1969-1978, representing a significant increase in the ten year period (Garner et al., 1980, p. 489).

The impact of a changing ideal toward slender bodies is further evident when examining the number of young men and women citing a desire to lose weight and frequent dieting as a behavior chosen to control weight and body shape. Gender differences do appear in this data. Huenemann, Shapiro, Hampton and Mitchell (1966, p. 334) found that as many as 70% of high school girls were dissatisfied with their bodies and expressed a desire to lose weight. Dwyer, Feldman, Seltzer and Mayer (1969, pp. 15-17) found that more than 80% of high school girls but less than 20% of the boys expressed a desire to lose weight. More than 40% of the girls and 24% of boys reported having been on diets by their senior year in high school. High school women were more likely to diet than boys, and dieting did seem to be on the rise during the 1960s (Dwyer and Mayer, 1970, pp. 511-512).

Furthermore, Fallon and Rozin (1985) found that female college students, when asked to locate their actual figure as well as their ideal figure on a display of different body shapes, judged their current appearance to be significantly heavier than their ideal figure, whereas male college students did not judge themselves that negatively. When questioned about whether they wanted to gain or lose weight, 95% of women cited wanting to lose weight while 50% of men reported wanting to lose and 50% of men reported wanting to gain weight (Hesse-Biber, 1996, p. 61). A considerable gender difference was also evident when 75% of female college students reported ever dieting compared to less than 33% for males. In addition 37% of women reported dieting "most of the time" compared to only 15% of men students sampled (Hesse-Biber, 1996, p. 62). Clearly males and females have different attitudes toward body weight.

Research further indicates that America's emphasis on thinness is substantially influenced by the mass media. Television teaches girls a singular feminine ideal of thinness, beauty, and youth, set against a world in which men are frequently presented as more competent and also more diverse in appearance (Garner and Kearney-Cooke 1996, pp. 55-56). Garner and Kearney-Cooke (1996, p. 56) go on to cite studies of prime-time television that show that "programs are dominated by thin body types and that thinness is consistently associated with...favorable personality types." Social identity theory suggests that self-image is made up of both a personal persona and a social one. Social identity is generally gained through identification with one or more social groups. Media and television in particular present images that promise social acceptance for thin females and rejection for obese females (Dolan and Gitzinger, 1994, p. 46). Evidence of the effect of all these media messages on young people is cited by Johnston (1994, pp. 39-40) when she reports that a significant number of teenagers describe their "ideal girl" as being 5' 7" tall, weighting 110 pounds, and having blue eyes and long blonde hair. Many of them describe her in terms of her resemblance to Barbie.

Bandura, (1967, p. 105) uses social learning theory in explaining the powerful influence of role models on the development of gender-related self-identity in childhood and adolescence. The media present role models with body types that adolescent girls are likely to use in their search for self-identity. When considering such young female models as the ultra thin Ally McBeal, the briefly-clad female life guards on *Bay Watch*, or the thin and glamorously presented women on *Friends* or *90210*, it is evident that adolescent women are presented with difficult, if not impossible, models to emulate.

In addition to these social trends towards valuing an ultra thinness and thus, dieting, the 1980s and 1990s in America have found other ideal criteria for

women and men in the form of fitness and muscle tone. Hesse-Biber (1996, p. 44) cites certain words and phrases as being indicative of the values driving these fitness ideals for both women and men. These phrases include "tight" and "steel" as in "abs of steel" and "buns of steel;" "discipline," "strength," "power," and "muscle definition;" and "self control," "let it burn," and "no pain, no gain." Brumberg (1988, p. 254) asserts that "since the middle to late 1970s, a new emphasis on physical fitness and athleticism has intensified cultural pressures on the individual for control and mastery of the body. For women this means that fitness has been added to slimness as a criterion of perfection." This evolving emphasis on slender and tight, muscular bodies has contributed to risky behaviors such as excessive dieting, over exercising and being continually preoccupied with body shape (Brownell, 1991, p.4; Petrie, 1993, p. 839).

Additional research explores the connection between body image and exercise and fitness trends in our modern society. Striegel-Moore, Silberstein and Rodin (1986, p. 257) note that the current emphasis on fitness may have the effect of convincing many that anyone who works out can achieve the lean, healthy looking ideal. The implication is that it is possible for anyone to achieve the "Sylvester Stallone or Jane Fonda" physique if he or she just has the will power and determination. Brownell (1991, p. 4) uses actress Jamie Lee Curtis as an example, citing that she employs a staff of personal fitness trainers who go to breakfast, lunch and dinner with her, and she schedules family, business and friends around her gym workouts. Miss America candidates work out an average of 14 hours per week, with some reporting as much as 35 hours per week (Trebbe, 1989. p. 1-2). However, the literature also documents that it is impossible for many individuals to achieve the "aerobics instructor" look through sheer effort. Supporting this concept, Johnston (1994, pp. 77-78) reports that

no amount of effort will counter the genetic tendency for some people to have large thighs, calves, buttocks or hips.

These body image and fitness standards have complex causes and both positive and negative consequences for our society and for the individuals in it. First, let us look at the causes most identified as being linked to these modern beauty standards. Several sociocultural factors valued by our modern society play an integral role. First, Hesse-Biber (1996, p. 45) cites how modern Americans view images of ideal bodies for men and women in many ways. For women the full breasts, long slender yet muscular legs, small waist, flat abdomen, tight small buttocks, small hips, and slender graceful neck are idealized on billboards, on fashion runways and layouts, in music videos and in the fitness posters in the gym locker rooms. Hesse-Biber (1996, p. 47) continues by describing that, for men, the images of broad muscular shoulders; trim and tapered waist and hips; flat, ripped abdomens; and pronounced leg, calf, and chest muscles are transmitted in health food store supplement ads, in T.V. soap operas, on Internet advertisements and in fashion, sport and fitness magazines.

To document more fully the scope of this image dissemination, Johnston (1994, p. 39) states, "The average person sees between 400-600 advertisements per day--that is, 40 million to 50 million by the time he or she is 60 years old. One of every 11 commercials has a direct message about body image and beauty." Kilbourne further documents a modern American's exposure to media and the implications of this phenomenon:

We are each exposed to over 2,000 ads a day, constituting perhaps the most powerful educational force in society. The average adult will spend one and a half years of his/her life watching television commercials. But the ads sell a great deal more than products. They sell values, images, and concepts of success and worth, love and sexuality, popularity and normalcy. They tell us who we are and who we should be (1998, p. 128).

The literature cites a strong link between this mass distribution of ideal body images and financial gain. The role of commercial interests and the media in promoting body ideals is well documented, with many business interests, such as the fashion, diet, cosmetic, beauty, and exercise/fitness industries all promoting the ideal slender, fit look. In 1992, diet and low fat frozen entrees accounted for \$3.3 billion in sales (Liesse, 1992, p. 3). The entire diet industry generated \$30 billion that year ("Losing Weight," 1992, p. 8). Likewise, in 1992, the fitness industry grossed \$42.9 billion ("The Fitness Industry-- Snow Motion," 1992, p. 71).

The medical industry--physicians, psychiatrists, psychologists, and eating disorder clinic owners--is also cited as being influenced financially by our society's emphasis on thinness and fitness. Plastic surgery is a \$5 billion a year industry in America and is readily accepted by many today as a natural and normal procedure for men and women (Hesse-Biber, 1996, p. 51). Hesse-Biber (1996, p. 119) describes another consequence--that the ultra slender body ideal also helps "the controlling patriarchal interests in our society, since it requires women to divert money, time, and energy away from more empowering activities."

Likewise, the literature cites how the tobacco industry is highly invested in perpetuating ultra slender standards for body images. By intentionally creating a feminine market share through feminizing several brands like *Virginia Slims* and *Capri* and by strongly suggesting smoking is an effective way to lose weight and keep it off, this industry reaps substantial revenues and is highly invested in perpetuating these American body image ideals (Kilbourne, 1987).

Political constituencies are brought into this economic formula because each of these major industries--tobacco, medical, beauty, diet and fitness--has powerful and well funded lobbying arms (Hesse-Biber, 1996, p. 120). Thus, these economic and political interests align as key players in developing and maintaining our current troubling body image standards.

Why are people in our society so apt to be influenced by this massive marketing of beauty, fitness and thinness? The literature reveals that the answer partially rests in several dearly held sociocultural values. The rather infamous quotation, attributed to the Duchess of Windsor that "One can never be too rich or too thin," sums up several of these values (Gordon, 1990, p. 81). Our society seeks to emulate the higher social classes and many, especially females, in the upper classes do achieve a substantial level of thinness by various means (Gordon, 1990, p. 44). Bruch (Eating Disorders, 1973, p. 95) further adds, "The characteristic hatred of fat ... represents an aristocratic attitude that values being able to do without in the midst of abundance." This premise underscores one's relative self control, will power and lack of need.

Another modern sociocultural value influencing the idealism about body image and attractiveness is our growing health consciousness. Hesse-Biber (1996, p. 104) discusses this phenomenon: "This growing emphasis on attractiveness in men and women is amplified by the medical establishment, which links a trim body with health." Periodically new medical studies are released touting the benefits of exercise, fiber, slender body shapes, and almost anything fat free. Consumers have become so vigilant about health that, for many, real sugar, whole milk, salt and any fat grams are personal negatives and dietary taboos. Mishkind, Rodin, Silberstein and Streigel-Moore state:

Western society currently places an unprecedented emphasis on lifestyle change and self-management as the major health-promoting activities. The burden of illness has shifted from infectious diseases to cardiovascular disorders, automobile accidents, and cancers, many of which are considered preventable through behavior change. Looking healthy is the external manifestation of the desired healthy state, so the body symbolizes the extent of one's self-corrective behavior (1986, p. 555).

This fear of fatness that results from such a societal emphasis on fit, healthy-looking bodies is a key motivating force behind many fad diets, punishing exercise regimes and the epidemic of eating disorders in our society (Gordon, 1990, p. 85). Many Americans are simply intensely fearful of gaining weight and of becoming obese because of the implications of these conditions. This fear and dread of obesity is related to fatness being a symbol of much that is unworthy, inadmirable, despicable and even immoral. Hesse-Biber (1996, p. 4) states, "Our culture considers obesity 'bad' and 'ugly'. Fat represents moral failure, the inability to delay gratification, poor impulse control, greed and self-indulgence." Gordon (1990, p. 85) adds that fatness can also symbolize stupidity, laziness, and slovenliness.

Other data pointing towards the aversion toward being overweight comes from research by Hatfield and Sprecher (1985, p. 30), who report that Kinsey and his co-workers, in their survey of sexual practices in America, found that women were more embarrassed when asked their weight than when asked how often they masturbate or when asked if they had ever had a homosexual affair. Mazel (1981, p. XX) in her best selling fad diet book Beverly Hills Diet sums up this distorted thinking so prevalent in our modern American society, "Being fat is an obscenity, -- we are shunned, scorned, and ridiculed. A failure for all to see -- and mock."

Studies of elementary school children reveal evidence that in our society, children acquire this fear of fatness at an early age. In a study by Richardson, Hastorf, Goodman, and Dornbusch (1961, p. 245), 10 and 11 year olds of various ethnic and socioeconomic backgrounds were asked to rank-order six drawings in order of personal preference. The children consistently had a more negative attitude toward an obese child than toward a child with a wide range of deformities, including a child with a leg brace and crutches, a child in a wheel chair, a child with a hand amputated and a child with a facial disfigurement. This sequence emerged across all the subject variables, including race, sex, socioeconomic background and rural versus urban residence.

Nearly all subsequent studies have found the physically normal child to be more preferred, but the rank-order for the drawings of the physically deviant children has varied somewhat. In all studies, however, the drawing of the overweight child is usually ranked last or next to last by American children (Alessi and Anthony, 1969; Giancoli and Neimeyer, 1983; Maddox, Back, and Liederman, 1968; Richardson, 1970; Richardson and Royce, 1968). The influence of other variables, such as desire to gain weight or excessive weight not being stigmatized in some cultures, is evident in other studies. Nineteen of the 199 subjects in a study by Maddox et al.'s (1968, p. 293) reported wanting to gain weight, and this group ranked the drawing of the overweight child third. Likewise, in the Goodman et al. (1963, p. 433) study, lower class Jewish girls ranked the overweight child fourth, a fact that these researchers hypothesized revealed more positive subcultural attitudes towards body weight. In another study, when asked whether they would "trade" their chronic illness for obesity, most diabetic children interviewed said "no" (Davis, Shipp, and Pattishall, 1965, p. 245). Clearly children learn at an early age that obese people are to be stigmatized.

Studies further show that families with members who present eating-disordered behavior frequently have a morally-laced tone of values surrounding dieting, physical fitness and obesity. Many of these families speak of a highly puritanical ethic of work and self control when referring to thinness and fatness, using such religious and moral phrases as "temptation," "self-denial," and "sinful" (Brumberg, 1988, p. 242). Brumberg (1988, p. 182) continues about society's expectations for modern women, "One of the most convincing demonstrations of a spiritual orientation is a thin body-- that is, a physique that symbolized rejection of all carnal appetites....To be hungry is a social faux pas....with appetite being viewed by many as a barometer of a woman's moral strength."

Gordon (1990, p. 89) further documents our society's fear of fatness, "We do not simply want to be thin, nor is our wish to move simply towards 'health': we hate our fat. The imagery of the struggle with obesity in popular culture is the imagery of warfare: 'zap fat,' and 'blast bulges'." Thus, considerable data points to the fact that overweightness and obesity are complex cultural concepts loaded with many ideological and subjective values that go beyond objective reality.

Another major sociocultural issue contributing to pursuit of unlikely-to-be-obtained beauty standards is our society's adulation of and quest for youth. Evidence emerges throughout our society of the emphasis placed on "being young." For females, this overvaluing of youth escalates during their adult years and reaches a renewed emphasis in mid-life (Melamed, 1983, p. 12). For women, this dread of losing their youth is particularly poignant. In Beauty Bound, Rita Freedman states,

Women's lives are marked by a precipitous drop in social value at mid-life. Prime time ends and they find themselves pushed over the hill into no-man's land, considered old simply because they no longer look very young. The emphasis on juvenile traits as being essential to feminine beauty means that older women are judged more harshly than men... Feminine beauty standards stress youthfulness more heavily than masculine standards, and these standards are applied more stringently to women than to men...Generally speaking masculinity is still measured more by strength while femininity is measured more by attractiveness (1986, pp. 200-201).

The attractiveness ideal cited by Freedman is yet another social value influencing our society's concepts of what constitutes an ideal body image. Elissa Melamed (1983, pp. 11-12) in her book Mirror, Mirror: The Terror of Not Being Young, proposes that appearance anxiety so prevalent in American women has origins in early childhood when young girls are socialized to over value their physical appearances. The news footage shown past months of Jon Benet Ramsey parading in full adult glamour make-up and attire in beauty pageants for six year olds is an example of this childhood socialization. In a paradoxical cycle, mothers struggle to look young like their daughters while the daughters borrow their mother's clothes to look "more attractive."

Just as the causes are multiple and enmeshed, the consequences of this intense emphasis on thinness and fitness affect individuals and our society in significant ways. The consequences include individual concerns like lowered self esteem, psychological disorders and clinical depression, feelings of guilt and shame, escalating levels of stress, strained and ungratifying interpersonal relationships, distorted values encouraging phenomena like being "a Barbie" or "a Superwoman," and an epidemic of eating disorders (Dolan and Gitzinger, 1994; Cash and Pruzinsky, 1990; Brownell, 1991). The societal consequences identified in the literature include spiraling health problems, troubled family units, perpetuated sexism, and neurotic behaviors resulting in lost vitality and

productivity for persons and society (Jackson, 1992; Hesse-Biber, 1996; Cash and Pruzinsky, 1990).

One of the significant personal consequences for a person trying to achieve modern body image ideals is the psychological toll that the pursuit of perfection can take. Some symptoms frequently documented as associated with negative body image are depression, decreased self-esteem, distorted body image, feelings of helplessness and frustration, and high levels of stress. The research of Rodin, Silverstein and Striegel-Moore (1984, p. 294) supports the assertion that the psychological consequences of weight concerns and chronic body dissatisfaction are among the major causes of depression in many women. Frequent and sustained dieting is known to have significant psychological effects, many of which are more common to women since they are known to diet more (Dwyer and Mayer, 1970, p. 514). However, Rodin (1992, p. 182) asserts that more than half of all dieters report experiencing depression, nervousness, weakness and irritability. In a six-month study at the University of Minnesota on men who were restricted to one half of their former food intake, Keys (cited in Rodin, 1992, p. 182) found common symptoms reported by participants to be "irritability, high anxiety, distorted body image, lethargy, fatigue, tension, insomnia and depression." The study further found that for the men in the study, food became a central subject of conversation, reading and daydreaming. Impaired judgment and mental confusion were also reported by participants (Keys, cited in Rodin, 1992, pp. 183-184).

These negative psychological consequences of dieting and chronic body dissatisfaction are also seen in studies of women. Diet induced depression occurs. For example, one woman professional, married with two young children, upon fasting for five days and dieting on 800 calories per day for two weeks in an effort to get ready for summer, described her psychological state,

"Everything and everyone annoy me. I feel unappreciated and taken advantage of. I know that no one really likes me" (Rodin, 1992, p. 182). Not even when her work productivity fell off severely and she felt worse and worse about her whole life did this woman report linking her deteriorating psychological state with a diet-induced depression (Rodin, 1992, pp. 182-183).

Just as this woman's comments reflect feelings of inadequacy and failure to measure up, the issue of self esteem is central to much literature about disordered body image and dieting. To create a motivation to diet, most dieters report they must feel inadequate in their present form. Frequent self-talk that one is unattractive, incompetent, and unworthy are sometimes used by dieters to help them avoid eating and, thus, to lose weight. They also report that they expect to overcome these self-talk messages and feel attractive, competent, and worthy as they lose weight (Wolf, 1991, pp. 192-194).

Because the nature of body chemistry and dieting results in frequent dieting failures and because self esteem usually is lowered by each failure, the spiral of dieting and diminished self esteem can produce additional negative consequences for individuals (Striegel-Moore, McAvay and Rodin, 1986, p. 941). Although a literature search revealed no studies demonstrating that dieters experience lowered self-esteem after dietary failures, there is evidence that therapeutic interventions designed to stop dieting behaviors lead to increased self-esteem. For example, Heatherton and Polivy (1991, p. 907) cite a study in which obese women with histories of chronic dieting were taught, for 10-weeks, a program stressing the acceptance of one's body. The results were increases in self-esteem ratings for all participants.

Many women who are preoccupied with their bodies and with attractiveness report being labeled by society as vain because they expend much effort and attention in the pursuit of body image ideals. However, studies

show that the perceived vanity and conceit are motivated by the deeper issues of shame and social pressure that lead to women's preoccupation with their appearance (Boskind-Lodahl, M., 1976, p. 349; Garfinkel and Garner, 1982, p. 279).

Although women report experiencing a range of emotions including anger, guilt, and frustration, the literature indicates that shame is the key motivating factor for many women caught up in trying and often failing to live up to societal beauty ideals. Rodin (1992, p. 79) reports that shame is the emotion most often occupying a central place in a woman's relationship to her body. According to Helen Block Lewis (1971, p. 30), a psychoanalyst who wrote Shame and Guilt in Neurosis, shame is defined as feeling bad about who one is, viewing one's entire self as faulty. It is generally believed that women are more likely to feel shame while men are more likely to feel guilt (Rodin, 1992, p. 73). In contrast to shame, which focuses hostility on the entire self, guilt focuses on what one does or has done. Since the current beauty ideal is being fit and thin and since women are more susceptible to internalizing these messages and often comparing themselves against this ideal, it is probable that many women experience shame as a result of their unsuccessful attempts at attaining the cultural ideal. Another pattern identified in the literature is the cyclical nature of these shame feelings, as women often feel ashamed of being ashamed (Rodin, 1992, p. 76).

Besides shame as a cause and consequence of this unrealistic ideal for women, impossible role expectations are another consequence for women in society. As individualization and meeting one's individual needs are stressed, women are confronted with a plethora of confusing and often conflicting role expectations. The number of roles possible for women has also expanded. Out of these multiple role choices arises a syndrome increasingly known as the

"superwoman syndrome." Dolan and Gitzinger (1994, p. 5) describe this phenomenon, "A modern woman is expected to be a mother, have a career, be a dutiful wife, an exciting mistress, be romantic but also be independent--and stay in control of all of this." No woman can fulfill these roles perfectly.

Such social role choices and the inherent pressures are a part of the sociocultural position of modern women, a position that the literature indicates contributes to their having disordered and obsessive thoughts about food, eating and control. Sociocultural theory seems to offer the best explanation for why so many women suffer from eating problems. This theory maintains that current societal beauty standards inordinately emphasize the desirability of thinness (Thompson, 1990, p. 42). Multiple sources indicate that the media have fostered the view that thinness equals beauty and what is beautiful is good (Rodin, Silberstein, and Striegel-Moore, 1984, p. 276; Dolan and Gitzinger, 1994, p. 48). Likewise, a substantial body of research documents that our society negatively values the opposite of thinness--obesity (Rodin et al., 1984; Striegel-Moore, Silberstein, and Rodin, 1986, p. 247). Rodin et al. (1984, pp. 270-276) cite the following sociocultural factors emerging consistently in modern research studies as major influences on body image: the stigmatization of obesity; the extreme importance of being attractive; the current female sex-role stereotype that cultivates a preoccupation with pursuit of beauty; society's long time acceptance of women altering their bodies to achieve ideals of beauty; and society's exhaltation of being thin as a central feature of our current ideal of attractiveness. White (1992, pp. 354-355) stresses that sociocultural influences operate in two ways: by creating a culture where slimness is valued and by reducing perceived control over the environment. The conflicting role demands described by Dolan and Gitzinger (1994, p.5) for today's women contribute to this feeling of loss of control. Perhaps Striegel-Moore, Silberstein,

and Rodin (1986, p. 247) sum it up best when they say, "The more a person believes that 'what is fat is bad, what is thin is beautiful, and what is beautiful is good,' the more they will work toward thinness and be distressed about fatness."

Arguably the most significant sociocultural consequences of weight and body image disturbance are the trends toward the development of disordered eating habits. Several researchers have hypothesized that the current cultural emphasis on slimness and dieting has directly resulted in the substantial number of eating disorders reported in women and men in the last several decades (Beuf, as cited in Hesse-Biber, Clayton-Matthews and Downey, 1987, p. 514; Chernin, 1981, p. 107; Stice, Schupak-Neuberg, Shaw and Stern, 1994, p. 839; Pinhas, Toner, Ali, Garfinkel and Stuckless, 1999, p. 225). Schwartz, Thompson and Johnson (1982, pp. 20-21) assert that the reported rapid increase in anorexia nervosa and related eating disorders is the direct result of cultural forces which direct girls and women primarily to enter into this particular disordered behavior. These researchers go on to cite that 56% of all women between the years of 24-54 report having dieted and of the women who diet, 76% admit doing so for cosmetic, not health, reasons. Garner et al. (1980, p. 490) indicate that the more intense pressure on women to be slim may account for the larger prevalence of eating disorders in women. These researchers also report that, in certain professional sub-cultures like modeling, sports, and film, demand for thinness and dieting are epidemic; the study further notes that "it is ironic that the current symbols of 'sexual attractiveness' may be gravitating toward a weight which is in biological opposition to normal reproductive activity" (Garner, et al., 1980, p. 490).

Public awareness of eating disorders and the demand for clinical services has increased over the past decade (Dolan and Gitzinger, 1994; Thompson, 1990). The demand has brought about an abundance of literature on the assessment and etiology of eating disorders. For example, Schwartz, Thompson and Johnson (1982, p. 27) proposed a risk factor model for predicting susceptibility to disordered eating thoughts and behaviors that incorporated the following potential causal factors: biological abnormalities, developmental problems, family environment, personality characteristics, and sociocultural influences. This risk factor model offers a viable framework for understanding the possible causes of eating disorders, particularly for assessing the sociocultural contribution. Dolan and Gitzinger (1994, p. 1) assert that anorexia nervosa and bulimia are the only psychological disorders which are specific to Western culture and the only ones so specific to women. They cite 1 in 50 women in North America and Europe as being affected by the clinical syndromes of bulimia and anorexia nervosa. In contrast, McDonald (1999, p. A22) cited recent studies that report a rise (from 3% to 15% in three years) in vomiting to control weight among young Fiji Island women whose average age was 17 years. Furthermore, 29 percent of the women scored high on a questionnaire assessing eating disorders, up from 13 percent in 1995. But reporting on a much broader and more pervasive problem, studies in a variety of industrialized countries estimate that up to 90% of women have been on slimming diets, 20% of "normal" women binge eat once a month, and 10% have used vomiting and laxative abuse as a method of dieting at some time (Chernin, 1981, p. 38-40).

A developmental perspective, which focuses on the important role the maturational process plays in the development of body image, further clarifies many issues relevant in explaining what makes women more vulnerable than

men, and some women more vulnerable than others in developing various forms of body image disturbance. As suggested earlier, from early childhood, girls are socialized to believe that appearance is especially important and that they should be concerned with it. From their families, little girls learn that one of their functions is to "pretty up" the environment and serve as an aesthetic adornment (Johnston, 1994, pp. 1-3).

Beyond the family environment, schools can also reinforce these damaging messages. One study reports that significantly more of the positive feedback that boys receive from their teachers is addressed to the intellectual aspects of their performance, whereas girls are more often praised for activities such as neatness and appearances (Striegel-Moore, Silberstein and Rodin, 1986, p.249).

In general, the scope of research on body image and sociocultural variables is considerable and has produced some consistent and some contrasting findings. This study will examine several hypotheses about the relationship of body image and gender, body image and self-esteem, and body image and eating disorders among men and women. Therefore, the following hypotheses are proposed:

- Hypothesis #1: There is a difference in the reported satisfaction with one's own body of males and females.
- Hypothesis #2: There is an inverse relationship between body image and behaviors symptomatic of eating disorders.
- Hypothesis #3: A positive relationship exists between satisfaction with one's own body and levels of self-esteem.

CHAPTER 2

METHOD

Sample

Southwest Texas State University students were selected as respondents for this study. There were 78 males and 96 females who participated for a total of 175 respondents. The convenience sample was drawn from one Introduction to Sociology class, one Criminology class as well as one section of the Psychology of Aging during the Spring 1999 semester. The respondents were informed verbally before filling out the questionnaire and in the instructions that their participation was confidential and voluntary.

The Research Instrument

The 50 item questionnaire (See Appendix pp. 49-54) was divided into five sections. These five sections consisted of demographic questions, general questions regarding weight and appearance, along with items measuring body image, self esteem, and eating disorders. The demographic questions, as well as the general questions, were all constructed by the researcher. The remainder of the items were selected from scales previously created and shown to be reliable by other researchers.

Scales and Measurements

Self Esteem Scale: Self-Esteem (see Appendix p. 51) was measured through the use of Rosenberg's Self Esteem Scale (Rosenberg, 1965, pp. 179). The scale is made up of 10 Likert-type items concerning feelings about oneself, feelings of self worth, and feelings about one's competence in comparison with others. The possible score on each item ranges from (1) Strongly Disagree to (5) Strongly Agree. The scoring on 5 of the items (SE3, SE5, SE8, SE9, SE10) was reverse coded to reflect the intent of the scale. The mean of the sum of the scores was calculated and labeled the SELF score, with a low score indicating low self-esteem and a high score indicating high self-esteem. Respondents needed to have answered 8 out of the 10 questions to be included in the self esteem analysis.

Body Image Scale: This section contains one scale of body image (see Appendix p. 52) taken from an article on body image by Garner and Kearney-Cooke (1996). The scale measures body image through the use of 15 Likert-type questions assessing the respondents current level of satisfaction with different aspects of their bodies. The possible score on each item ranges from (1) Extremely Dissatisfied to (5) Extremely Satisfied. The mean of the sum of the scores on the fifteen questions was calculated and labeled the BITOTAL scale score.

Eating Disorders Scale: Section three of the questionnaire was compiled from items included in the Eating Disorders Inventory (Garner, Olmsted, and Polivy, 1983, pp. 23-25). This scale measures the respondents' participation in behaviors symptomatic of eating disorders on a continuum: from mild concern about weight to prolonged periods of fasting and from occasional

overeating to constant bingeing. The Eating Disorders Inventory is a measure of the psychological and behavioral pathology of eating disorders. The abridged form of the inventory contains two behavioral subscales (Drive for Thinness and Bulimia), and three psychological subscales. Since the researcher was interested in measuring eating disordered behaviors, only the behavioral subscales were employed (see Appendix p. 53). Drive for Thinness indicates an over-concern with dieting, preoccupation with weight, and an obsession with the extreme pursuit of thinness. The scale includes questions such as "I am preoccupied with a desire to be thinner." The Bulimia scale indicates a strong tendency to engage in episodes of uncontrolled binge eating followed by a strong desire to vomit. All nine questions were selected from the Eating Disorders Inventory and were answered using a five point Likert-type scale. The possible score on each item ranges from (1) Never to (5) Always. The mean of the sum of the scores on the nine questions was calculated and labeled the ED (Eating Disorder) scale score.

The final section includes the demographic questions (see Appendix p. 54). Respondents were asked to self-report their age, sex, ethnicity, academic classification and marital status. The end of the survey is enhanced with an open space for respondents' comments.

Procedure

The questionnaires were administered during regular class hours. Respondents were supplied with the following information, which appeared at the top of each questionnaire:

Thank you for your participation in this research project. This study measures student attitudes towards body image and attempts to identify sociocultural elements that impact these attitudes. Please answer all the items as honestly as possible. Do not put your name

or any identifying marks on the questionnaire. All answers are confidential. All questionnaires will be destroyed at the close of this research project. If you do not wish to participate in this study, please return the questionnaire.

Respondents remained anonymous, and completion of the questionnaire was voluntary.

Statistical Analysis

Frequency distributions were performed for every variable on the questionnaire to determine the range, mean, and percentages of responses. Frequency distributions were run again with the file split by sex of the respondent. To test hypothesis 1, a T-Test was performed that compared the mean body image score for males and females. To test hypothesis 2, Pearson correlation coefficient (r) was used to measure the strength and direction of the relationship between BIMAGE (respondent's body image) and ED (respondent's eating disorders inventory score). To test hypothesis 3, Pearson correlation coefficient (r) was used to measure the strength and direction of the relationship between BIMAGE (respondent's body image) and SELF (respondent's self-esteem). The researcher set $\alpha = .05$ for all statistical procedures.

CHAPTER 3

FINDINGS

Characteristics of the Sample

As shown in Table 1, of the 175 respondents, the number of males was slightly less than the number of females with 78 males and 96 females. Most of the respondents (61%) were between 18-22 years old and only 1.7 percent were over the age of 40. The majority of the respondents (65.5%) were white, with Hispanics (21.8%) and African Americans (6.9%) making up the remaining 34.5 percent. The classification break down of the respondents was 21 freshman, 29 sophomores, 44 juniors, 65 seniors, and 14 graduate students. The marital status of the respondents showed 87.4 percent single, 10.9 percent married and 1.1 percent divorced.

(Table 1 here)

All three of the scales were tested for internal consistency using Cronbach's alpha. The alpha of Body Image Scale was .86. The alpha of the Eating Disorders Scale was .86. The alpha of the Self Esteem Scale .89. The high alpha scores on all three of the scales exceed the qualification for acceptable reliability.

Test of Hypotheses

Hypothesis #1: There is a difference in the reported satisfaction with one's own body of males and females.

Male respondents' reported higher scores on the Body Image Scale than did female students (see Table 2). The mean level of body image satisfaction for males is 3.8 and the mean level of body image satisfaction for females is 3.5. The difference between the means is statistically significant; therefore, hypothesis one is not rejected.

(Table 2 here)

Hypothesis #2: There is an inverse relationship between body image and behaviors symptomatic of eating disorders.

The correlation between respondents' scores on the Body Image Scale and the Eating Disorders Scale is $-.55$ (see Table 3). The relationship is moderate and inverse; thus the lower the students' satisfaction with their bodies, the more likely they are to report behaviors symptomatic of eating disorders. The relationship is statistically significant; therefore, hypothesis two is not rejected.

Hypothesis #3: A positive relationship exists between satisfaction with one's own body and levels of self esteem.

The correlation between respondents' scores on the Body Image Scale and the Self Esteem Scale is $.44$ (see Table 3). The relationship is moderate and positive; thus, the greater the respondents' satisfaction with their own body, the greater their self esteem. The relationship is statistically significant; therefore, hypothesis three is not rejected.

(Table 3 here)

Additional Findings

A T-Test was performed to compare the mean Eating Disorder Score for males and females. Females reported higher scores on the Eating Disorder Scale than did male respondents (see Table 4). The mean Eating Disorder score for females is 2.0 and the mean Eating Disorder score for males is 1.6. The difference between the means is statistically significant.

(Table 4 here)

A Pearson correlation was run to measure the strength and direction of the relationship between SELF (respondents' self esteem) and ED (respondents' eating disorder inventory score). The relationship was moderate (-.41), inverse, and statistically significant. Thus, the lower the respondents' self esteem, the greater their participation in behaviors symptomatic of eating disorders (see Table 3).

To further analyze gender differences, the file was split by sex of the respondent. A Pearson correlation was again run to measure the strength and direction of the relationship between SELF (respondents' self esteem) and ED (respondents' eating disorder inventory score) for women and men. The relationship for females was -.52 and was statistically significant (see Table 5). The relationship for males was -.17 and was not statistically significant (see Table 5). Thus, the lower the female respondent's self esteem, the greater her participation in behaviors symptomatic of eating disorders. The male respondents in this study did not report as strong a relationship between self esteem and eating disorders.

One interesting finding was that females expressed more of a desire to lose weight whereas males expressed a range of desires to both gain and lose weight (see Table 6). When asked about their desired weight, 85.4 percent of the female respondents compared to 41 percent of the male respondents reported wanting to lose weight. When asked about their desired weight, only 4.1 percent of females reported wanting to gain weight as compared to 30.7 percent of the male respondents. Only 10.4 percent of the females and 28 percent of the males indicated they were satisfied with their current weight. These findings are similar to the research findings of Hesse-Biber (1996, p. 61) who reported that 95 percent of female college students surveyed expressed a desire to lose weight compared to 50 percent of male college students who wanted to lose and 50% who wanted to gain weight.

When asked the question, "If you could have an ideal body (by your definition) for the rest of your life, how many months/years of your life would you trade for that ideal body?", 10.3 percent of all respondents reported they would trade 1 month, 7 percent would trade 2-6 months and 5.7 percent reported they would be willing to give up 5 or more years of their life in return for the "ideal" body. When the same scale was split by gender, the percentage of the female respondents willing to trade five years or more was 7.4 percent compared to 3.8 percent of males.

When asked the question, "How often does your weight affect how you feel about yourself?", gender differences also appeared. Forty-two percent of females answered very often or always compared to 11.5 percent of the male respondents. Another interesting gender difference finding came out of respondents' answers to question 9: "What percent of your exercise is aimed at controlling weight?" (see Table 7). Twenty-three percent of women and 13 percent of men responded 50-74%; 13 percent of women and 4 percent of men

responded 75-99%; and 18 percent of women and 1.3 percent of men answered 100% of their exercise was aimed at controlling weight. This contrasting response pattern is consistent with research done by Franzoi and Shields (1984) on the varying components of female vs. male body image satisfaction, which asserted that women place more importance on weight concern than men, who value upper body strength and physical conditioning.

One unexpected finding was the way in which respondents answered question 6: Of the four responses listed below, which one would make you the happiest? Losing weight, success at work, a date with a man or woman you admire or hearing from an old friend. Based on the survey of the literature, the researcher would have predicted a large percentage of the women to select losing weight as what would make them happiest. This was not the case (see Table 8). The largest group of the female respondents (40 percent) choose success at work as the event which would make them happiest. The largest group of male respondents, 36 percent, also choose this response. Eighteen percent of the women and 6 percent of the men selected losing weight. Finally, 13 percent of the women and 26 percent of the men reported a date with a man/woman you admire as the event that would make them happiest.

When asked whether or not they had ever had plastic (cosmetic) surgery, 7.5 percent of all the respondents answered yes. Further analysis explored gender differences (see Table 9). Few if any were found, with 8.3 percent of the female respondents and 6.4 percent of the male respondents self reporting having had plastic (cosmetic) surgery.

CHAPTER 4

CONCLUSIONS

Methodological Problems

Before discussing the findings of this study, several methodological problems should be addressed. The first problem is directly related to the sample, which was not randomly selected. Many of the statistical tests performed in this study are designed to be used with randomly selected samples; thus, caution must be taken when making inferences about the statistical significance of the findings as well as when generalizing the findings from this sample to a larger population.

Another problem is the use of self-reported data rather than actual behavior. The Eating Disorder Scale did not measure actual incidences of eating disordered behavior, but rather respondents' self-reports of the frequency of behaviors and thoughts associated with eating disorder. Even though the respondents remained anonymous, it is possible that their behaviors were underreported due to embarrassment, shame or guilt. If a person truly suffered from an eating disorder, he or she might be more likely to falsify or minimize answers in an attempt to keep the illness a secret. Although no concrete evidence was found to support underreporting, any underreporting that occurred would pose questions about the reliability of this studies findings.

Discussion of Findings

Despite the methodological problems, the significant statistical support found for all three of the proposed hypotheses does offer interesting data for discussion. For the first hypothesis, the body image of males and females was examined. The results indicate that a measurable difference exists between the way males and females view their bodies. Based on the literature, this is not surprising. Franzoi and Shields' (1984, pp. 177-178) research findings about the factors underlying body image satisfaction differing for males and females offer a helpful framework for understanding this difference. They assert that body image satisfaction for men is largely based on physical attractiveness, upper body strength, and physical condition as compared to women, whose key body image factors are sexual attractiveness, weight concern and physical condition. Thus, this study's findings of more dissatisfaction for females in body image could be understood as being influenced by the greater emphasis on sexual attractiveness and weight concern for females. The literature indicates that both of these variables are defined in our society by unrealistic and narrowly defined ideals. The female variables of sexual attractiveness and ultra thin weight are far more difficult to obtain than upper body strength and physical condition for men. However, the reasons for this gender difference are still not well established and the area is a good one for future study.

Hypothesis two was supported by an inverse relationship between body image and behaviors symptomatic of eating disorders. This finding indicates that the less satisfied one is with body image, the more behaviors symptomatic of eating disorders he/she display. This finding is consistent with several earlier studies and may be an indication of how having poor body image often leads individuals to exhibit unhealthy and even dangerous behaviors.

Since disordered eating behaviors result in a high cost emotionally and financially for individuals and families in our society, this correlation merits further study as to effective preventive and remedial treatment protocols.

The third hypothesis established the correlation between body image and self esteem. The relationship found was a moderate, positive one; thus, the greater the respondent's satisfaction with her/his own body image, the greater the reported self esteem. As concluded from hypothesis two, this finding also sheds light on the importance of body image and its potential impact on an individual, regardless of gender. Additional analysis (see Table 5) showed that gender differences between body image and self esteem did not exist. This finding is not consistent with the literature that reports women's being more invested in their physical appearance as a measure of their well-being and self-esteem (Lerner, Karabenick, and Stuart, 1973; Secord and Jourard, 1953; Pliner, Chaiken, and Flett, 1990).

Although not one of this study's major hypotheses, the differences in males and females as to self esteem and eating disorders was explored. To investigate possible gender differences, a Pearson correlation was run. The Pearson correlation demonstrated significant gender differences. Although a relationship between self esteem and eating disorders was supported for the female respondents, the same relationship was not found for the male respondents. This finding suggests that female self esteem is more closely correlated to weight and body image than males' self esteem. Yet another gender difference ripe for discussion is the finding that approximately four times as many women as men reported that their weight affects the way they feel about themselves very often or always. This, again, is evidence that weight is a more salient factor in a woman's self perception than it is for males.

While gender differences were shown to exist, similarities between men and women were also present and need to be addressed. The finding that nearly as many men as women (6.4% vs. 8.3%) reported having had cosmetic surgery is of significance. This may be an indication that men are becoming more concerned with their appearance and are just as likely as women to use medical procedures to enhance features with which they were dissatisfied. Because the questionnaire used in this study did not clearly differentiate medical from cosmetic motivations for the plastic surgery, further research is required to test this hypothesis.

The fact that the largest group of both male and female respondents selected success at work as the event that would make them the happiest is also interesting and worth discussing. The researcher was not surprised by the large number of men who selected this response since males traditionally value success at work. However, the researcher was somewhat surprised by the large number of women who selected this response because it contradicts previous research by Wooley and Wooley (1984) who found that the largest percent of the women in their sample selected losing weight as what would make them happiest. Perhaps this difference in findings indicates a change in the last fifteen years in how women value themselves and their success. As women advance in social position and power by working outside the home and taking on traditionally male roles in the workforce, there may be more equalizing in the sociocultural pressures aimed at males and females about ideal weights and body images. While females are concerned about appearance, it may be less important than previously thought given their new emphasis on occupational success.

One finding that illustrates the importance of weight and appearance to this group of respondents is seen in their response to question 7: "If you could

have an ideal body (by your definition) for the rest of your life, how many months/years of your life would you trade for that ideal body?" When respondents report that they would be willing to trade months and even years of their lives in exchange for the "ideal" body, it is an indication of the high value that they have placed on appearance. Although it was not addressed in this study, it would be interesting to explore respondents' reasons (or motivations) for reporting that they would be willing to trade a portion of their life for the ideal body. Is it because they are unhappy with the body they have and believe the ideal body would bring them more happiness? Is it because they feel they would be treated differently if they had a different body? Research has shown that attractive persons are believed to live more successful and fulfilling lives (Berscheid and Walster, 1974). Studies have also shown that attractive applicants may have a better chance of getting a job and tend to be hired at a higher starting salary (Dipboye, Arvey, and Terpstra, 1977; Dipboye, Fromkin, and Wibach, 1975). Both of these questions pose interesting future research possibilities.

These research conclusions seem to have several implications when viewed through key points in the literature. In our society thinness has almost become synonymous with beauty and beauty synonymous with goodness and virtue. The opposite of thinness, obesity, is judged as unattractive and a sign of personal weakness and misbehavior. In our current media age, many venues promote the goodness, importance and desirability of being thin, including television, movies, magazines and the Internet. Television and magazines seem to exert an especially negative and powerful influence because the models in these mediums are presented as actual people rather than the manipulated, artificially developed images they are.

Women are more susceptible to cultural messages and are socialized from a young age to believe their appearance as a measure of worth and value. The number of women reporting being on a diet or exercising intentionally to lose weight is indicative of this finding. The rise in cosmetic surgery and eating disorders also underscores the importance of this trend. Furthermore, the complex body shape messages increase pressure on women who are not only to be thin but are to possess large breasts, thin waists and hips and to have muscular, fit physiques as well. Since many of the body ideals presented today to women are not attainable for most women by normal means of diet, exercise and self-control, the chance for women to fail to achieve their body image goals is great. Another serious concern is that many factors of ideal body shape and appearance, like youth, height and Caucasian features, are not easily altered. Thus, the inevitable failures to meet personal and societal ideals appear to have substantial potential to result in lowered self esteem and diminished feelings of empowerment for women of all ages.

Clearly our cultural ideals and physiology are in conflict, and judging from the normative degree of dissatisfaction with one's body reported by women today, culture appears to be winning. One especially troubling fact is that sociocultural pressure may also falsely promise that attaining the ideal body image will result in happiness, health and self-esteem. In reality, the rewards may be less than expected and the consequences in both psychological and physiological risks may be high. Future research and educational efforts are needed to study the long term effects of these changing body image ideals for women. Also much needed is research into what components make up the most effective and efficient educational and intervention programs for all ages.

Western women do not seem to be the only group growing in its susceptibility to these socioculture pressures about ideal body images.

Western men are increasingly more influenced by these pressures. More are reporting dissatisfaction with their bodies; more are reporting behaviors symptomatic of eating disorders; and more are turning to cosmetic surgery to alter body image.

Likewise, the recent research reporting an increase in the past three years in eating disordered behaviors and in body image dissatisfaction among Fiji Island teenage girls may indicate a spreading of these socioculture pressures outside Western countries. Although no causal relationship was demonstrated, the reported shift in findings did appear within 38 months after television came to the island, with broadcasts almost exclusively comprised of U.S., Australian and British programs (McDonald, 1999, p. A22). Further study into the relationship between Western media messages and these new global findings is desirable.

Overall, our society is beginning to understand more and more the complex interrelationships among variables thought to produce and maintain negative feelings regarding one's appearance. Continued research and study in this area are needed to help guide new theoretical, assessment, and treatment approaches that will affect body image positively in years to come.

Recommendations for Further Research

The topic of weight, body image and self esteem for men and women has proven to be a rich one for this research project. Understanding the causes, correlates and consequences of a negative body image is a scientific endeavor of social and clinical importance. Body image problems are increasingly prevalent among American women (Cash and Henry, 1995, p. 26; Garner, 1997), and there are some data indicating a spread of these problems

outside the Western countries (McDonald, 1999, p. A22). While supporting much national literature, this study's findings raise some pertinent questions that merit further research emphasis. Because of the negative consequences of these thoughts and behaviors surrounding dissatisfaction with weight and body image in our culture, further research should be planned to explore the factors that contribute to this negativity and also to identify the components for effective prevention and educational programs for children and adults. Two such topics would be to examine what characteristics in family dynamics seem to help insulate men and women from negative cultural messages and what qualities in a child's early life best engender high self-esteem. Another topic that could be explored is what weight and appearance criteria in school activities, such as sports, dance teams, cheer leading, gymnastics, tend to affect body image negativity. Another topic of interest to research in the future might be the characteristics of effective educational programs that teach children to be critical thinkers who view media messages with a critical eye. A final topic might be to examine qualities of effective peer support groups for disordered eating behaviors. Further research should examine more diverse samples- less educated men and women, working men and women, married individuals, various racial and ethnic groups, and gay and lesbian persons. Further research study in all these areas would be desirable.

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ATTITUDES TOWARDS SELF:

Sociocultural Influences On One's Body Image

Thank you for your participation in this research project. This study measures student attitudes towards body image and attempts to identify sociocultural elements that impact these attitudes. Please answer all the items as honestly as possible. Do not put your name or any identifying marks on the questionnaire. All answers are confidential. All questionnaires will be destroyed at the close of this research project. If you do not wish to participate in this study, please return the questionnaire.

In answering the following questions, circle the one answer that best represents your response.

1. How important do you think physical attractiveness is in day-to-day social interaction?
 - A) Very Important
 - B) Somewhat Important
 - C) Undecided
 - D) Somewhat Unimportant
 - E) Very Unimportant

2. How important do you think physical appearance is in acquiring mates?
 - A) Very Important
 - B) Somewhat Important
 - C) Undecided
 - D) Somewhat Unimportant
 - E) Very Unimportant

3. What is your desired weight?
 - A) Lose 21 or more lbs
 - B) Lose 11-20 lbs
 - C) Lose 1-10 lbs
 - D) I am satisfied with current weight
 - E) Gain 1-10 lbs
 - F) Gain 11-20 lbs
 - G) Gain 21 or more lbs

4. How often does your weight affect how you feel about yourself?
 - A) Always
 - B) Very often
 - C) Often
 - D) Rarely
 - E) Never

5. How often do you walk into a room and gaze across the occupants of your sex and assess where they rank: who is thinner, who is fatter?
- A) Always
 - B) Very often
 - C) Often
 - D) Rarely
 - E) Never
6. Of the four responses listed below, which one would make you the happiest?
- A) Losing weight
 - B) Success at work
 - C) A date with a man/woman you admire
 - D) Hearing from an old friend
7. If you could have an ideal body (by your definition) for the rest of your life, how many months/years of your life would you trade for the ideal body?
- A) 1 month
 - B) 2-6 months
 - C) 6-12 months
 - D) 1-3 years
 - E) 3-5 years
 - F) More than 5 years
 - G) None at all
8. Have you ever had plastic (cosmetic) surgery?
- A) yes
 - B) no
- If yes, please list the procedures _____
9. People exercise for many reasons, including general health and weight control. What percent of your exercise is aimed at controlling weight?
- A) 0%
 - B) 1-14%
 - C) 25-49%
 - D) 50-74%
 - E) 75-99%
 - F) 100%
 - G) Don't exercise
10. When you were a child, did other kids call you derogatory names that related to your body's appearance or weight?
- A) Never
 - B) Sometimes
 - C) Usually
 - D) Always

The following statements are related to how you feel about yourself. Being as honest as possible, indicate the degree to which each statement applies to you by circling whether you:

SA = Strongly Agree
 A = Agree
 U = Undecided
 D = Disagree
 SD = Strongly Disagree

1) I feel that I am a person of worth, at least on an equal basis with others.

SA A U D SD

2) I feel that I have a number of good qualities.

SA A U D SD

3) All in all, I am inclined to feel that I am a failure.

SA A U D SD

4) I am able to do things as well as most other people.

SA A U D SD

5) I feel I do not have much to be proud of.

SA A U D SD

6) I have a positive attitude toward myself.

SA A U D SD

7) On the whole, I am satisfied with myself.

SA A U D SD

8) I wish I could have more respect for myself.

SA A U D SD

9) I feel useless at times.

SA A U D SD

10) At times, I think I am no good at all.

SA A U D SD

Using the following scale, circle ONE answer that most clearly indicates how satisfied you feel with these aspects of your body.

ES = Extremely Satisfied
 SS = Somewhat Satisfied
 U = Undecided
 SD = Somewhat Dissatisfied
 ED = Extremely Dissatisfied

a) Height	ES	SS	U	SD	ED
b) Weight	ES	SS	U	SD	ED
c) Hips	ES	SS	U	SD	ED
d) Hands	ES	SS	U	SD	ED
e) Arms	ES	SS	U	SD	ED
f) Chest / Breasts (males) / (females)	ES	SS	U	SD	ED
g) Shoulders	ES	SS	U	SD	ED
h) Legs	ES	SS	U	SD	ED
i) Buttocks	ES	SS	U	SD	ED
j) Abdomen	ES	SS	U	SD	ED
k) Hair	ES	SS	U	SD	ED
l) Size of sex organs	ES	SS	U	SD	ED
m) Muscle tone	ES	SS	U	SD	ED
n) Overall facial attractiveness	ES	SS	U	SD	ED
o) Overall body appearance	ES	SS	U	SD	ED

This next section measures a variety of attitudes, feelings and behaviors. Read each question and circle the ONE answer which applies best to you.

A = Always
 V = Very often
 O = Often
 R = Rarely
 N = Never

1) I dislike eating with other people.

A V O R N

2) I stuff myself with food.

A V O R N

3) I feel extremely guilty after eating.

A V O R N

4) I am preoccupied with a desire to be thinner.

A V O R N

5) I am never satisfied with the shape of my body.

A V O R N

6) I have gone on eating binges where I have felt that I could not stop.

A V O R N

7) I eat moderately in front of others and stuff myself when they're gone.

A V O R N

8) I feel bloated after eating a normal meal.

A V O R N

9) I have the thought of trying to vomit in order to lose weight.

A V O R N

GENERAL INFORMATION

Please circle the answer that best fits you or your situation. This information will provide the opportunity to understand differences between groups. This information will not be used to identify individual responses.

1. What is your age? _____
2. What is your sex?
 - A) Male
 - B) Female
3. What is your racial or ethnic background?
 - A) Black
 - B) Hispanic
 - C) White (non-hispanic)
 - D) Other (please specify) _____
4. How many college hours have you completed? _____
5. What is your level of education?
 - A) Did not complete high school
 - B) High school graduate
 - C) Completed some college work
 - D) Graduated from a 4 yr college
 - E) Completed some graduate work
 - F) Completed Master's Degree or higher
6. What is your marital status?
 - A) Single
 - B) Married
 - C) Divorced
 - D) Widowed
 - E) Separated

Thank you for participating in this survey. Your time and cooperation is greatly appreciated. If you have any comments please write them in the space below.

Comments:

Table 1.

Demographic Characteristics of Respondents in Survey

Characteristics	Frequency of Response (N = 175)	Percent
Gender		
Male	78	44.8
Female	96	55.2
Age		
18-22	107	61.5
23-29	50	28.7
30-39	14	8.0
40 +	3	1.7
Ethnicity		
White	114	65.5
Hispanic	38	21.8
African-American	12	6.9
Other	10	5.7
Classification		
Freshman	21	12.1
Sophomore	29	16.8
Junior	44	25.4
Senior	65	37.6
Graduate	14	8.1
Marital Status		
Single	152	87.4
Married	19	10.9
Divorced	2	1.1
Separated	1	0.6

Table 2.

Mean Body Image Score by Gender of Respondents

<u>Body Image</u>			
Gender	Number	Mean	Difference in Means
Male	78	3.8	
Female	96	3.5	.304*
Total	174	3.6	

*P<.05

T=3.23

Table 3.

**Relationships Among
Body Image, Eating Disorders, and Self-Esteem**

Pearson's Correlation Coefficients

	Body Image	Eating Disorders	Self Esteem
Body Image	--	-.55 (174) p=.000*	.44 (174) p=.000*
Eating Disorders	--	--	-.41 (174) p=.000*
Self Esteem	--	--	--

Results are listed as: coefficients, (cases), and 2-tailed significance levels.

* P < .01

Table 4.

Mean Level of Eating Disorder Score by Gender			
<u>Eating Disorders</u>			
Gender	Number	Mean	Difference in Means
Male	78	1.6	
Female	96	2.0	-.37*
Total	174	1.8	

*P<.05

T=-4.12

Table 5.

**Correlations Among
Body Image, Eating Disorders, and Self-Esteem:
Male and Female Respondents**

I. Females

	Body Image	Eating Disorders	Self Esteem
Body Image	--	-.55 (96) p=.00*	.46 (96) p=.00*
Eating Disorders	--	--	-.52 (96) p=.00*
Self Esteem	--	--	--

II. Males

	Body Image	Eating Disorders	Self Esteem
Body Image	--	-.52 (78) p=.00*	.42 (78) p=.00*
Eating Disorders	--	--	-.17 (78) p=.15
Self Esteem	--	--	--

Results are listed as: coefficients, (cases), and 2-tailed significance levels.

* P < .01

Table 6.

**Percent of Male and Female Responses to Survey Question #3:
What is Your Desired Weight?**

Response Options	Gender of Respondent	
	Male N (%)	Female N (%)
Lose 21+ lbs	5 (6.4)	18 (18.8)
Lose 11-20 lbs	9 (11.5)	17 (17.7)
Lose 1-10 lbs	18 (23.1)	47 (49.0)
I am satisfied with my current weight	22 (28.2)	10 (10.4)
Gain 1-10 lbs	13 (16.7)	4 (4.2)
Gain 11-20 lbs	10 (12.8)	0 (0.0)
Gain 21+ lbs	1 (1.3)	0 (0.0)

Table 7.

**Percent of Male and Female Responses to Survey Question #9:
What Percent Of Your Exercise Is Aimed At Controlling Weight?**

Response Options	<u>Gender of Respondent</u>	
	Male N (%)	Female N (%)
0 %	16 (20.5)	4 (4.2)
0-24%	31 (39.7)	19 (19.8)
25-49%	9 (11.5)	8 (8.3)
50-74%	10 (12.8)	22 (22.9)
75-99%	3 (3.8)	12 (12.5)
100%	1 (1.3)	17 (17.7)
Don't Exercise	8 (10.3)	14 (14.6)

Table 8.

**Percent of Male and Female Responses to Survey Question #6:
Of The Four Responses Listed Below,
Which One Would Make You The Happiest?**

Response options	<u>Gender of Respondent</u>	
	Male N (%)	Female N (%)
Hearing from an old friend	25 (32.1)	29 (30.2)
A date with a man/woman you admire	20 (25.6)	12 (12.5)
Success at work	28 (35.9)	38 (39.6)
Losing Weight	5 (6.4)	17 (17.7)

Table 9.

**Percent of Male and Female Responses to Survey Question #8:
Have You Ever Had Plastic (Cosmetic) Surgery?**

Response options	<u>Gender of Respondent</u>	
	Male	Female
	N (%)	N (%)
Yes	5 (6.4)	8 (8.3)
No	73 (93.6)	88 (91.7)

VITA

Jennifer Lynn Grant was born in Austin, Texas on November 22, 1973, the daughter of Mary Evelyn and Ted Grant. After completing her work at San Marcos High School, San Marcos, Texas, in 1992, she entered Baylor University in Waco, Texas. In 1993 she transferred to Southwest Texas State University in San Marcos, Texas. She received her Bachelor of Science in Applied Sociology from Southwest Texas State University in December, 1996. In the Spring of 1997 she entered the Graduate School of Southwest Texas State University. During 1997-1999 Jennifer worked as a teaching assistant in the Department of Sociology at SWTSU. During the academic year 1997-1998, she assisted in running the Sociology Department's internship program and during the academic year 1998-1999, she taught two sections of Sociology 2320, Social Problems.

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