SELF-DISCREPANCY AS A MEDIATOR IN THE RELATIONSHIP BETWEEN
ADULT ATTACHMENT AND BODY DISSATISFACTION

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LIST OF TABLES ........................................................................................................................................ iii
ACKNOWLEDGMENTS .............................................................................................................................. iv
INTRODUCTION ......................................................................................................................................... 1
   I. ADULT ATTACHMENT THEORY ................................................................. 2
   II. RELATIONSHIPS, ATTACHMENT PATTERNS, AND BODY IMAGE ...... 5
   III. SELF-DISCREPANCY THEORY .............................................................. 10
   IV. PRESENT STUDY ....................................................................................... 14
METHODS
   I. PARTICIPANTS .......................................................................................... 16
   II. MEASURES .............................................................................................. 17
   III. PROCEDURE ........................................................................................... 19
RESULTS
   I. RELATIONSHIP QUESTIONNAIRE SCORES ........................................ 20
   II. CORRELATIONAL ANALYSES ............................................................ 20
   III. MEDIATIONAL ANALYSES ................................................................ 22
DISCUSSION ................................................................................................................................. 24
REFERENCES ................................................................................................................................. 28
TABLES ....................................................................................................................................... 34
APPENDIX ................................................................................................................................. 37
LIST OF TABLES

Table 1. Descriptive statistics .............................................................. 34
Table 2. Relationship Questionnaire Correlations ..................................... 35
Table 3. Selves Questionnaire Correlation .................................................. 36
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Introduction

The ideal body standard for women has been constantly changing, with each decade bringing its own perceived standard of what a woman should look like (Grogan, 2008). From flat-chested and boy-like to big-breasted with an hour glass shape, women constantly find themselves not meeting the significantly thinner body ideal. Even underweight and average-sized women report themselves as being overweight. Wooley and Wooley (1979) surveyed 30,000 women on their body size and found that 45% of underweight women view themselves as too fat. Polivy & Herman (1987) found that 95% of the female population had dieted at some point in their lives. The discrepancy between the ever-changing ideal and the reality of their unique features leads many women to dissatisfaction with one’s body (Silberstein, Moore & Rodin, 1987).

Grogan (1999) defines body dissatisfaction as a person’s negative thoughts or feelings toward their body. Not surprisingly, when Cash and Henry (1995) assessed a sample of American women, they found that 48% of women reported dissatisfaction with their bodies. Body dissatisfaction is the likely result of a convergence of many factors. Strauman, Vookles, Berenstein, Chaiken and Higgins (1991) stated that in American society, higher expectations are placed on females, which in turn may cause adoption of higher standards for themselves and possibly their appearance. Failure to match these standards could lead to body dissatisfaction and negative eating patterns.
They also suggest that the effort used to achieve personal standards and goals during a younger life phase is insufficient to achieve the socially oriented standards and goals held during adolescence and adulthood.

With the ideal body size becoming thinner each decade, more women report their current body size as too fat. The social influences that decide what is ideal can also leave women feeling discrepant from that ideal. This discrepancy can lead to social comparison as well as internalization of those comparisons. When the discrepancies felt from outside influence on body image becomes internalized, there is a high risk for body dissatisfaction (Myers & Crowther, 2009; Stice, 1994). For the remaining portion of this Introduction, theory and research on adult attachment theory, its relationship to body image, and self-discrepancy theory will be reviewed.

**Adult Attachment Theory**

Throughout the lifespan, there are internal working models of attachment that begin to form with perceptions of parents’ attitudes which set the foundations for intimate relationships later in life. John Bowlby (1973) proposed the foundations of the attachment theory for understanding mother-child relationships. His theories explained the nature of a child’s tie to his or her primary caregiver and the impact of that bond on subsequent adjustment and behavior throughout the life course (Bowlby, 1973). He drew heavily on evolutionary processes, proposing that infants are born with an innate desire to acquire and maintain close proximity to his or her primary caregivers because closeness to a caregiver insures the infant is safe from danger. The same reasoning applies to an infant’s mental security. When an infant perceives a situation as dangerous,
he or she responds to the threat with actions that he or she believes will put himself or herself in close proximity to his or her caregiver (i.e. crying). The caregiver’s response to the proximity seeking determines how the infant will construct internal representations of his or her self and others (Bowlby, 1973).

If a caregiver or attachment figure is warm, consistent and attentive, the child develops the expectation that others will be available and supportive when they display proximity seeking behaviors. However, if the child’s attempts to maintain proximity are ignored, maladaptive attachments are made, and the child begins to assume that attempts to find security from any attachment figure will yield negative results. These positive or negative working models serve as a guide for the infant’s style of future social interactions (Bartholomew, 1990).

In 1964, Mary Ainsworth proposed a classification of attachment styles for children. Securely attached children were able to return to a normal emotional state when separated from their caregivers. When reunited, they welcomed their attention and were easily comforted if still in distress. Children that were labeled as having an anxious-ambivalent style had difficulty recovering from their separation distress and, when reunited, were unable to be comforted. When separated, children with an avoidant attachment style were less distressed than children in the other two classifications. Upon being reunited with their caregiver they avoided proximity and interaction. By classifying child-caregiver attachment styles, Ainsworth established a framework for future research on how attachment patterns prevail throughout life.
Drawing on Bowlby’s theory that attachment relationships with caregivers provide the framework for later social relationships and Mary Ainsworth’s research with attachment styles, Kim Bartholomew (1990) proposed an attachment classification system formed using a person’s personal beliefs of self-image and perceptions of others. She was particularly interested in the avoidant attachment style, suggesting that because adults differ in motivation on why they do or do not become attached, avoiding attachment could be a result of fear of intimacy or a lack of interest in close proximity with others (Bartholomew, 1990). The four attachment patterns she presented are secure, preoccupied, dismissing and fearful (Bartholomew, 1991; Elgin & Pritchard, 2006).

Elgin and Pritchard (2006) describe an individual with a secure attachment style as having a positive view of self and of others. Additionally, they are comfortable with close relationships due to a sense of high self-worth. A secure attachment style stems from receiving warm and responsive care as a child, which is believed to be the basis for the positive view of self and others. Second, a preoccupied attachment style is represented by a negative view of self and a positive view of others. It comes from a childhood of insensitive and confusing parenting that children attribute to their own sense of worthlessness. This adult develops a negative view of self and a positive view of others, leaving himself/herself vulnerable to experience distress when he/she thinks his/her needs are not being met (Elgin & Pritchard, 2006). The third style, dismissing, and the fourth style, fearful, both stem from the child avoidant attachment style. When an individual avoids attachment out of fear, they are said to have a fearful attachment style. Fearful children perceive others as uncaring and unavailable, sometimes believing
themselves as unlovable. Adults in this style have a negative view of self and others with an expectation that others will be untrustworthy and rejecting (Elgin & Pritchard, 2006). They desire closeness in an intimate relationship, but will avoid relationships to protect from the expected rejection. Finally, a dismissing attachment style is represented by a positive view of self and a negative view of others. Bartholomew suggests that an individual distances himself or herself when facing rejection from attachment figures in order to sustain a positive self-image. The result is a dependent and detached self, invulnerable to the negative emotion caused by rejection.

Relationships, Attachment Patterns, and Body Image

Since relationships appear to play a significant role in developing body image, attachment theory could shed light on that role (Cash & Fleming, 2002). According to Tantleff-Dunn and Gokee (2002), various kinds of significant relationships affect the development of body image. Specifically, adults have the most influence on children’s body images. Friends tend to have the largest impact on body image during adolescence. Then throughout adulthood, significant others have the most influence on people’s body images. Research expanding on this concept has found body satisfaction to be linked to dating relationships, sexual functioning and marital satisfaction (Hoyt & Kogan, 2001; Friedman et al., 1999). Furthermore, in adolescent girls, body image concerns were found to be closely related to the concerns held by friends (Paxton et al., 1999), possibly because voluntary friendships play a large role in our self worth (Fehr, 1996). Suldo (2000) points out that the onset of eating disorders (which are developed in part because of body dissatisfaction) usually starts in adolescence and early adulthood,
which is also a period of rapid development in identity. She recommends that in order to understand the onset of body image issues, the developmental issues that occur during adolescence and early adulthood should be considered, with specific attention paid to the internal working models that are formed by attachment experiences (Suldo, 2000).

Consistent with Suldo’s work, Cash, Theriault and Annis (2004) noticed that amidst a body of research done on attachment patterns and eating disorders, there was very little research examining attachment and specific elements of body image. They observed that the social feedback experienced in childhood and adolescence seems to have a lasting effect on a person’s perceived body image. The influence of appearance teasing, social comparison and modeling from peers or family members convey two messages to the individual: 1) “What I look like effects my worth in the world,” and 2) “What I look like is unacceptable.” The internalization of other’s opinions and reactions to appearance can affect later interactions with others (Cash et al., 2004).

Based on the assumption that individuals who are insecure in their interpersonal attachments could also be insecure in their perceived body worth, Cash and colleagues (2004) assessed the relationship between adult attachment patterns and different aspects of body image. Participants were 228 undergraduates (103 men, 125 women), with ages ranging from 18 to 25. Participants filled out three questionnaires assessing body image (the Multidimensional Body-Self Relations Questionnaire, the Appearance Schemas Inventory and the Situational Inventory of Body Image Dysphoria) and three questionnaires assessing interpersonal anxiety and attachment (the Fear of Negative Evaluation Scale, the Fear-of-Intimacy Scale, the Relationship Styles Questionnaire and
the Experiences in Close Relationships Questionnaire). Individuals with secure attachment styles showed higher more positive body image. However, individuals with one of the anxious attachment styles presented a negative model of self with a positive view of others resulting in lower body satisfaction. More specifically, they found that individuals showing preoccupied attachment styles showed more body image dissatisfaction. They found that negative body image was correlated with greater emotional discomfort and brought up more concerns for others’ acceptance and approval.

Troisi et al. (2006) hypothesized that insecurely attached individuals have a low sense of self-worth and expect rejection by others, which would be linked to body dissatisfaction. Low sense of self-worth combined with expected rejection is a main component of an avoidant attachment pattern (dismissing, preoccupied, fearful). Therefore, Troisi et al. predicted that women in a clinical (eating disordered) population who report high levels of body dissatisfaction would have experienced separation anxiety as a child (and subsequently developed an anxious adult attachment style). Participants were 96 outpatients who were diagnosed with anorexia nervosa or bulimia nervosa. The participants responded to the Body Shape Questionnaire to assess body dissatisfaction, the Separation Anxiety Symptom Inventory to assess separation anxiety and the Attachment Style Questionnaire to assess attachment style. They found that their hypothesis was supported: body dissatisfaction was strongly related to separation anxiety and an insecure style of attachment. Where separation anxiety was present with an insecure attachment, higher levels of fear of rejection and abandonment were present,
in turn eliciting body dissatisfaction. They suggested that the need for approval from important people in our lives is also a large predictor of body dissatisfaction. People who scored high for needing approval also possessed a preoccupied attachment style because they based their perceived self-worth on others’ opinions.

Suldo and Sandberg (2000) used Bartholomew’s model of adult attachment to gain a more in-depth understanding of how specific facets of adult attachment predict body dissatisfaction. They chose Bartholomew’s model because it is the only one that distinguishes between the different motivations an “anxious-avoidant” attachment type uses to avoid intimacy (Suldo & Sandberg, 2000). As previously mentioned, a person with a dismissive attachment style is motivated to avoid intimacy to protect their positive self image, whereas a person with a fearful attachment style is motivated to avoid relationships out of fear of rejection rather than blatant disregard for their necessity. Suldo and Sandberg’s study examined the relationship between Bartholomew’s attachment styles and eating disorder symptomatology, namely, body dissatisfaction. They hypothesized that because fearful and preoccupied styles are both characterized by a negative view of self, individuals possessing these two styles would be more susceptible to eating disorder symptomatology. Their participants were 169 females, with ages ranging from 18 to 75. Participants filled out the Relationship Questionnaire to assess adult attachment style and the Eating Disorder Inventory 2 to assess the symptoms and traits associated with eating disorders. They found that the preoccupied attachment style had a higher correlation with eating disorder symptomatology than any other style. Also, they found a nonsignificant correlation
between the fearful attachment style and eating disorder symptomatology, which failed to support part of their original hypothesis.

In summary, these studies suggest that adult attachment style is linked to body image (Ward et al. 2000; Suldo & Sandberg 2000; Troisi et al. 2006; McKinley & Randa, 2005). Other studies also have reported similar findings that suggest that attachment anxiety and avoidance or fear of rejection are associated with higher levels of body dissatisfaction (McKinley & Randa, 2005, Ward, Ramsay, Turnbull, Benedettini & Treasure, 2000). Even though these studies offered attachment style as a possible correlater of body dissatisfaction, they do not take into account the different views that can form an “anxious-avoidant” attachment style. However, of the studies examining specific attachment styles, the findings of various studies are inconsistent. Specifically, consistency has not been found regarding which attachment patterns are associated with body image. Troisi et al. (2006) and McKinley and Randa (2005) found that all insecure attachment styles were associated with body dissatisfaction, whereas Suldo and Sandberg (2000) and Nelligan (1995) found that only preoccupied attachment styles were associated with body dissatisfaction. Further still, Ward et al. (2000) found no associations between insecure attachment styles and body dissatisfaction. Despite inconsistencies in the results, social influence, including attitudes, personal beliefs, and comments from significant others, is a factor present in each study. Therefore, it may be necessary to introduce a socially focused mechanism for developing self-identity as a mediator between adult attachment and body image in order to clarify the relationship.
Self-Discrepancy Theory

The proposition that an individual has multiple self-state representations has been the starting point for many theories. Higgins (1999) proposed that two components of the self must be understood: domains of the self and standpoints on the self. The first component, domain of the self, is composed of the three selves that interact to produce standards for behavior. The domain that is a representation of who we perceive ourselves to be is the actual self. The ideal self represents attributes that you would like to possess. Finally, the ought self is comprised of the attributes one believes is his or her duty or obligation to possess. The second component of the self is the point of view from which you can be judged. The two standpoints on self can be from the individual’s standards or the standards of a significant other. The distinction between self and others is a new concept of study that Higgins suggests is essential to relate self and affect.

When the domains of self are combined with the standpoints on the self, a self-state representation is formed. Higgins, Strauman and Klien (1986) suggest six types of self-state representations an individual may have: how he/she views his/her actual self, how others view his/her actual self, how he/she views his/her ideal self, how others view his/her ideal self, how he/she views his/her ought self and how others view his/her ought self. The actual and own (how one views his/her actual self) and actual and other (how others view his/her actual self) are what is usually considered a person’s self-concept. The other four states are self-guides that reflect standards of being, although not all six states may be present in each person. Based on the standards held by each self state, an individual behaves in ways they believe will live up to those standards.
An important element of self-discrepancy theory is the suggestion that individuals are motivated to have actual self-states resemble the ideal and ought self-guides as much as possible. In other words, individuals are motivated to live up to ideal or ought self-guides which can produce negative affect when individuals sense a discrepancy from their perceived selves. Control theory, or the use of a discrepancy reducing process to minimize differences between a perceived standard and another’s standard, is a mechanism that Higgins (1999) suggests may be responsible for our discrepancy reducing tendencies. Different ongoing discrepancies lead to different emotional discomforts.

Actual and own versus ideal and own discrepancies are present when a person’s standpoint does not match with the ideal state that one wishes to obtain. This person is experiencing lack of a positive outcome and is expected to be vulnerable to dejection-related emotions, specifically disappointment and dissatisfaction (Higgins, 1999). Similarly, if a person possess actual and own versus ideal and other discrepancy, they do not possess characteristics they believe a significant other in their life wishes they had. This will also lead to dejection related emotions, specifically shame, embarrassment or feeling downcast (Higgins, 1999). If a person possess an actual and own versus ought and other discrepancy, this suggests that a person’s standpoint does not match with the state the person believes a significant other considers being his or her obligation to have. This discrepancy suggests a person would experience the presence of negative outcome, presenting agitation related emotion such as feeling threatened, fearful or resentful. Likewise, a discrepancy between actual and own versus ought and own would suggest a
person perceives they are not attaining the self-state they believe it is their duty to possess. This also presents agitation-related emotions such as guilt, self-contempt and uneasiness. The emotions caused by these discrepancies are also emotions commonly found to be related to body image discrepancies.

Conflict present in self-concept can result in maladaptive beliefs and behaviors, such as body dissatisfaction and disturbed eating patterns. In her presentation of self-discrepancy theory, Higgins (19999) showed that discrepancies may lead to emotional distress. In a later study, Strauman et al. (1991), further explored this distress. They used the emotions that Higgins suggested were present in discrepancies to bring light to the emotions felt when suffering from body dissatisfaction or eating disorders. As previously mentioned, actual and ideal discrepancy emotions are dejection–related; specifically, they are disappointment, dissatisfaction, shame, embarrassment, and most importantly self-dissatisfaction. When dissatisfaction is felt as a response to appearance, it is called body dissatisfaction. In their study, Strauman et al. confirmed that because body dissatisfaction is a belief that your appearance does not live up to some personal standard, it can be assumed that actual and ideal discrepancies play a key role in developing body dissatisfaction. There are also implications that the shame and embarrassment felt from an actual and ideal discrepancy, may be a predictor for bulimia (Harrison, 2001). Though an ideal self-guide seems to be a personal standard, an individual can unconsciously adopt the beliefs of others to become part of their own self-concept that will produce anxiety when not achieved.
To my knowledge, there have been only two studies that have investigated the relationship between adult attachment, self-discrepancy, and body image. Bessenoff and Snow (2006) conducted a study that assessed how internalizing social norms integrates with personal beliefs with regard to body image. By utilizing measures of self-discrepancy and body shame, Bessenoff and Snow confirmed that both actual and own and actual and ought discrepancies were related to body shame, a facet of body dissatisfaction. They also found that the participants’ personal body ideals positively correlated with their perception of cultural body ideals. They argued that most cultural body ideals are unrealistic; internalizing these impossible goals can produce emotional discomfort and corresponding behavioral issues, namely body dissatisfaction.

Strauman et al. (1991) said that different interpersonal connections may contribute to the intensity of discrepancies. If an individual perceives that he/she is not living up to the standards of significant others, the individual experiences extreme motivation to meet their standards. If it is constantly perceived that an individual is unable to match others’ expectations, they will begin to show symptomatology of an actual vs. ought discrepancy, resulting in the presence of negative consequences (Strauman et al., 1991). Higgins (1999) found that the emotions produced by this discrepancy are agitation related emotions: feeling threatened fearful, resentment, guilt, self-contempt, uneasiness and inadequacy. Harrison (2001) notes that society usually holds a “thinness-as-good” outlook. Not being thin would result in the presence of negative consequences. An actual and ought discrepancy would presumably cause an individual think the opposite, “fatness-as-bad”. She found that regular exposure to that
idea could lead to eating disorder body dissatisfaction, symptomatology and disorders, such as anorexia.

**Present Study**

Theory and research suggest that significant persons in an individual’s life will have an impact on thoughts and feelings concerning body appearance (Bessenoff & Snow, 2006; Cash & Theriault, 2004). Ideas and standards may be internalized, or an individual may consider behaviors to meet what is believed to be the expectation (Higgins, 1999). Previous research suggests that attachment patterns may play a large part in who influences an individual and how the person will respond in their significant adult relationships. Research suggests that secure attachment patterns will facilitate healthy relationships, whereas insecure attachment patterns will hinder ability to accurately perceive how others respond (Bowlby, 1973; Bartholomew, 1990; Elgin & Prichard, 2006).

When evaluating the influence of attachment patterns, Bartholomew’s model allows for an examination of the reason those with fearful, preoccupied and dismissing attachment patterns avoid intimacy. Due to fear of rejection, those attachment styles are more likely to show maladaptive thought and behavior patterns regarding their bodies. Though previous research has examined the influence attachment styles have on perceived body image, the findings have been inconsistent. It is likely that insecure attachment patterns alone will be associated with body dissatisfaction. However, it may be important to consider other variables to understand how and why our ways of perceiving others’ thoughts and feelings can lead to felt negative affect about our bodies.
Considering a socially oriented mechanism that accounts for a motivation to behave according to others’ standards may illuminate why individuals with insecure attachment patterns are more likely to experience negative self-reflective affect, including negative affect about their bodies. If there are standards about their body image an individual believes they should be living up to, they will form self-guides to help them achieve those standards. When their actual self does not meet up with their ideal or ought self they will experience emotional discomfort, often times resulting in body dissatisfaction. Because the emotional states formed by attachment patterns play such a large role in our lives, the ideas that we believe our significant others possess can become our ideal and ought self guides. Given self-discrepancy theory, it is possible that the discrepancy between the self-guides that are formed from our adult attachment patterns can lead to body dissatisfaction.

The present study examines the relations among adult attachment patterns, self discrepancies, and body dissatisfaction. It is hypothesized that there will be a negative relationship between secure attachment and body dissatisfaction and a possible relationship between other attachment styles and body dissatisfaction. This latter will be mediated by self discrepancy.
**Methods**

**Participants**

Participants were 53 undergraduate student dyads (90 females, 16 males) comprised of participants (53 females) enrolled in introductory psychology at a large Midwestern university who volunteered in exchange for course credit and partners (37 females, 16 males) who volunteered in exchange for either course credit or monetary compensation. To be eligible, participants had to be female as body dissatisfaction is very prevalent among women (Rodin, Silberstein, & Striegel-Moore, 1984) and manifests differently in men (Cafri, 2005). The participants were required to bring a friend, family member or significant other whom they had known for a minimum of 6 months (M=62.03 months, SD=59.30). The majority of partners were friends (71.7%), with some significant others (24.5%) and a few family members (3.8%).

The participants were predominantly Caucasian (81.1%); however, some diversity was evident (15.1% African-American, 3.8% Asian). Participant ages ranged from 18 to 25 years (M = 19.25, SD = 1.77). Participant Body Mass Indexes ranged from 17.23 to 41.98 (M=23.75, SD=4.73). The partners’ ages resembled those of the participants, ranging from 18 to 35 years (M=20.00, SD=3.19). Partner BMIs ranged from 16.84 to 39.10 (M=24.88, SD=4.85). Partners were predominantly Caucasian (76.9%); however, some diversity was evident (17.3% African-American, 5.7% Asian). Participants had known partners for an average of 62 months (SD=59.13, Range=6 months to 240 months).
Measures

*Body Shape Questionnaire* (BSQ; Cooper, Taylor, Cooper, & Fairburn, 1987) The BSQ is a 34-item self-report measure of body dissatisfaction. Participants rated each item on a 6-point Likert scale with 1 = never and 6 = always. Responses on each item are summed to yield a total score. Possible scores on the BSQ range from 34 to 204, with higher scores indicating higher levels of body dissatisfaction. The BSQ has demonstrated test-retest reliability (Cooper et al., 1987), concurrent validity, and good discriminate validity (Troisi et al. 2006). For this sample, internal consistency of the BSQ was very high (Cronbach’s $\alpha=.97$).

*Relationship Questionnaire* (RQ; Bartholomew & Horowitz, 1991). The RQ is an adaptation of the attachment measure developed by Hazan and Shaver (1987). The RQ consists of 4 items, each of which measures one of four adult attachment styles: secure, dismissing, preoccupied and fearful. Respondents rated their resemblance to each attachment style on a 7-point Likert scale, ranging from 1 = not at all and 7 = extremely. Higher scores on each item reflect a closer resemblance to the respective adult attachment style. The partners were also asked to rate what they perceived as the participants’ attachment styles on a 7 point scale. The RQ has good construct validity (Carnelly, Pietromonaco, & Jaffe, 1994; Griffen & Bartholomew, 1994).

*The Selves Questionnaire* (SQ; Higgins, Bond, Klein, & Strauman, 1986). The SQ is designed to measure the discrepancy between the actual self and the ideal and ought self. Respondents list 10 characteristics for each of the self states: actual, ideal and ought. Each ideal and ought self list of characteristics is compared to the actual list of
characteristics. Characteristics are scored as a match (the characteristic, or a synonym, is listed on the actual list and ideal or ought list) or a mismatch (an antonym of a self guide characteristic is on the ideal or ought self guide list). The total number of mismatches was subtracted from the total number of matches to get the Actual-Ideal score and the Actual-Ought score. Positive scores indicate lower levels of discrepancy, whereas negative scores indicate greater levels of discrepancy between the compared self guides.

The *Figure Silhouettes* (FS; Stunkard, Sorenson & Schulsinger, 1980) The FS measures discrepancies between the actual self and the ideal self, as well as between the actual self and the ought self. It is comprised of nine body silhouettes, ranging in size from very thin (1) to very overweight (9). It is designed to measure body self-discrepancy. Respondents select the silhouette that represents their current body shape (actual), the silhouette that represents what they wanted their body shape to look like (ideal), and the silhouette that represents what they thought was most attractive to the opposite sex (ought). The discrepancies between the actual and ideal silhouettes is considered a measure of body dissatisfaction, (Cafri, Thompson, Ricciardelli, McCabe, Smolak & Yesalis, 2005). The FS demonstrates good concurrent validity with other self report measures of body dissatisfaction.

**Procedure**
Participants were recruited through an online research website offered to students in General Psychology at a large, Midwestern university. Following informed consent, participants completed the BSQ, RQ, SQ and FS. Partners also completed the RQ. Participants were compensated for their time with research credit toward their psychology classes’ research requirement. Partners were given the option to receive research toward their psychology classes’ research requirement or monetary compensation ($3) in exchange for participation. All participants and partners completed their questionnaires in a private, quiet room.

Results

Relationship Questionnaire Scores

Participants and partners provided ratings of the participants’ adult attachment style. (See Table 2 for descriptive information on participant and partner RQ scores.) To examine the relationship between participants' and partners' scores on the items of the Relationship Questionnaire, Pearson correlations were conducted. Results were nonsignificant, RQ Item 1 (Secure), \( r = -.01, p = .93 \), RQ Item 2 (Dismissing), \( r = .04, p = .77 \), RQ Item 3 (Preoccupied), \( r = .17, p = .24 \), and RQ Item 4 (Fearful), \( r = .15, p = .30 \). Given these non-significant findings, only participant scores will be used.

Correlational Analyses
Participants provided a rating of adult attachment style and body dissatisfaction. To examine the relationship between participants’ BSQ scores and the secure, dismissing, preoccupied and fearful items on the Relationship Questionnaire, Pearson correlations were conducted. (See Table 2.) Results neared significance for the BSQ and RQ Item 4 (Fearful), \( r = .27, p = .054 \). Results were nonsignificant for RQ Items 1 (Secure), 2 (Dismissing), and 3 (Preoccupied), RQ Item 1 (Secure), \( r = -.25, p = .07 \), RQ Item 2 (Dismissing), \( r = -.02, p = .9 \), RQ Item 3 (Preoccupied), \( r = .14, p = .31 \).

To examine the relationship between participants’ Actual-Ideal and Actual-Ought discrepancy scores on the Selves Questionnaire and the items on the Relationship Questionnaire, Pearson correlations were conducted. (See Table 2.) Results neared significance for the relationship between Actual-Ideal discrepancies and RQ Item 1 (Secure), \( r = .27, p = .06 \). Results were nonsignificant for Actual-Ideal discrepancies and RQ Item 2 (Dismissing), RQ Item 3 (Preoccupied), and RQ Item 4 (Fearful): RQ Item 2 (Dismissing), \( r = -.23, p = .10 \), RQ Item 3 (Preoccupied), \( r = .02, p = .10 \), RQ Item 4 (Fearful), \( r = -.18, p = .20 \), as well as for the relationship between Actual-Ought discrepancies and all items on the RQ, RQ Item 1 (Secure), \( r = -.06, p = .68 \), RQ Item 2 (Dismissing), \( r = -.08, p = .10 \), RQ Item 3 (Preoccupied), \( r = .10, p = .50 \), RQ Item 4 (Fearful), \( r = -.12, p = .38 \).

To examine the relationship between participants’ Actual-Ideal and Actual-Ought discrepancy scores on the items of the Selves Questionnaire and BSQ, Pearson correlations were conducted. (See Table 3.) Results indicated the relationship between Actual-Ideal discrepancies and the BSQ scores neared significance, \( r = -.27, p = .054 \).
Results were nonsignificant for the relationship between Actual-Ought discrepancies, and BSQ scores, $r = -.26$, $p = .06$.

Finally, participants provided a rating of body self discrepancy as well as self discrepancy. To examine the relationship between participants’ discrepancy scores on the Actual-Ideal and Actual-Ought Scores of the Selves Questionnaire and the Actual-Ideal and Actual-Ought scores on the Figure Silhouettes questionnaire, Pearson correlations were conducted. Results were significant for the relationships between the Selves Questionnaire and Figure Silhouette Actual-Ideal discrepancies, $r = -.40$, $p = .03$. Due to how these measures were scored, a negative correlation actually represents a positive relation between the two constructs. Specifically, this analysis reveals that lower self discrepancy is associated with lower body discrepancy. The correlation was nonsignificant for Selves and Figure Silhouettes Actual-Ought Discrepancies, $r = -.21$, $p = .14$.

**Mediation Analyses**

According to Baron and Kenny (1986), a series of hierarchical multiple regressions would be conducted to test self discrepancy as a mediator of the relationship between various adult attachment styles and body dissatisfaction. To test mediation, four regressions typically are run. The first regression examines adult attachment as a predictor of body dissatisfaction. The second regression examines adult attachment as a predictor of self discrepancy. The third regression examines self discrepancy as a predictor of body dissatisfaction. The fourth examines both adult attachment and self discrepancy as predictors of body dissatisfaction. Mediation is demonstrated if the
simultaneous entry of adult attachment and self-discrepancy reduces the relationship between adult attachment and body dissatisfaction per the Sobel test.

The first analysis examined secure attachment as rated by participant as a predictor of body dissatisfaction, while controlling for BMI. Analyses revealed that secure attachment was not a significant predictor of body dissatisfaction, $\beta = -4.94$, $t = -1.86$, $p = .07$. A second regression analysis examined dismissive attachment as rated by participant as a predictor of body dissatisfaction while controlling for BMI. Analyses revealed that dismissive attachment was not a significant predictor of body dissatisfaction, $\beta = -.70$, $t = -.24$, $p = .81$. A third regression analysis examined preoccupied attachment as rated by participant as a predictor of body dissatisfaction while controlling for BMI. Analyses revealed that preoccupied attachment also was not a significant predictor of body dissatisfaction, $\beta = 3.72$, $t = 1.19$, $p = .24$. Finally, the fourth regression analysis examined fearful attachment as rated by participant as a predictor of body dissatisfaction while controlling for BMI. Analyses revealed that fearful attachment was not a significant predictor of body dissatisfaction, $\beta = 4.62$, $t = 1.86$, $p = .07$. Initial regressions showed no significant relationship between any of the four adult attachment styles and body dissatisfaction. Thus, no further analyses to test mediation were conducted.
Discussion

The present study examined the relationship between adult attachment style and body dissatisfaction. It was hypothesized that there would be a negative relationship between secure attachment and body dissatisfaction and a positive relationship between the three other attachment styles and body dissatisfaction. Contrary to hypothesis, results showed that attachment style, irrespective of type, was not significantly associated with body dissatisfaction. These findings are counter to previous research that has shown that secure attachment is predictive of more positive body image, while individuals reporting one of the anxious attachment styles, particularly preoccupied attachment styles, reported lower body satisfaction. (Cash et al., 2004; McKinley & Randa, 2005; Troisi et al., 2006). Due to the absence of significant relationships between adult attachment and body dissatisfaction, self discrepancy could not be tested as a potential mediator between adult attachment and body dissatisfaction.

However, analyses then examined the associations among self discrepancy and body dissatisfaction. Specifically, analyses examined both actual-ideal discrepancy and actual-ought discrepancy and their relations with body dissatisfaction. Also contrary to hypotheses, analyses revealed no significant associations. These findings also counter past research that has shown that an actual-ought discrepancy and/or actual-ideal discrepancy can lead to body dissatisfaction (Bessenhoff & Snow, 2006; Harrison, 2001).
**Significant Finding**

This study, however, yielded one interesting finding involving actual-ideal and actual-ought discrepancies. The association between actual-ideal self discrepancy and actual-ideal body discrepancy was statistically significant. Specifically, analyses revealed that lower actual-ideal self discrepancy is related to less actual-ideal body image discrepancy. However, a similar relation between actual-ought self and actual-ought body image discrepancies was not found (i.e., actual-ought general discrepancy had no significant relation to actual-ought body image discrepancy).

As the self is comprised of many components (i.e., physical self, social self, personality, and abstract/philosophical self), it is not surprising that these constructs are related. Intuitively, if an individual shows feels positively about her self in general, she will maintain this positive regard for the various components of the self. Specifically, if the physical self portion of the general self plays a vital role in defining the self, then smaller or larger discrepancies in both will be present. To illustrate, perceived social inadequacies seen in the general self may be representative of a more general sense of low self-worth through which both the previously mentioned self discrepancy due to social inadequacy may be associated with a discrepancy in body image. In other words, if a person feels that she is falling short in one aspect of the self, she may be more likely to feel similarly in other domains. Thus, as discrepancies have been shown to influence various aspects of psychological wellbeing (e.g., self-worth), bettering the understanding of mechanisms that facilitate actual-ideal discrepancies may prove beneficial to the field.
The findings of the present study need to be interpreted in light of certain limitations. First, there was a small sample size which may have left the analyses underpowered. That is, the correlational and regression analyses may have suffered from Type II errors. For instance, the relations of secure attachment predicting body dissatisfaction as well as fearful attachment predicting body dissatisfaction neared significance. Had the present study obtained a larger sample, analyses may have had sufficient power to detect significant findings. Nevertheless, all other analyses did not approach significance. Therefore, it may be unlikely that our meditational hypotheses would have been supported with a larger sample.

Second, study compliance may have been an issue. Thirteen data sets had to be excluded from the study due to incomplete questionnaires. In addition, it was my observation that some participants did not approach the study seriously. Furthermore, previous research has reported multiple ways to administer and score the Selves Questionnaire (Veale, Kinderman, Riley & Lambrou, 2003; Knox, Funk, Elliott & Bush, 2000; Strauman, et al., 1991). The present study may have benefited from an alternative administration method. In addition, participants often listed body image characteristics on the Selves Questionnaire, which may have contributed the the significant finding.

Finally, partners were included in this study to provide an outside opinion on the attachment styles of the participants. However, when analyses were conducted on the participant and partner responses to the items on the Relationship Questionnaire, no significant correlations were found. These nonsignificant findings suggest that there is a discrepancy between how the participant views herself and how the partner views the
participant. Though participants and partners were required to have known each other a minimum of six months prior to the study, the present study may have benefitted from lengthening the minimum requirement.

Given these limitations, it may be premature to draw any definitive conclusions regarding the associations among adult attachment styles and body dissatisfaction and the potential mediational role of self discrepancy in the relationship between adult attachment and body image. However, the present study’s limitations highlight the need for future studies to be more methodologically sound as to better examine the interplay of these constructs. The literature has shown that both adult attachment and self discrepancy is related to body dissatisfaction (Bessenoff & Snow, 2006; Cash & Theriault, 2004; Elgin & Pritchard, 2006; Hoyt & Kogan, 2001; McKinley & Randa, 2005; Harrison, 2001) therefore, studies furthering the line of research are needed. It is proposed that future studies address the methodological concerns associated with the administration of the Selves Questionnaire and study noncompliance. Furthermore, examining the discrepancy between participant- and partner-reported attachment styles may prove fruitful in understanding the role of adult attachment in regard to body dissatisfaction and self discrepancy.


<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
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<tbody>
<tr>
<td>RQ Secure Participant</td>
<td>4.46</td>
<td>1.87</td>
</tr>
<tr>
<td>RQ Dismissing Participant</td>
<td>3.81</td>
<td>1.73</td>
</tr>
<tr>
<td>RQ Preoccupied Participant</td>
<td>3.06</td>
<td>1.62</td>
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<tr>
<td>RQ Fearful Participant</td>
<td>3.87</td>
<td>2.00</td>
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<td>RQ Secure Partner</td>
<td>4.26</td>
<td>1.60</td>
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<tr>
<td>RQ Dismissing Partner</td>
<td>4.22</td>
<td>1.96</td>
</tr>
<tr>
<td>RQ Preoccupied Partner</td>
<td>3.58</td>
<td>2.03</td>
</tr>
<tr>
<td>RQ Fearful Partner</td>
<td>3.89</td>
<td>2.04</td>
</tr>
<tr>
<td>BSQ Total</td>
<td>94.58</td>
<td>35.82</td>
</tr>
<tr>
<td>FS Actual Body Shape</td>
<td>3.64</td>
<td>1.30</td>
</tr>
<tr>
<td>FS Ideal Body Shape</td>
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<td>.82</td>
</tr>
<tr>
<td>FS Ought Body Shape</td>
<td>2.64</td>
<td>.86</td>
</tr>
<tr>
<td>SQ Actual-Ought</td>
<td>2.55</td>
<td>3.67</td>
</tr>
<tr>
<td>SQ Actual-Ideal</td>
<td>1.34</td>
<td>4.12</td>
</tr>
</tbody>
</table>

Note: RQ=Relationship Questionnaire; BSQ= Body Shape Questionnaire; FS= Figure Silhouettes; SQ= Selves Questionnaire
<table>
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<tr>
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<th>RQ Dismissing</th>
<th>RQ Preoccupied</th>
<th>RQ Fearful</th>
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<td>-.02</td>
<td>.14</td>
<td>.27</td>
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<tr>
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<td>.27</td>
<td>-.23</td>
<td>.02</td>
<td>-.18</td>
</tr>
<tr>
<td>SQ Actual-Ideal</td>
<td>-.06</td>
<td>-.08</td>
<td>.10</td>
<td>-.12</td>
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</tbody>
</table>

Note: RQ=Relationship Questionnaire; BSQ=Body Shape Questionnaire; SQ=Selves Questionnaire
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<th>SQ Actual-Ideal Discrepancy</th>
<th>SQ Actual-Ought Discrepancy</th>
</tr>
</thead>
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<td>-.26</td>
</tr>
<tr>
<td>FS</td>
<td>-.40*</td>
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<tr>
<td>RQ SecureParticipant</td>
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<td>-.06</td>
</tr>
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<td>RQ DissmissingParticipant</td>
<td>-.23</td>
<td>-.08</td>
</tr>
<tr>
<td>RQ PreoccupiedParticipant</td>
<td>.02</td>
<td>.10</td>
</tr>
<tr>
<td>RQ FearfulParticipant</td>
<td>-.18</td>
<td>-.12</td>
</tr>
</tbody>
</table>

* p<.05

Note: RQ=Relationship Questionnaire; BSQ= Body Shape Questionnaire; FS= Figure Silhouettes; SQ= Selves Questionnaire
Appendix

Adult Attachment and Body Perception
Participant Consent Form

Principal Investigator: Rebecca Conaway

You are being invited to participate in a research study. This consent form will provide you with information on the research project, what you will need to do, and the associated risks and benefits of the research. Your participation is voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. You will receive a copy of this document to take with you.

Purpose
The purpose of this study is to research the relationship between adult attachment and body image.

Procedures
You will be asked to complete a standard demographic form and questionnaires regarding your friendships/relationships and perceptions and beliefs about your body. Your participation in the study will take approximately 45 minutes.

Benefits
This research will not benefit you directly. However, your participation in this study will help us better understand how important relationships affect an individual’s body image.

Risks and Discomforts
This study does not present any risks beyond those encountered in everyday life. However, in the unlikely event that you experience more than mild discomfort, we encourage you to contact your physician or therapist at your own expense or the Kent State University Psychological Clinic at (330) 672-2372 or University Psychological Services at (330) 672-2487.
Privacy and Confidentiality
Several precautions are in place to ensure that your responses will remain confidential. You will be assigned an ID# that only you and the researcher know. This is to match your responses with your friend/significant other/family member’s responses. Data will be stored in a locked filing cabinet located in a limited access room. The list of ID#’s will be kept separate from the responses. Once entered into the computer, the paper information will be destroyed. Data collection will be confidential.

Compensation
If you take part in this study, you will receive 2 points toward your research requirement in psychology.

Voluntary Participation
Taking part in this research study is entirely up to you. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. You will be informed of any new, relevant information that may affect your health, welfare, or willingness to continue your study participation.

Contact Information
If you have any questions or concerns about this research, you may contact Rebecca Conaway at rconawai1@kent.edu or Dr. Janis Crowther at jcrowthe@kent.edu. This project has been approved by the Kent State University Institutional Review Board. If you have any questions about your rights as a research participant or complaints about the research, you may call the IRB at 330.672.2704.

Consent Statement and Signature
I have read this consent form and have had the opportunity to have my questions answered to my satisfaction. I voluntarily agree to participate in this study. I understand that a copy of this consent will be provided to me for future reference.
Adult Attachment and Body Perception
Partner Consent Form

Principal Investigator: Rebecca Conaway

You are being invited to participate in a research study. This consent form will provide you with information on the research project, what you will need to do, and the associated risks and benefits of the research. Your participation is voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. You will receive a copy of this document to take with you.

Purpose
The purpose of this study is to research the relationship between adult attachment and body image.

Procedures
You will be asked to complete a standard demographic form and a questionnaire about your relationship with your participant. Your participation in the study will take approximately 15 minutes.

Benefits
This research will not benefit you directly. However, your participation in this study will help us better understand how important relationships affect an individual’s body image.

Risks and Discomforts
This study does not present any risks beyond those encountered in everyday life. However, in the unlikely event that you experience more than mild discomfort, we encourage you to contact your physician or therapist at your own expense or the University Psychological Clinic at (330) 672-2372 or University Psychological Services at (330) 672-2487.
**Privacy and Confidentiality**
Several precautions are in place to ensure that your responses will remain confidential. You will be assigned an ID# that only you and the researcher know. This is to match your responses with your friend/significant other/family member’s responses. Data will be stored in a locked filing cabinet located in a limited access room. The list of ID#’s will be kept separate from the responses. Once entered into the computer, the paper information will be destroyed. Data collection will be confidential.

**Compensation**
If you take part in this study, you will receive one point toward your research requirement in psychology or a check for $3.

For compensation I would like to receive
- [ ] 1 research credit
- [ ] $3

**Voluntary Participation**
Taking part in this research study is entirely up to you. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. You will be informed of any new, relevant information that may affect your health, welfare, or willingness to continue your study participation.

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**Consent Statement and Signature**
I have read this consent form and have had the opportunity to have my questions answered to my satisfaction. I voluntarily agree to participate in this study. I understand that a copy of this consent will be provided to me for future reference.
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>(please print)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Signature ________________________________ Date ______

Person obtaining consent __________________________ Date ______
Demographic Information

Please answer the following questions.
1. Age? __________
2. Sex? __________
3. Height? __________
4. Weight? __________
5. Ethnicity? __________
6. What year are you in school? __________
7. Relationship status? __________
8. Relationship to partner? __________
9. How long have you known partner? __________
Body Shape Questionnaire (Cooper, Taylor, Cooper, & Fairburn, 1987)

Please think about how you have been feeling about your appearance over the PAST FOUR WEEKS. Please read each question and select the appropriate number to the right. Please answer all the questions.

1
2
3
4
5
6
Never Rarely Sometimes Often Very Often Always

OVER THE PAST FOUR WEEKS:
___ 1. Has feeling bored made you brood about your shape?
___ 2. Have you been so worried about your shape that you have been feeling that you ought to diet?
___ 3. Have you thought that your thighs, hips, or bottom are too large for the rest of you?
___ 4. Have you been afraid that you might become fat (or fatter)?
___ 5. Have you worried about your flesh not being firm enough?
___ 6. Has feeling full (e.g., after eating a large meal) made you feel fat?
___ 7. Have you felt so bad about your shape that you have cried?
___ 8. Have you avoided running because your flesh might wobble?
___ 9. Has being with thin women made you feel self-conscious about your shape?
___ 10. Have you worried about your thighs spreading out when sitting down?
___ 11. Has eating even a small amount of food made you feel fat?
___ 12. Have you noticed the shape of other women and felt that your own shape compared unfavorably?
___ 13. Has thinking about your shape interfered with your ability to concentrate (e.g., while watching television, reading, listening to conversations)?
___ 14. Has being naked, such as when taking a bath or shower, made you feel fat?
___ 15. Have you avoided wearing clothes that make you particularly aware of the shape of your body?
___ 16. Have you imagined cutting off fleshy areas of your body?
___ 17. Has eating sweets, cakes, or other high calorie food made you feel fat?
___ 18. Have you not gone out to social occasions (e.g., parties) because you have felt bad about your shape?
___ 19. Have you felt excessively large and rounded?
___ 20. Have you felt ashamed of your body?
___ 21. Has worry about your shape made you diet?
___ 22. Have you felt happiest about your shape when your stomach has been empty (e.g., in the morning)?
___ 23. Have you thought that you are the shape you are because you lack self-control?
___ 24. Have you worried about other people seeing rolls of flesh around your waist or stomach?
25. Have you felt that it is not fair that other women are thinner than you?
26. Have you vomited in order to feel thinner?
27. When in company, have you worried about taking up too much room (e.g., sitting on a sofa or bus seat)?
28. Have you worried about your flesh being dimply?
29. Has seeing your reflection (e.g., in a mirror or shop window) made you feel bad about your shape?
30. Have you pinched areas of your body to see how much fat there is?
31. Have you avoided situations where people could see your body (e.g., communal changing rooms or swimming pools)?
32. Have you taken laxatives in order to feel thinner?
33. Have you been particularly self-conscious about your shape when in the company of other people?
34. Has worry about your shape made you feel you ought to exercise?
Relationship Questionnaire- Participant

Please rate the degree to which you resemble each of the four paragraphs listed below on a scale of 1-7, with 1 being the lowest degree of resemblance and 7 being the highest.

1) It is relatively easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me.

2) I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

3) I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

4) I am somewhat uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I sometimes worry that I will be hurt if I allow myself to become too close to others.
Relationship Questionnaire- Partner

Please rate the degree to which your partner resembles each of the four paragraphs listed below on a scale of 1-7, with 1 being the lowest degree of resemblance and 7 being the highest.

1) It is relatively easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me.

2) I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

3) I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

4) I am somewhat uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I sometimes worry that I will be hurt if I allow myself to become too close to others.
Selves Questionnaire

In the following questionnaire, you will be asked to list the attributes of the type of person you think you actually, ideally, and ought to be:

Actual self: Your beliefs concerning the attributes you think you actually possess.
1._________________  6._________________
2._________________  7._________________
3._________________  8._________________
4._________________  9._________________
5._________________  10._________________

Ideal self: Your beliefs concerning the attributes you would like ideally to possess; your ultimate goals for yourself.
1._________________  6._________________
2._________________  7._________________
3._________________  8._________________
4._________________  9._________________
5._________________  10._________________

Ought self: Your beliefs concerning the attributes you believe you should or ought to possess; your normative rules or prescriptions for yourself.
1._________________  6._________________
2._________________  7._________________
3._________________  8._________________
4._________________  9.__________
5. ________________  10. ________________