RELATIONS AMONG BODY-IMAGE
SELF-ESTEEM, SEX-ROLE IDEOLOGY,
AND DEPRESSION-PRONENESS IN
MALE AND FEMALE COLLEGE STUDENTS

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by
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CHAPTER 1

INTRODUCTION

There is little doubt that great importance is placed on bodily attractiveness in American society (Calden, Lundy, & Schlaffer, 1959). Popular magazines, billboards, and television bombard the public with portrayals of the cultural ideal of beauty; for men the ideal appears to be musculature, and for women the ideal is one of slenderness (Garner & Garfinkel, 1980). The pervasive pressure to be thin is aimed particularly at women and clearly permeates American life. Dieter’s specials are found on most menus, multimillion dollar industries produce more and more diet foods, and there is a proliferation of dieter’s aids, ranging from low-calorie cookbooks to potent pharmaceutical products designed to fool the body’s own sensation of hunger (Dryenforth, Wooley, & Wooley, 1980). While the sociocultural pressures towards thinness have been linked to the apparent increased incidence of anorexia nervosa (Garner & Garfinkel, 1980), the extent to which these pressures affect the vast population of non-anorexic women has received very little empirical attention.

It is clear, however, that there is a vast number of women afflicted with the attitude that there is something wrong with the shape and size of their bodies (Chernin, 1981). The normative standard for what constitutes an acceptable female body shape has changed over past years.
Garner and Garfinkel (1980) examined data from Playboy centerfolds and Miss America pageants over a 20 year period and found a significant trend toward a thinner standard. The ideal for women appears to be small, thin, and childlike and, in fact, adolescent girls often model women's clothing for popular magazines (Chernin, 1981). At the same time that prevailing role models have been getting thinner, average women of the same age have been getting heavier (Garner & Garfinkel, 1980).

The movement toward an increasingly thin ideal within the context of increasing population weights for women has several noteworthy implications. One consequence of the push for thinness within our society is disturbances in body-image. According to Fawcett and Frye (1980), one's view of the body, or body-image, consists of two related, yet empirically independent dimensions: body-perception and body-attitude. Body-perception refers to the direct mental experience of the physical body, whereas body-attitude encompasses a broad spectrum of feelings, attitudes, and emotional reactions toward the body. Both body-perception and body-attitude have been linked to a number of important behaviors and attitudes, such as anorexia nervosa (Bruch, 1980), chronic dieting (Miller, Coffman, & Linke, 1980), contraceptive use (Young, 1981), and self-esteem (Lerner, Karabenich, & Stuart, 1973; Rosen, 1968; Secord & Jourard, 1953; Weinberg, 1960).
Societal pressures to be thin may have caused mild forms of body-image disturbance in non-obese individuals (Bruch, 1980). There are many women who consider themselves to be fat when they are not even discernably overweight. As stated in the Harvard Medical School Letter:

But human beings come in a variety of shapes and sizes. It is unreasonable to expect that everyone will conform to a single ultra-thin standard. A lot of people (especially women) who are not by any reasonable definition overweight are subjected to discrimination and pressure to change their basic body type (Chernin, 1981, p.31).

The toll that women are paying for this national mania for thinness is significant: there are perhaps millions of women whose distorted perceptions of their own bodies give them little peace and rest (Chernin, 1981).

The impact of sociocultural pressures for thinness and the resultant disturbances in body-image are exemplified by the pervasiveness of dieting among women. Body-image appears to be the primary basis for modifying one's diet to lose or gain weight (Miller et. al, 1980). Ninety-five percent of people enrolled in diet organizations are women. Since Weight Watchers was founded in the early 1960's, more than eight million people have enrolled. This means that every week, across the country, thousands of people, most of them women, meet to discuss their problems with weight (Chernin, 1981).

The physical and emotional consequences of chronic dieting are considerable. Symptoms such as irritability,
anxiety, depression, fatigue, and lability of mood occur in women who chronically diet to hold their weight below that which is biologically adaptive (Garner & Garfinkel, 1981). Body weight (or fat) below a certain level has been associated with cessation of normal menstrual functioning (Garner, 1981). It is ironic that current symbols of the ideal woman are gravitating toward a weight which is in biological opposition to normal reproductive functioning (Chernin, 1981; Garner, 1981). Clearly, the shrinking ideal may exert pressure on some women to diet in spite of adverse physical and emotional consequences.

The preoccupation with dieting and weight and a negative body-image is thus assumed to mainly afflict women. It is females in our society who are particularly valued for their thinness, beauty, and sexual attractiveness. In fact, most societies tend to give more explicit consideration to the physical beauty of the female than to the handsomeness of the male (Al-Issa, 1980). It is the women in this culture who are alienated from and who dislike their bodies; it is the females in this culture who suffer from anorexia nervosa, bulimexxia, and an obsessive concern with weight and diet. In the words of Chernin (1981),

For the fact remains today that in this culture the most widespread expression of alienation from the body occurs in the obsession with weight and dieting that afflicts millions of women. Men diet, too, they gain weight, there are certainly fat men in the world, and there are some who lose so much weight they, too, are in danger of starving themselves to death. But it is
women who constitute 95 percent of the people feeling sufficient despair with their bodies to enroll them in a formal program of weight reduction (p. 61-62).

Clearly, there is a close association in our minds and in our culture between weight, sexuality and sex roles (Millman, 1982).

It appears, then, that there is an increase in both the prevalence and severity of body-image disturbances among women. Further understanding of the causes and correlates of these problems would be very helpful in attempts to assist individuals in dealing with them. A first step in such understanding is to clarify previously postulated relationships among body-image, weight, and sex.

Despite the notion that it is women who constitute the vast percentage of those who are dissatisfied with their weight and their bodies, studies examining sex differences in attitudes toward one's body have produced conflicting results. Some studies have found no sex differences in degree of bodily satisfaction (Fawcett & Frye, 1980), some have found women to be more satisfied than men (Kurtz, 1969), and some have found men to be more satisfied than women (Calden, Lundy, & Schlaffer, 1959; Miller et al., 1980). Perhaps these conflicting results are due to the failure of previous research to control for actual weight. With the exception of the Miller et al. (1980) study, no past research has considered the actual weight of the subjects sampled. While in general, overweight people may
be more dissatisfied with their bodies than normal weight individuals, the notion that both overweight and normal weight range women may be more dissatisfied with their bodies than similar weight range men are deserves empirical examination. According to Millman (1982), "...Being fat is still more troublesome to and for women than it is for men. And even more important, women who are not objectively overweight are frequently preoccupied with their weight in a way that normal sized men seldom are" (p. 217). It is not sufficient to compare the body-attitudes of women and men; rather, the body-attitudes of groups of women and men within the same weight range categories need to be examined. The first purpose of this study was to investigate sex differences in the degree of satisfaction with bodily appearance and weight, while controlling for actual weight.

Along with the uncertainty surrounding the question of sex differences in body-attitude, there is also disagreement concerning sex differences in the relationship between body-attitude and self-esteem, or liking and respect for oneself (Robinson & Shaver, 1973). Various researchers (Rosen & Ross, 1968; Secord & Jourard, 1953; Weinberg, 1960) have found that feelings of satisfaction or dissatisfaction with the body are commensurate with feelings about the self. Body-cathexis, or feelings about the body, is believed to be integrally related to self-concept, although it is also identifiable as a separate aspect thereof. According to
Secord and Jourard (1953), "One object which is ever present in the world is the body...Individual attitudes toward...[their] body are of crucial importance to any comprehensive theory of personality; yet little attention has been given this subject by psychologists" (p. 343). Furthermore, general relations between body-attitudes and self-concept will remain imprecise unless apparently critical sex differences are examined (Lerner et al., 1973). Thus, while it is clear that negative body attitudes may be correlated with lowered self-esteem, greater understanding of sex differences in this relationship would be helpful to clinicians working with individuals who express negative body-attitudes.

Previous research examining the question of sex differences in the relationship between body-attitude and self-esteem has yielded somewhat contradictory results. Some studies (Secord & Jourard, 1953), have found body-attitude to be a more significant component of women's than of men's self-esteem, while other studies have yielded the opposite result (Weinberg, 1960). Past studies have used a variation of Gough and Helbrun's (1965) Adjective Check List as a measure of self-esteem. However, due to certain reliability problems within the Adjective Check List and the existence of more specific measures of self-esteem, the Adjective Check List is generally not recommended as a central measure of self-esteem (Robinson & Shaver, 1973).
This study therefore investigated sex differences in the relationship between body-satisfaction and self-esteem, with self-esteem being measured by a more specific method than has been employed in the past. Specifically, a scale measuring social self-esteem was employed, based on the premise that negative feelings about the body are associated with feelings of insecurity involving the social self (Secord & Jourard, 1953).

An additional variable which may be related to body-image, particularly among women, is that of sex-role ideology. The degree to which a woman's sex-role ideology, a dimension with traditional and feminist poles, moderates the relationship between her body-attitude and self-esteem deserves examination. While no previous research has addressed this question, it has been suggested that this relationship may indeed differ between traditional versus feminist women, with body-attitude being a more significant component of traditional women's self-concept than it is of feminist women's self concept (Kurtz, 1969). Feminist ideology would certainly indicate this: "...the tyranny of beauty and our rage at the objectification of women is what sent feminists to the barricades in the 1960's and 1970's. We protested the Miss America pageant, boycotted bridal gowns, promoted function over fashion, and advanced the ideal of female beauty unadorned" (Pogrebin, 1983, p.75).

While at initial examination it would appear that
feminist women's self-esteem would not be as highly correlated with body-attitude as would traditional women's self-esteem, certain feminist writers suggest that these relationships may be more complex than initially suggested (Chernin, 1981; Orbach, 1978; Pogrebin, 1983). Feminist women may be equally as concerned with bodily appearance as more traditional women. However, for a feminist woman this concern may evoke feelings of conflict and guilt (Chernin, 1981; Pogrebin, 1983). Concern with physical appearance may be a crucial, yet to date ignored, variable for feminist psychology (Pogrebin, 1983). Hence, the dimension of sex-role ideology was examined to determine the degree to which it moderated the relationship between body-attitude and self-esteem in women.

Another important variable which has been linked to body-attitude is depression. The clinical impression (J. Einhorn, personal communication, January 8, 1984; Kaplan, 1980; K. Taylor, personal communication, May 5, 1983) that women who are dissatisfied with their bodies are often prone to depression due to their dissatisfaction requires empirical investigation. Counselors working with women, including those women who may not appear to be overweight, need to be aware of the possible emotional consequences of a negative body-attitude. This study therefore examined the relationship between depression and body-attitude.

In summary, in light of both the scarce and conflicting
results in the aforementioned research and consistent clinical impressions, the purpose of this study was to investigate the problem of body-dissatisfaction in college-aged men and women, and to examine possible correlates of this problem. More specifically, while it is known that many women suffer from chronic dissatisfaction with their bodies, and some broad cultural pressures can be related to this phenomenon, very little is known about which women will be affected and which will not (Wooley & Wooley, 1980). This study therefore examined the relationship of body-attitude to self-esteem and the extent to which sex and/or sex-role ideology moderates this relationship. Additionally, the relationship between body-attitude and depression was examined, as were relative sex differences in body-attitude. The specific hypotheses under investigation were as follows: (1) a significantly larger number of women than men will exhibit dissatisfaction with their bodies, regardless of actual weight; (2) the extent of satisfaction with one's body will be a more significant component of women's than of men's self-esteem; (3) the sex-role ideology of women will not moderate the relationship between body-attitude and self-esteem; and (4) there will be a relationship between depression and negative body-attitude, and this relationship will be of greater magnitude for women than for men.
CHAPTER 2
LITERATURE REVIEW

Literature in the area of body-image has grown rapidly in past years. However, the majority of this research has focused on the body-image of obese or anorexic populations. Very little attention has been given to the body-image of non-clinical populations, or how body-image is related to such variables as self-esteem or depression. The following review attempts to examine the scarce research that does exist in this area. The first section defines the concept of body-image and discusses the prevalence of body-image concerns in non-clinical populations. The second section focuses on the relationship between body-attitude and self-esteem. In this section, results of research examining sex differences in the relationship between body-attitude and self esteem are discussed and critiqued. The third section reviews the literature concerning the possible moderating effect that sex-role ideology may have on the relationship between body-attitude and self-esteem in women. The fourth section focuses on the possible relationship between a negative body-attitude and depression.

Body-Image: Definitions, Prevalence of Disturbance, and Sex-Differences

Definitions. The concept of body image has been used to summarize a variety of attitudes and mental images that individuals maintain or express regarding their bodies
(Fawcett & Frye, 1980). Body image is thought to consist of two dimensions: body-perception and body-attitude. Body-perception refers to the direct mental experience of the physical body (Fawcett & Frye, 1980), and is generally measured by visual perceptual tests of perceived body size or by tests of perceived body space. Body-perception may also be assessed by asking people what size (e.g., weight category) they consider themselves to be. In contrast to body-perception, body-attitude encompasses a broad spectrum of feelings, attitudes, and emotional reactions toward the body, and is most often measured by interviews and attitude scales, such as Secord and Jourard’s (1953) Body-Cathexis Scale.

While body-attitude is thought to influence body-perception, evidence suggests that these two dimensions of body-image are conceptually and empirically independent (Fawcett & Frye, 1980). A substantial amount of past research refers to the broad concept of body-image without specifying which of the two dimensions is being investigated, thus leading to confusion and open interpretation. Clearly, body-image studies cannot be legitimately compared without a proper understanding and definition of which aspect of body-image is actually being examined.

Body-image distortion, or more accurately labelled as body-perception distortion, has received some empirical
attention. Body-perception distortion has been associated with obesity (Pearlson, Flournoy, Simonson, & Slavney, 1981; Wineman, 1980), pregnancy (Fawcett & Frye, 1980), and anorexia-nervosa (Garner, 1981). While in anorexia-nervosa, a major misperception of reality takes place, there also appear to be countless non-anorexic women who suffer from mild forms of body-perception disturbance (Garner & Garfinkel, 1980), as will be discussed later in this section.

Along with body-perception, the concept of body-attitude has also been linked to a number of important behaviors and attitudes. Satisfaction with one's body has been found to be related to amount of sexual activity in women (Feeling fat in a thin society, 1984; Young, 1980), consistency and type of contraceptive use in women (Young, 1981), and with the self-concept of both women and men (Lerner, Karabenick, & Stuart, 1973; Rosen & Ross, 1968; Secord & Jourard, 1953; Watkins & Park, 1972; Weinberg, 1960). Clearly, both components of body-image, body-perception and body-attitude, are associated with a wide array of behaviors and attitudes.

**Body-image disturbances.** Two recent studies (Feeling fat in a thin society, 1984; Miller et al., 1980) have examined the prevalence of both body-perception disturbance and negative body-attitudes in non-clinical populations. In assessing the body-perception of college-aged women and men,
Miller et al. (1980) found that approximately 70 percent of the women studied thought of themselves as slightly overweight or overweight, although only 39 percent could be so classified from their actual weights and skinfold measurements. Similarly, in a survey of 33,000 women conducted by Glamour magazine (Feeling fat in a thin society, 1984), 75 percent of the respondents reported feeling overweight, although only 25 percent could be classified as overweight on the basis of their actual weight. It thus appears that there are many normal weight range women who suffer from body-perception disturbances. Actual weight may make little or no difference for women: the majority of women may feel "too fat" regardless of their actual weight (Feeling fat in a thin society, 1984; Wooley & Wooley, 1980).

Women who are actually underweight may also view themselves as being too heavy. In the Miller et al. study (1980), while 25 percent of the women were classified as slightly underweight or underweight, less than ten percent of these women considered themselves to be members of these categories. Similarly, in the Glamour magazine survey (Feeling fat in a thin society, 1984) 30 percent of the respondents were below the desirable weight range specified by the 1984 Metropolitan Life Insurance Tables. Nonetheless, 45 percent of these underweight women viewed themselves as being too fat, and 66 percent of them reported
wanting to diet because they felt fat.

While women may have a tendency to view themselves as too fat, there is some evidence that men may have a slight tendency to view themselves as too thin. Twenty percent of the males in the Miller et al. study (1980) reported thinking of themselves as slightly underweight, when in fact they could not be classified as such. Perhaps these findings on body-perception disturbances in women and men reflect the tendency for women to feel overweight in comparison to the slender cultural ideal for women and for men to feel underweight in comparison to the large and muscular cultural ideal for men. Whatever the case may be, it appears that body-perception disturbance is a major problem among women, and is perhaps a problem for men as well, although there is not as much research on the prevalence of body-perception disturbance in men.

While the above-noted studies illustrate the prevalence of body-perception disturbance in both normal weight and underweight individuals, there is also evidence that many women, and perhaps a good number of men, hold body-attitudes which reflect dissatisfaction. In the Glamour magazine survey of 33,000 women (Feeling fat in a thin society, 1984), six percent of the respondents reported being very happy with their bodies, 53 percent reported being moderately happy with their bodies, 30 percent reported being moderately unhappy with their bodies, and 11 percent
reported being very unhappy with their bodies. It also appears that many men may be dissatisfied with their bodies (Miller et al., 1980), although there is uncertainty surrounding the question of which sex holds the more dissatisfied attitudes towards their bodies, as discussed below.

**Sex-differences in body-attitudes.** There is conflict in the literature regarding the question of sex-differences in bodily dissatisfaction. Miller et al. (1980) found that 59 percent of the men and 91 percent of the women studied held body attitudes which reflected dissatisfaction. This result is consistent with an earlier study (Calden et al., 1959) wherein it was reported that the percentage of males who expressed satisfaction with their bodily attractiveness was almost twice that of women expressing satisfaction. Conversely, Kurtz (1969) reported women as being more satisfied with their bodies than were men. On the other hand, Fawcett and Frye (1980) reported finding no significant differences in the magnitude or direction of body-attitudes held by women versus men. Hence, it remains unclear if one of the sexes is significantly more dissatisfied with their bodily attractiveness than is the other.

In summary of the research presented in this section, the concept of body-image can be broken down into two empirically related, albeit independent
concepts: body-perception and body-attitude.

Body-perception refers to one's perception of the space, size, and/or volume that his/her body occupies, whereas body-attitude refers to one's feelings toward his/her body (e.g., satisfaction/dissatisfaction). Both body-perception disturbances and negative body-attitudes appear to be fairly prevalent in non-clinical samples of women and men, although research concerning whether or not one sex holds more negative body-attitudes than the other has yielded inconsistent results. The two components of body-image will be surveyed in this study, and sex-differences in body-perception and body-attitude will be examined.

**Body-Attitude and Self-Esteem**

One's view of the body, or body-attitude, has been found to be significantly correlated with one's view of the self, or self-esteem (Lerner et al., 1973; Rosen & Ross, 1968; Secord & Jourard, 1953; Watkins & Park, 1972; Weinberg, 1960). Robinson and Shaver (1973) describe body-attitude as "a particular aspect of self-esteem--satisfaction with aspects of the body" (p. 136). According to Secord and Jourard, on the other hand, body-attitude is integrally related to self-concept, although identifiable as a separate aspect thereof. Whether body-attitude is a component of self-esteem or an empirically independent dimension, there is no doubt that measures of these two constructs are at least moderately
correlated.

The first study testing the notion that body-attitude and self-concept are highly related variables was conducted by Secord and Jourard (1953). Secord and Jourard (1953) asked subjects to complete the body-cathexis scale, a self-cathexis scale, and Maslow's Test of Psychological Security/Insecurity. The Body-Cathexis Scale asks individuals to rate various body parts on a Likert type scale; similarly, the self-cathexis scale asks individuals to rate various self-traits (e.g., personality) on the same Likert type scale. Secord and Jourard (1953) reported moderate, yet significant, correlations between scores obtained on the body-cathexis scale and scores obtained on the self-cathexis scale. Furthermore, significant correlations between score on the body-cathexis scale and Maslow's Test of Psychological Security/Insecurity were found, indicating that "negative feelings about the body are associated with feelings of insecurity involving the self" (p. 343).

Replications of Secord and Jourard's original work served to confirm the finding that self-esteem and body-attitude are related variables (Lerner et al., 1973; Rosen & Ross, 1968; Watkins & Park, 1972; Weinberg, 1966). Watkins and Park (1972) and Rosen and Ross (1968) reported that the correlations between body-attitude and self-esteem could be refined by taking subjects' subjective estimates of
the importance of the component body-parts of the
Body-Cathexis Scale into account. In other words, these
investigators found that the correlation between self-esteem
and satisfaction with the physical characteristics rated as
important was significantly higher than the correlation
between self-esteem and physical characteristics not rated
as important. While neither the Rosen and Ross (1968) nor
the Watkins and Park (1972) study differentiated between the
ratings of importance given by women versus men, Lerner et
al. (1973) found that when differentiating between the
sexes, importance ratings failed to affect the correlation
between self-concept and body-satisfaction. Furthermore, no
significant sex differences in importance ratings were found
to exist in the Lerner et al. study (1973): both women and
men gave approximately equal ratings of importance to the
component body parts of the body-cathexis scale.

Sex-differences in the relationship between
body-attitude and self-esteem. While it indeed appears that
attitudes towards one's body are related to feelings about
oneself, there is disagreement in the literature regarding
the question of sex-differences in the relationship between
body-attitude and self esteem. Empirical investigations
concerning sex differences in the relationship between
body-attitude and self-esteem have produced conflicting
results. Weinberg (1966) reported that the correlation
between body-satisfaction and self-satisfaction was of
greater magnitude for men than for women. Weinberg (1966) also reported that the relationship between body-satisfaction and psychological insecurity was of greater magnitude for men than for women. Conversely, Secord and Jourard (1953) found the relationship between both body-satisfaction and self-satisfaction and body-satisfaction and psychological insecurity to be of greater magnitude for women than for men. Similar to Secord and Jourard (1953), Lerner et al., (1973) found that the relationship between body-satisfaction and self-esteem was more pronounced for women than for men. However, when employing a statistical test (Fisher's Z test for independent correlations), Lerner et al. (1973) found no significant sex differences in the relationship between body-attitude and self-esteem. The question of sex-differences in the relationship between body-attitude and self-esteem hence remains unresolved.

Millman (1980) argues that being overweight (and perhaps feeling overweight) is a more negative experience for women in our culture than it is for men in our culture: for women, unlike men, excess weight is hypothesized to adversely affect self-esteem (Millman, 1980). The Glamour magazine survey, while not addressing the question of the relationship between body-attitude and self esteem in men, clearly supports the notion that for women, feelings of being overweight and dissatisfied with one's body do affect
self-esteem. Forty-six percent of the women surveyed by Glamour magazine (Feeling fat in a thin society, 1984) reported feeling self-conscious about their bodies "around almost anyone" (p. 200).

For women, feelings of dissatisfaction with one's body generally spring from feelings of being overweight. While these feelings of being overweight and dissatisfied with one's body appear to be related to the self-esteem of women, very little is known about how feelings of being underweight or overweight affects the self-esteem of men. Given the notion that men are subjected to pressure to conform to a large and muscular ideal, and that there may be a tendency for men to feel underweight in comparison to this ideal (Miller et al., 1980), it is hypothesized that for men, feelings of dissatisfaction with one's body may spring from feelings of being underweight. These feelings of being underweight and dissatisfied with one's body are further hypothesized to be related to the self-esteem of men.

Critique of the research. Three specific methodological problems may have contributed to the conflicting results of the previously mentioned studies examining the relationship between body-attitude and self-esteem. First of all, none of the previously mentioned studies have taken into account the actual weight of the subjects sampled. As noted earlier, actual weight or perceptions of actual weight may differentially affect women and men. Hence, actual weight
should be considered in examining the relationship between body-attitude and self-esteem.

A second methodological problem with the above-noted studies is their use of Gough and Heilbrun's (1965) (cited in Robinson & Shaver, 1973) Adjective Check List or similar Likert type scales in assessing self-esteem. According to Robinson and Shaver (1973), the Adjective Check List is generally not recommended for use as a general measure of self-esteem. Rather than measuring a specific type of self-esteem, such as social self-esteem, the Adjective Check List measures many indices relating to self-esteem. Hence, it is difficult to specify precisely what aspect or type of self-esteem is related to body-attitude. The use of a more specific measure of self-esteem would help to lend clarity to the hypothesized relation between body-attitude and self-esteem.

A third methodological problem with the above studies is their failure to employ statistical tests to justify their conclusions regarding sex differences in the relationship between body-attitude and self-esteem. With the single exception of the Lerner et al. (1973) study, previous studies have based reports of sex differences on the basis of simple comparisons of the magnitude of correlations obtained by women versus men. Hence, many conclusions regarding sex differences in the relationship between body-attitude and self-esteem have been drawn
without statistically testing these differences.

In summary, it is clear that body-attitude and self-esteem are related variables. Nonetheless, due to both the conflicting results of and methodological flaws in past research, the question of sex differences in the relationship between body-attitude and self-esteem is far from resolved. This study will attempt to clarify and contribute to the understanding of this relationship by taking actual weight into account, by employing a more specific measure of self-esteem than has been used in the past, and by statistically testing sex differences in the correlations between measures of body-attitude and self-esteem.

**Body-Attitude and Sex-Role Ideology**

An additional potentially useful moderator of the relationship between body-attitude and self-esteem in women is that of sex-role ideology, or prescriptive beliefs concerning behavior appropriate for men and women. To date, the impact of sex-role ideology (traditional versus feminist) on the relationship between body-attitude and self-esteem has not been investigated. There have, however, been related investigations concerning the relationship of sex-role ideology to both bulimia and dieting behaviors.

Rost, Neuhaus, and Florin (1982) compared the sex-role ideology and sex-role behavior of matched groups of bulimic and control group women. These researchers found that the
difference between sex-role attitudes and sex-role behavior was larger for bulimic women than for control group women. Rost et al. (1982) thus suggested that for bulimic women there may be conflict between attitudes toward the female role and actual sex-role behavior. The notion of conflict between ideology and behavior was echoed by Lilly (1984), who reported that feminist women, while stressing the acceptance of self and body as is, are no more or less concerned with dieting that are other women. The notion of conflict between ideology and behavior may also be applicable to the present investigation of the extent to which the sex-role ideology of a woman may mediate the relationship between her body-attitude and her self-esteem.

The pressure on women to be thin may have an impact on feminist as well as traditional women: both feminist and traditional women are subjected to the same societal push toward thinness. For feminist women, however, obsessive concern with bodily appearance may also invoke a conflict in ideology: "the behaviors we [feminist women] direct toward our social world may well...express orientation toward a woman's self-development, [while] the behaviors we direct toward our body express our implicit loyalty to the conventional world" (Chernin, 1981, p.108). According to Pogrebin (1983), feminist women often find "our continued obsession with our looks very hard to talk about...some of us feel guilty when we feel good about our looks—or worried
about them" (p.75). Thus, perhaps sex-role ideology has little impact on the degree to which a woman's body-attitude and self-concept are related; feminist and traditional women may both suffer from dissatisfied body-attitudes and a resulting decrease in self-esteem, with the only difference between the two being the degree to which this concern conflicts with overall ideology.

Nonetheless, a straightforward examination of the ideology of feminism would lead one to hypothesize that for feminist women, body-attitude would not be as strongly related to self-esteem as it would for more traditional women. The women's movement clearly rejects male ideals of how women should look as projected in advertisements and movies (Orbach, 1978). Hence, since body-dissatisfaction has been found to be a function of perceived discrepancy between one's own body and the 'ideal' body portrayed in our culture (Secord & Jourard, 1955), it may be hypothesized that the self-esteem of feminist women, who reject the cultural ideal, would be less dependent on body-satisfaction than the self-esteem of more traditional women, who maintain the cultural ideal. In other words, it is quite possible that the degree to which the cultural ideal of what constitutes bodily attractiveness in women is embraced by a specific woman would mediate the relationship between her body-attitude and her self-concept. Clearly, feminist ideology rejects the stereotype of the slender, female sex
object and encourages success in activities other than attaining the 'ideal body', such as success in career related activities. Given the two conflicting speculations concerning the degree to which sex-role ideology may mediate the relationship between body-attitude and self-esteem, there is a clear need for an empirical investigation of this relationship.

Body-Attitude and Depression

One final correlate of negative body-attitude that deserves attention is depression. Marsella, Shizura, and Brenan (1981) found that negative body-attitudes were related to depression, and thus hypothesized that depression may intensify the level of discontent with one's body. Conversely, it is quite possible that a negative body-image may lead to depression in some women.

The notion that body-attitude may be an impetus for feelings of depression in some women is consistent with clinical impression (J. Einhorn, personal communication, January 8, 1984; Kaplan, 1980; K. Taylor, personal communication, May 5, 1983). A psychologist at a major midwestern university reports seeing a number of women who are always dieting and are dissatisfied with and depressed about their bodies, with some of these women reporting that they think about their bodies as often as 30 times a day (K. Taylor, personal communication, May 5, 1983). Furthermore, in the Glamour magazine survey of 33,000 women (Feeling fat
in a thin society, 1984), over 75 percent of the women questioned reported feeling depressed or repulsed when looking in the mirror. Clearly, the relationship between negative body-attitude and depression deserves to be examined. If there is indeed a relationship between body-attitude and depression, clinicians need to be made aware of this relationship, hence enabling them to better understand the clients with whom they work.

Summary

The present study aimed to clarify and add to the area of body-image research. Some studies (Feeling fat in a thin society, 1984; Miller et al., 1980) have examined the prevalence of body-perception disturbance among non-clinical samples of individuals. Other studies (Calden et al., 1959; Feeling fat in a thin society, 1984; Kurtz, 1969; Miller et al., 1980) have examined the relative feelings of satisfaction or dissatisfaction that individuals hold regarding their bodies. Yet other studies have examined sex differences in the relationship between body-attitude and self-esteem (Lerner et al., 1973; Rosen & Ross, 1968; Secord & Jourard, 1953; Watkins & Park, 1972; Weinberg, 1966).

There has been no research to date on the degree to which sex-role ideology may mediate the relationship between body-attitude and self-esteem in women. Finally, while clinical impression is consistent in noting a relationship between body-attitude and feelings of depression, there has
been only one study (Marsella et al., 1981) examining this hypothesized relationship.

There is clearly a vast emphasis placed on physical attractiveness in American culture. Women are expected to be thin, while men are expected to be large and muscular. Failure to conform to the ideal body-type may affect the self-esteem and proneness to depression in both women and men. Yet very little is known about the possible correlates of body-image or about who may be affected by a negative body-attitude.

This study attempts to answer four questions:

1) Is dissatisfaction with one's body significantly more characteristic of one sex than of the other sex?

2) Are there sex differences in the relationship between body-attitude and self-esteem?

3) Does the sex-role ideology of a woman mediate the relationship between her body-attitude and her self-esteem?

4) Is there a relationship between body-attitude and depression, and if so, does this relationship differ between the sexes?
CHAPTER 3

METHOD

Subjects

Subjects were 264 students enrolled in an introductory psychology course at the Ohio State University during the Fall quarter of 1983. The 129 males and 135 females had an average age of approximately 19 years. The majority of subjects were freshmen. Participation in the study was voluntary, but the students received course credit for their participation.

Instrumentation

Subjects were requested to complete a 13 page questionnaire comprised of several separate instruments: a) Jourard and Secord’s (1955) Body-Cathexis Scale; b) Kalin and Tilby’s (1978) Sex-Role Ideology Scale; c) Abramson and Metalski’s (1983) Depression Proneness Inventory; d) The Janis-Field Feelings of Inadequacy Scale (Eagly, 1967, cited in Robinson & Shaver, 1973); and e) a Supplemental Data Sheet assessing height, weight, ideal weight, perception of weight category, amount of time spent dieting, and amount of time spent thinking about weight. These instruments were given to assess degree of satisfaction with one's body, sex-role ideology, proneness to depression, social self-esteem, and general perceptions of one's body, respectively.

Body-satisfaction. Degree of satisfaction with one's
body was measured by a modified version of the Body-Cathexis Scale (Jourard & Secord, 1955). This instrument was designed to measure the strength and direction of individual's feelings toward various bodily parts and processes. The original Body-Cathexis Scale (Secord & Jourard, 1953) was comprised of 46 items, but was later modified to contain only 12 items (Jourard & Secord, 1955). The modified 12 item scale was employed in this study, with three additional items (arms, face, and body-build) being added to more fully represent the entire body. Hence, a 15 item Body-Cathexis Scale was employed in this study.

The Body-Cathexis Scale asks a person to rate on a 7 point scale how satisfied they are with each of the 15 body parts: height, weight, breasts or chest, waist, hips, thighs, calves, ankles, feet, nose length, shoulder width, neck length, arms, face, and body-build. The response scale ranges from 1 (strong positive feeling) to 7 (strong negative feeling). On the basis of his/her response, each subject received a Body-Cathexis Score, obtained by adding the individual item ratings and dividing by 15. The total Body-Cathexis score could thus range from 1 (strong positive feelings toward one's body) to 7 (strong negative feelings towards one's body).

The split-half reliability for the scale is reported at .78 for males and .83 for females (Jourard & Secourd, 1955). Test-retest reliability over a two-week period was high
(r = .87), suggesting that the scale is stable over time (Tucker, 1981). A complete copy of this instrument can be found in Appendix A.

**Sex-Role Ideology.** Sex-Role Ideology was measured by Kalin and Tilby's (1978) Sex-Role Ideology Scale. This instrument was designed to measure prescriptive beliefs regarding behavior appropriate for men and women. For the purposes of this instrument, sex-role ideology was conceived of as a system of sex-role beliefs forming a dimension with traditional and feminist poles.

The Sex-Role Ideology Scale consists of 30 statements of opinion concerning behavior appropriate for men and women. These statements were selected for the instrument because they were shown to discriminate between criterion groups from traditional and feminist populations, as evidenced by their membership in either a traditional women's group or by membership in a women's liberation organization (Kalin & Tilby, 1978). Half of the items are phrased in a feminist direction and half are phrased in a traditional direction.

The Sex-Role Ideology Scale asks a person to indicate on a 7-point scale the extent to which they agree or disagree with each individual statement of opinion. The scale ranges from 1 (very strongly agree) to 7 (very strongly disagree). Total scores were obtained by reversing the ratings for traditional items and then summing the item
scores. The total score can thus range from 30 (traditional) to 210 (feminist).

Kaln io and Tilby (1978) report test-retest reliability over a three-week period at r=.87. The internal consistency of the scale was calculated using split-half reliability coefficients which ranged from .57 to .91 (Kaln & Tilby, 1978). A complete copy of this instrument can be found in Appendix B.

Depression-Proneness. Proneness to future depression was measured by the Depression Proneness Inventory (DPI) (Abramson & Metalski, 1983). This instrument was designed to measure proneness to future depression.

The DPI consists of ten questions regarding feelings of depression and general reactions to life-stress. Subjects were asked to respond to these questions on a five point scale ranging from 1 (very often) to 5 (practically never). On the basis of their responses, subjects were assigned a depression proneness score which was obtained by summing the individual item scores and dividing by 10. The depression proneness score could thus range from 1 (resistant to depression) to 7 (prone to depression).

Internal consistency of this scale was shown to be high (κ=.91, Tabachnick, 1984). Test-retest reliability over a four-week period was also high (r=.83, Tabachnick, 1984). Furthermore, the DPI correlates with the Beck Depression Inventory (r=.46), and hence appears to have
convergent-validity (Tabachnick, personal communication, Feb. 16, 1984). A complete copy of this instrument can be found in Appendix C.

**Self-Esteem.** Social self-esteem was measured by the Janis-Field Feelings of Inadequacy Scale (Eagly, 1967, cited in Robinson & Shaver, 1973). This scale was originally designed to measure feelings of inadequacy in studies relating to an individual's persuasibility. However, this scale has been widely used as a more general measure of social self-esteem since the items concern esteem in various social areas such as assertiveness (Robinson & Shaver, 1973). The original scale which was developed by Hoveland and Janis (1959) (cited in Robinson & Shaver, 1973) consisted of 23 items, of which all but two were keyed in the same direction. Eagly (1967) (cited in Robinson & Shaver, 1973) modified the scale to contain 20 items, 10 of which are keyed in a positive direction and 10 of which are keyed in a negative direction. The revised scale is thus balanced for response-bias (Robinson & Shaver, 1973).

The revised Janis-Field Scale (Eagly, 1967, cited in Robinson & Shaver, 1973) asks subjects to rate on a five point scale how comfortable they are in various social situations. The scale ranges from 1 (very often) to 5 (practically never). Half of the items are keyed so that an affirmative response indicates low social self-esteem and half are keyed so that an affirmative response indicates
high social self-esteem. The total score is obtained by reversing the items keyed in a positive direction and then summing the item scores. The total score can thus range for 20 (low self-esteem) to 100 (high self-esteem).

Eagly presents split-half reliabilities of .72 (1967) and .88 (1969) (cited in Robinson & Shaver, 1973). Further, this scale has been found to correlate ($r = .67$) with the California Psychological Inventory self-esteem scale and with self-ratings of social self-esteem ($r = .60$) (Robinson & Shaver, 1973). A complete copy of this instrument can be found in Appendix D.

**Supplemental Data Sheet.** A short questionnaire was given to subjects asking them to indicate their height, weight, ideal weight, perception of their weight category (e.g., overweight, underweight, normal), the amount of time they spend dieting, and the amount of time they spend thinking about their weight. In order to assess the number of pounds that subjects desired to lose or gain, a discrepancy score was calculated by subtracting a subject's reported weight from his/her ideal weight. The Supplemental Data Sheet can be found in Appendix E.

**Procedure**

Subjects were tested in groups of approximately 30. Subjects understood that participation was voluntary and that confidentiality would be maintained. Subjects were asked to complete the scales as quickly and honestly as
possible.

The instruments were presented in the following order: Body-Cathexis Scale (Jourard & Secord, 1955), Sex-Role Ideology Scale (Kalin & Tilby, 1978), Depression Proneness Inventory (Abramson & Metalski, 1983), Janis-Field Feelings of Inadequacy Scale (Eagly, 1967, cited in Robinson & Shaver, 1973), and the supplemental data sheet. The order was not varied because of the possibility that asking subjects to respond to the Sex-Role Ideology Scale or the Depression Proneness Inventory could have biased later responding to the Body-Cathexis Scale. Upon completion of the instruments, subjects were debriefed and were given an opportunity to ask questions.

**Analysis of Data**

Subjects were classified into one of five weight categories (underweight, slightly underweight, normal, slightly overweight, or overweight) in accordance with the nomograph method for assessing body weight (Thomas, McKay, & Culip, 1976). The nomograph method is comparable to Metropolitan Life Insurance Table weight classifications, yet has the advantage of being more mathematically precise. The nomograph method is most accurate when used for 18 to 25 year olds.

In accordance with the nomograph method, each subject's reported height and weight were converted into kilograms and meters, respectively. A body mass index score (BMI) was
then calculated by dividing kilograms by meters squared \((KG/M^2)\). Body mass index scores were plotted on the Thomas et al. (1976) nomograph for body mass index, which defines weight categories as the extent to which one's BMI deviates from the desirable range. A subject was classified as underweight if his/her BMI was more than 10 percent below the desirable weight range, slightly underweight if his/her BMI was one to 10 percent below the desired weight range, normal if his/her BMI was within the desirable weight range, slightly overweight if his/her BMI was one to ten percent above the desirable weight range, and overweight if his/her BMI was ten percent or more above the desirable weight range.

Female subjects were classified as either traditional, feminist, or moderate on the basis of their scores on the Sex-Role Ideology Scale (Kalin & Tilby, 1978). Subjects were classified as feminist if their score was more than one standard deviation \((17.12)\) above the mean \((133.6)\), traditional if their score was more than one standard deviation below the mean, and moderate if their score fell within one standard deviation above or below the mean.

Sex differences in satisfaction with one's body were examined using \(t\)-tests for the significance of differences between group mean scores on the Body-Cathexis Scale (Jourard & Secord, 1955). \(t\)-tests were computed seperately for the total sample of women and men, and for women and men
within each weight category.

Sex differences in satisfaction with one's body were also examined using t-tests for the significance of differences between group mean discrepancy scores (the difference between actual and ideal weight). Further, discrepancies between actual and perceived weight categories were examined using percentile tables of women and men within each weight category perceiving themselves to be in a weight category different from their own.

Sex differences in the relationship between body-attitude and self-esteem were examined by computing Pearson product moment correlation coefficients describing the relationship between scores on the Body-Cathexis Scale (Jourard & Secord, 1955) and the Janis-Field Feelings of Inadequacy Scale (Eagly, 1967, cited in Robinson & Shaver, 1973). Correlation coefficients were computed separately for women, for men, for a combined sex group, and for women and men within each weight category. Fisher's z-test for independent correlations was computed to determine if the relationship between body-satisfaction and self-esteem differed between the sexes.

Similarly, the relationship between body-attitude and depression-proneness was examined by computing Pearson product moment correlations describing the relationship between scores on the Body-Cathexis Scale (Jourard & Secord, 1955) and the Depression Proneness Inventory (Abramson &
Metalski, 1983). Correlation coefficients were computed separately for women, for men, for a combined sex group, and for women and men within each weight category. Fisher's Z-test for independent correlation was computed to determine if the relationship between body-attitude and depression-proneness differed between the sexes.

The extent to which the sex-role ideology of a woman moderated the relationship between her body-attitude and her self-esteem was examined by computing Pearson product moment correlations describing the relationship between scores on the Body-Cathexis Scale (Jourard & Secord, 1955) and the Janis-Field Feelings of Inadequacy Scale (Eagly, 1967, cited in Robinson & Shaver, 1973) for feminist, traditional, and moderate women. Fisher's Z-test for independent correlations was computed to determine if the relationship between body-attitude and self-esteem differed between these three groups of women.

Additional analyses were computed to determine if there were sex differences between normal weight women and men on individual Body-Cathesis Scale (Jourard & Secord, 1955) item scores. Sex-differences in individual item scores were examined using t-tests for the significance of differences between group mean scores on each item. Furthermore, sex differences in response to the supplemental data sheet questions regarding amount of time spent dieting and amount of time spent thinking about one's weight/appearance were
examined using t-test for the significance of difference between group means. t-tests were computed separately for the total sample of women and men, and for women and men within various weight categories.
CHAPTER 4

RESULTS

Mean scores on the Body-Cathexis Scale were calculated separately for the total sample of women and men and for women and men within each weight category; these means, standard deviations, and corresponding t-tests are presented in Table 1. For the total sample, women indicated significantly greater dissatisfaction with their bodies (M=3.58) than did men (M=3.06, t(261)=5.11, p<.001). Normal weight category women also reported significantly greater dissatisfaction with their bodies (M=3.60) than did normal weight men (M=2.96, t(193)=5.83, p<.001).

Overweight and slightly overweight women also reported significantly greater dissatisfaction (p<.05) with their bodies than did corresponding groups of men. Underweight and slightly underweight men reported greater dissatisfaction with their bodies than did corresponding groups of women, although not significantly so. Due to the small number of subjects in the overweight, slightly overweight, and underweight weight categories, these subjects were not included in any further statistical analyses.

Table 2 presents subjects' responses to the question assessing perception of one's weight category. In general, women tended to see themselves as being in a weight category heavier than their own, while men tended to either
<table>
<thead>
<tr>
<th>Weight Category</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>99</td>
<td>2.96</td>
<td>.80</td>
<td>193</td>
<td>5.83**</td>
</tr>
<tr>
<td>Women</td>
<td>97</td>
<td>3.60</td>
<td>.74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>5</td>
<td>3.35</td>
<td>.99</td>
<td>6</td>
<td>2.42*</td>
</tr>
<tr>
<td>Women</td>
<td>4</td>
<td>4.55</td>
<td>.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slightly Overweight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>8</td>
<td>2.94</td>
<td>.92</td>
<td>13</td>
<td>2.68*</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
<td>4.07</td>
<td>.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>3</td>
<td>3.56</td>
<td>.20</td>
<td>4</td>
<td>-.664</td>
</tr>
<tr>
<td>Women</td>
<td>4</td>
<td>3.27</td>
<td>.84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slightly Underweight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>14</td>
<td>3.62</td>
<td>.85</td>
<td>33</td>
<td>-.230</td>
</tr>
<tr>
<td>Women</td>
<td>23</td>
<td>3.23</td>
<td>1.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>129</td>
<td>3.06</td>
<td>.83</td>
<td>261</td>
<td>5.11**</td>
</tr>
<tr>
<td>Women</td>
<td>135</td>
<td>3.58</td>
<td>.83</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A score of 7 indicates extreme dissatisfaction with one's body, while a score of 1 indicates extreme satisfaction with one's body.

* p<.05.  ** p<.001.
Table 2
Perceptions of Weight Category
By Actual Weight Category and Sex

<table>
<thead>
<tr>
<th>Actual Category</th>
<th>Perceived Category</th>
<th>Normal</th>
<th>Overweight</th>
<th>Slightly Overweight</th>
<th>Slightly Underweight</th>
<th>Underweight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Normal Men</td>
<td></td>
<td>58</td>
<td>58.6</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Normal Women</td>
<td></td>
<td>26</td>
<td>26.8</td>
<td>9</td>
<td>9.2</td>
<td>62</td>
</tr>
<tr>
<td>Overweight Men</td>
<td></td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Overweight Women</td>
<td></td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Slightly Overweight Men</td>
<td></td>
<td>5</td>
<td>62.5</td>
<td>0</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Slightly Overweight Women</td>
<td></td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>42.9</td>
<td>4</td>
</tr>
<tr>
<td>Underweight Men</td>
<td></td>
<td>1</td>
<td>33.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Underweight Women</td>
<td></td>
<td>1</td>
<td>25</td>
<td>0</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Slightly Underweight Men</td>
<td></td>
<td>2</td>
<td>14.9</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Slightly Underweight Women</td>
<td></td>
<td>14</td>
<td>60.9</td>
<td>0</td>
<td>4</td>
<td>17.4</td>
</tr>
</tbody>
</table>
see themselves as being in a weight category lighter than their own or to accurately perceive their own weight category. Of the normal weight women, for example, 63.9% perceived themselves to be slightly overweight, 9.2% perceived themselves to be overweight, and 26.8% accurately perceived themselves to be of normal weight. Of the normal weight men, on the other hand, 58.6% accurately perceived themselves to be of normal weight, 18% perceived themselves to be slightly overweight, and 22% perceived themselves to be slightly underweight. Of the slightly underweight women, 61% perceived themselves to be of normal weight. Of the slightly overweight men, 63% perceived themselves to be of normal weight.

Table 3 presents means and standard deviations of discrepancy scores (ideal weight minus actual weight), which were calculated separately for the total sample of women and men, and for women and men within the normal and slightly underweight weight categories. In general, women reported wanting to lose an average of 10 pounds, whereas men reported wanting to gain an average of three pounds. A t-test indicated that this sex difference in mean discrepancy scores was significant, t(262) = -8.03, p < .001. Similarly, normal weight women reported wanting to lose an average of 10 pounds, whereas normal weight men reported wanting to gain an average of three pounds, t(194) = -11.22,
Slightly underweight women reported wanting to lose no weight, whereas slightly underweight men reported wanting to gain an average of 17 pounds, \( r(35) = -4.15, p < .001 \).

Table 4 presents the correlations between scores on the Body-Cathexis Scale and the Janis-Field Feelings of Inadequacy Scale (Eagly, 1967, cited in Robinson & Shaver, 1973). Statistically significant correlations indicated that more negative attitudes towards one's body were related to lower social self-esteem for women (\( r = -4.4, p < .001 \)), men (\( r = -2.1, p < .001 \)), normal weight women (\( r = -3.8, p < .001 \)), normal weight men (\( r = -2.1, p < .05 \)), and slightly underweight women (\( r = -6.0, p < .001 \)). Correlations between body-attitude and self-esteem failed to reach significance for slightly underweight men.

Table 4 also presents the results of Fisher's Z-test for independent correlations. As can be seen in the table, significant sex differences (\( p < .05 \)) in the relationship between body-attitude and self-esteem were found for the total sample of subjects, and for the slightly underweight subjects, with this relationship being significantly stronger for women than for men. Fisher's Z-test for independent correlations indicated no significant sex differences in the relationship between body-attitude and self-esteem for normal weight subjects.
Table 3
T-Tests for Sex-Differences
In Weight Discrepancy

<table>
<thead>
<tr>
<th>Weight Category</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>97</td>
<td>-10.01</td>
<td>5.0</td>
<td>94</td>
<td>-11.22*</td>
</tr>
<tr>
<td>Men</td>
<td>99</td>
<td>+2.96</td>
<td>9.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slightly Underweight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>23</td>
<td>-0.00</td>
<td>1.1</td>
<td>17</td>
<td>-4.15*</td>
</tr>
<tr>
<td>Men</td>
<td>14</td>
<td>+16.50</td>
<td>0.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>135</td>
<td>-10.04</td>
<td>13.5</td>
<td>262</td>
<td>-8.03*</td>
</tr>
<tr>
<td>Men</td>
<td>129</td>
<td>+2.79</td>
<td>12.4</td>
<td></td>
<td></td>
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</tbody>
</table>

Note: Weight discrepancy is Ideal Weight minus Actual Weight. Negative numbers indicate a desire to lose weight and positive numbers indicate a desire to gain weight.

* p<.001.
Table 4
Correlations Between
Body-Attitude and Self-Esteem

<table>
<thead>
<tr>
<th>Subjects</th>
<th>$r$</th>
<th>$Z$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women (96)</td>
<td>-.37***</td>
<td>1.12</td>
</tr>
<tr>
<td>Men (99)</td>
<td>-.21*</td>
<td></td>
</tr>
<tr>
<td>Slightly Underweight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women (23)</td>
<td>-.60**</td>
<td>3.78*</td>
</tr>
<tr>
<td>Men (14)</td>
<td>.16</td>
<td></td>
</tr>
<tr>
<td>Combined Weight Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women (134)</td>
<td>-.44***</td>
<td>2.07*</td>
</tr>
<tr>
<td>Men (129)</td>
<td>-.21*</td>
<td></td>
</tr>
<tr>
<td>Normal Weight (195)</td>
<td>-.34***</td>
<td>-----</td>
</tr>
<tr>
<td>Slightly Underweight (37)</td>
<td>-.41*</td>
<td>-----</td>
</tr>
<tr>
<td>Underweight (7)</td>
<td>-.54</td>
<td>-----</td>
</tr>
<tr>
<td>Slightly Overweight (15)</td>
<td>-.33</td>
<td>-----</td>
</tr>
<tr>
<td>Overweight (9)</td>
<td>-.09</td>
<td>-----</td>
</tr>
<tr>
<td>Total (263)</td>
<td>-.35***</td>
<td>-----</td>
</tr>
</tbody>
</table>

Note: The number in parenthesis is the number of subjects.

* $p<.05$.  ** $p<.01$.  *** $p<.001$.  


Table 5 presents the correlations between scores on the Body-Cathexis Scale and the Depression Proneness Inventory. Statistically significant correlations indicated that more negative attitude towards one's body were related to increased proneness to depression for women ($r = .34, p < .001$), men ($r = .31, p < .001$), normal weight women ($r = .29, p < .01$), normal weight men ($r = .30, p < .01$), and slightly underweight women ($r = .44, p < .05$). Correlations between body-attitude and depression proneness failed to reach significance for slightly underweight men. Table 5 also presents the results of Fisher's $Z$-test for independent correlations. As can be seen in the table, no significant sex differences ($p > .05$) in the relationship between body attitude and depression proneness were found.

Means and standard deviations describing female subject's scores on the Sex-Role Ideology scale were computed. Female subjects' scores on this scale were normally distributed ($p > .10$). Scores ranged from a low of 83 to a high of 173. Subjects were classified as either traditional, feminist or moderate on the basis of their score on the sex-role ideology scale. Subjects who scored more than one standard deviation (17.12) above the mean (133.6) were considered feminist, subjects who scored more than one standard deviation below the mean were considered traditional, and subjects whose score fell within one standard deviation above or below the mean were considered
Table 5
Correlations Between
Body-Attitude and Depression-Proneness

<table>
<thead>
<tr>
<th>Subjects</th>
<th>r</th>
<th>Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women (97)</td>
<td>.29**</td>
<td>.075</td>
</tr>
<tr>
<td>Men (99)</td>
<td>.30**</td>
<td></td>
</tr>
<tr>
<td>Slightly Underweight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women (23)</td>
<td>.44*</td>
<td>1.23</td>
</tr>
<tr>
<td>Men (14)</td>
<td>-.004</td>
<td></td>
</tr>
<tr>
<td>Combined Weight Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women (135)</td>
<td>.34***</td>
<td>.124</td>
</tr>
<tr>
<td>Men (129)</td>
<td>.31***</td>
<td></td>
</tr>
<tr>
<td>Normal Weight (196)</td>
<td>.34***</td>
<td></td>
</tr>
<tr>
<td>Slightly Underweight (37)</td>
<td>.30</td>
<td></td>
</tr>
<tr>
<td>Underweight (7)</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Slightly Overweight (15)</td>
<td>.61</td>
<td></td>
</tr>
<tr>
<td>Overweight (9)</td>
<td>.75*</td>
<td></td>
</tr>
<tr>
<td>Total (264)</td>
<td>.37***</td>
<td></td>
</tr>
</tbody>
</table>

Note: The number in parenthesis is the number of subjects.

* p<.05.    ** p<.01.    *** p<.001.
moderate. Hence, feminist women were those women whose mean scores on the Sex-Role Ideology Scale were above 150.7, traditional women were those women whose mean scores were below 116.5, and moderate women were those women whose mean score fell between 116.5 and 150.7.

Table 6 presents the correlations between body-attitude and self-esteem within the groups of feminist, traditional, and moderate women. Statistically significant correlations indicated that more negative attitudes towards one's body were related to lower social self-esteem for traditional women ($r = -0.62$, $p < 0.01$) and moderate women ($r = -0.38$, $p < 0.001$). For feminist women, the correlation between body-attitude and self-esteem was only marginally significant ($p < 0.06$). As shown in Table 6, Fisher's $Z$-test for independent correlations indicated that there were no significant differences between these three groups of women in the relationship between their body-attitude and their self-esteem.

Table 7 presents the means and standard deviations obtained by normal weight subjects on individual Body-Cathexis Scale items. Women's mean scores were found to be significantly greater than those of men on items of height, weight, breast/chest, hips, thighs, calves, and body-build. No significant sex differences were found for responses to items concerning ankles, feet, nose, shoulder width, neck length, arms, or face.
### Table 6
Correlations Between Body-Attitude and Self-Esteem by Sex-Role Ideology

<table>
<thead>
<tr>
<th>Sex-Role Ideology</th>
<th>r</th>
<th>Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feminist (20)</td>
<td>-.43</td>
<td>----</td>
</tr>
<tr>
<td>Traditional (23)</td>
<td>-.62*</td>
<td>----</td>
</tr>
<tr>
<td>Moderate (91)</td>
<td>-.38**</td>
<td>----</td>
</tr>
<tr>
<td>Traditional vs. Feminist</td>
<td>-----</td>
<td>.803</td>
</tr>
<tr>
<td>Traditional vs. Moderate</td>
<td>-----</td>
<td>1.31</td>
</tr>
<tr>
<td>Moderate vs. Feminist</td>
<td>-----</td>
<td>.226</td>
</tr>
</tbody>
</table>

Note: The numbers in parentheses refers to the sample size.

* p < .01.  ** p < .001.
Table 7

**t-tests for Sex-Differences in Body-Cathexis Scale Items**

<table>
<thead>
<tr>
<th>Item</th>
<th><strong>Males</strong></th>
<th></th>
<th><strong>Females</strong></th>
<th></th>
<th><strong>df</strong></th>
<th><strong>t</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>M</strong></td>
<td><strong>SD</strong></td>
<td><strong>M</strong></td>
<td><strong>SD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>2.65</td>
<td>1.51</td>
<td>3.23</td>
<td>1.59</td>
<td>193</td>
<td>2.62*</td>
</tr>
<tr>
<td>Weight</td>
<td>2.93</td>
<td>1.43</td>
<td>4.75</td>
<td>1.55</td>
<td>192</td>
<td>8.52**</td>
</tr>
<tr>
<td>Breast or Chest</td>
<td>3.11</td>
<td>1.33</td>
<td>3.63</td>
<td>1.56</td>
<td>188</td>
<td>2.44*</td>
</tr>
<tr>
<td>Waist</td>
<td>2.96</td>
<td>1.25</td>
<td>4.07</td>
<td>1.54</td>
<td>194</td>
<td>5.55**</td>
</tr>
<tr>
<td>Hips</td>
<td>2.95</td>
<td>1.16</td>
<td>4.29</td>
<td>1.45</td>
<td>194</td>
<td>7.19**</td>
</tr>
<tr>
<td>Thighs</td>
<td>2.99</td>
<td>1.35</td>
<td>4.98</td>
<td>1.46</td>
<td>194</td>
<td>9.90**</td>
</tr>
<tr>
<td>Calves</td>
<td>2.83</td>
<td>1.19</td>
<td>3.51</td>
<td>1.45</td>
<td>194</td>
<td>3.57**</td>
</tr>
<tr>
<td>Ankles</td>
<td>3.23</td>
<td>1.26</td>
<td>3.16</td>
<td>1.29</td>
<td>194</td>
<td>-.369</td>
</tr>
<tr>
<td>Feet</td>
<td>3.25</td>
<td>1.29</td>
<td>3.59</td>
<td>1.56</td>
<td>194</td>
<td>1.64</td>
</tr>
<tr>
<td>Nose</td>
<td>3.10</td>
<td>1.36</td>
<td>3.11</td>
<td>1.45</td>
<td>192</td>
<td>0.062</td>
</tr>
<tr>
<td>Shoulder Width</td>
<td>2.84</td>
<td>1.40</td>
<td>2.99</td>
<td>1.30</td>
<td>192</td>
<td>0.784</td>
</tr>
<tr>
<td>Neck Length</td>
<td>3.23</td>
<td>1.22</td>
<td>2.95</td>
<td>1.24</td>
<td>193</td>
<td>-1.63</td>
</tr>
<tr>
<td>Arms</td>
<td>3.00</td>
<td>1.53</td>
<td>3.21</td>
<td>1.51</td>
<td>194</td>
<td>0.952</td>
</tr>
<tr>
<td>Face</td>
<td>2.69</td>
<td>1.32</td>
<td>2.93</td>
<td>1.30</td>
<td>194</td>
<td>1.23</td>
</tr>
<tr>
<td>Body-Build</td>
<td>2.59</td>
<td>1.20</td>
<td>3.63</td>
<td>1.41</td>
<td>187</td>
<td>5.59**</td>
</tr>
</tbody>
</table>

*Note: A score of 7 indicates extreme satisfaction with one's body, while a score of 1 indicates extreme dissatisfaction with one's body.*

* p<.01. ** p<.001.
t-tests for sex-differences in response to the supplemental data sheet item regarding amount of time spent dieting were calculated separately for the total sample of subjects and for normal weight and slightly underweight subjects. Sex differences in response to this question reached significance for the total sample of subjects, normal weight subjects, and slightly underweight subjects. For the total sample of subjects, mean responses to the question assessing amount of time spent dieting indicated that women were often on a diet, whereas men were rarely on a diet, t(260) = -9.13, p < .001. Within the normal weight subjects, mean responses to this question indicated that normal weight women were often on a diet, whereas normal weight men were rarely on a diet, t(184) = -7.41, p < .001. Within the slightly underweight subjects, mean responses to this question indicated that women were often on a diet, whereas men were rarely to never on a diet, t(36) = -2.97, p < .01. While possible responses to the question assessing amount of time spent dieting included only "always", "often", or "rarely", some male subjects wrote in responses of "never", whereas no female subjects did so.

t-tests for sex-differences in response to the supplemental data sheet item regarding amount of time spent thinking about weight/appearance were calculated for the total sample of subjects and for normal weight and slightly underweight subjects. Sex-differences in response to this
question reached significance for the total sample of subjects and for normal weight category subjects only. Within the total sample of subjects, mean responses to this question indicated that women thought about their weight/appearance frequently, whereas men thought about their weight/appearance sometimes, $t(255) = -4.95, p < .001$. Within the normal weight subjects, mean responses to this question indicated that women thought about their weight/appearance frequently, whereas men thought about their weight/appearance sometimes, $t(190) = -5.29, p < .001$. Both slightly underweight women and slightly underweight men reported thinking about their weight/appearance frequently to sometimes, $t(29) = -1.06, p > .05$. 
CHAPTER 5
DISCUSSION

The purpose of this study was to investigate and clarify a number of issues related to the body-image of both women and men. Specifically, this study investigated sex-differences in body-attitude, and sex differences in the relationship between body-attitude and self-esteem. Additionally, the extent to which women's sex-role ideology moderated the relationship between body-attitude and self-esteem was investigated. Finally, the relationship between body-attitude and depression, and possible sex differences in this relationship were examined. This chapter focuses on discussion and interpretation of the major findings. Additional findings, the limitations of this study, suggestions for future research, and implications for counseling are also discussed.

Relationship of Data to the Hypotheses

Hypothesis 1 stated that a significantly larger number of women than men would exhibit dissatisfaction with their bodies, regardless of actual weight. Hypothesis 1 was partially supported by the data. Only limited conclusions can be drawn regarding the impact of actual weight, due to the small number of subjects in the overweight, slightly overweight, and underweight categories. Nonetheless, within both the total sample of subjects and the normal weight subjects, women disliked their bodies more than did
men. Conversely, within the group of slightly underweight subjects, men were more dissatisfied with their bodies than were women.

The above findings can be further clarified by considering subjects' perceptions of their weight categories. The women in this study held more distorted perceptions of their bodies than did the men, with distortion being defined as perceiving oneself to be in a weight category different from one's actual weight category. The majority (68%) of normal weight women considered themselves to be slightly overweight, while the majority (59%) of normal weight men accurately perceived themselves to be of normal weight. Furthermore, the majority of slightly underweight women (61%) perceived themselves to be of normal weight, whereas the majority of slightly underweight men (71%) accurately perceived themselves to be slightly underweight. Women thus tended to view themselves as heavier than they actually were, and this is most probably due to comparisons women may make between their own bodies and the very slender cultural ideal portrayed for women in our society. Hence, women often view their bodies as "too fat" regardless of actual weight, and hence report disliking their bodies. Men, on the other hand, accurately perceive their own bodies, yet report disliking their bodies if they are slightly underweight. Slightly underweight men's dislike of their
bodies is most likely due to comparisons men may make between their own bodies and the large and muscular male cultural ideal.

In general, then, women have more distorted body-perceptions than do men. Women also generally hold more negative body-attitudes than do men. The sole exception to this finding was found within the slightly underweight subject group: slightly underweight males dislike their bodies more than do slightly underweight females. This result is not surprising when one considers the cultural norms of beauty. Slightly underweight women conform to the cultural ideal of beauty, while slightly underweight men diverge from the cultural ideal of beauty.

Hypothesis 2 stated that the extent of satisfaction with one's body would be a more significant component of women's than of men's self-esteem. This hypothesis was supported by the data. For all but the slightly underweight men, negative body-attitude was significantly related to lowered social self-esteem. Body-attitude and self-esteem were thus found to be moderately correlated variables, with this relationship being of greater magnitude for women than for men. While these results were in the predicted direction for all groups of subjects, sex differences in the relationship between body-attitude and self-esteem were only found to reach significance within the total sample of subjects and within the group of
slightly underweight subjects. While the correlation between body-attitude and self-esteem was larger for normal weight women than it was for normal weight men, this difference in magnitude was not statistically significant. Nonetheless, the general conclusion can be drawn that self-esteem and body-attitude are more highly related within groups of women than they are within groups of men.

The finding that measures of self-esteem and body-attitude were unrelated only within the group of slightly underweight male subjects warrants examination. This finding is quite surprising, given the previous finding that these men are dissatisfied with their bodies. Perhaps slightly underweight men dislike their bodies, yet this bodily dissatisfaction has no relation to self-esteem, for reasons which remain unclear. It appears inconsistent that the body-attitude and self-esteem of underweight men, who dislike their bodies, would be unrelated, while the body-attitude and self-esteem of normal weight men, who like their bodies, would be highly related. This inconsistency warrants further investigation.

Hypothesis 3 stated that the sex role ideology of a woman would not mediate the relationship between her body-attitude and her self-esteem. This hypothesis was supported by the data, although there was a slight, yet statistically insignificant, trend for sex-role ideology to moderate the relationship between body-attitude and
self-esteem. No statistically significant differences between groups of traditional, feminist, and moderate women were found with respect to the relationship between body-attitude and self-esteem. Nonetheless, although differences between these three groups of women were not statistically significant, there was some tendency for the correlation between body-attitude and self-esteem to be higher for traditional and moderate women than it was for feminist women.

The above trend may be due to the small range of scores that women in this study obtained on the Sex-Role Ideology Scale (Kalin & Tilby, 1978). While the range of scores was rather small, this scale was nevertheless used to divide women subjects into categories of traditional, feminist, or moderate. Hence, while the feminist subjects in this study were indeed more feminist than the other subjects, they may have been only slightly feminist or even moderate in comparison to the criterion group of feminist women employed in the development of the Sex-Role Ideology Scale. Given the small range of sex-role ideology scores, and the slight, yet non significant, trend for the feminist women in this study to obtain weaker body-attitude/self-esteem correlations than either traditional or moderate women, it might be hypothesized that given a wider range of subjects, feminist women might indeed differ from the other groups with respect to the
relationship between body-attitude and self-esteem. Thus, the conclusion that the sex-role ideology of a woman does not moderate the relationship between her body-attitude and her self-esteem should be accepted only with extreme caution. A more truly diverse sample of women is needed to further explore this relationship.

Hypothesis 4 stated that there would be a relationship between body-attitude and depression proneness, with this relationship being of greater magnitude for women than for men. Hypothesis 4 was partially supported by the data. For all but the slightly underweight subjects, more negative body-attitudes were related to higher levels of depression proneness. Body-attitude and depression proneness were thus found to be moderately correlated variables. Nonetheless, no sex differences in this relationship were found. Body-attitude and depression proneness appear to be comparably related for women and men.

As was the case in the findings regarding the relationship between body-attitude and self-esteem discussed previously, slightly underweight males were once again found to be divergent from the rest of the subjects with respect to to the correlation between body-attitude and depression-proneness. There was no relationship between body-attitude and depression-proneness for slightly underweight males in this study. These findings may simply
reflect an idiosyncracy of the slightly underweight males in this study. Alternatively, perhaps there is something unique occurring for slightly underweight males with respect to the relationship between their body-attitude and other variables, such as self-esteem and depression-proneness. This group clearly deserves additional consideration.

Summary of Major Findings

Women tended to have more distorted perceptions of their bodies than do men. Furthermore, as hypothesized, women generally hold more dissatisfied attitudes regarding their bodies than do men. The sole exception to the findings regarding body-attitude occurred within the group of slightly underweight subjects, where it was found that men disliked their bodies more than did women.

Also consistent with the original hypotheses was the finding that the relationship between body-attitude and self-esteem was of greater magnitude for women than for men. Furthermore, body-attitude and self-esteem were significantly correlated for all but slightly underweight male subjects.

Similarly, body-attitude and depression-proneness were significantly correlated for all but slightly underweight male subjects. Contrary to the original hypothesis, however, no significant sex differences in the relationship between body-attitude and depression-proneness were found.
As hypothesized, the sex role ideology of women was not a significant moderator of the relationship between body-attitude and self-esteem. There was nonetheless a slight trend for sex-role ideology to moderate the relationship between body-attitude and self-esteem. No definite conclusions can be drawn given the small range of sex-role ideology beliefs held by the women in this study.

**Additional Findings**

In general, women wanted to weigh less while men wanted to weigh more. Within both the total sample of subjects and the normal weight subjects, women desired to decrease their weight by approximately ten pounds, while men desired to increase their weight by approximately three pounds. Slightly underweight women reported wanting to lose or gain no weight, whereas slightly underweight males reported wanting to gain approximately 17 pounds. The finding that normal weight women wanted to lose weight, while slightly underweight women wanted to stay the same weight suggests a desire to conform to the slender cultural ideal. Furthermore, the finding that men wanted to gain weight also indicates a desire to conform to the large and muscular cultural ideal.

Women and men in this study clearly differed in the amount of time they reported being on a diet. Regardless of actual weight, women reported often being on a diet, whereas men reported rarely to never dieting. This finding
clearly reflects women's efforts to become slim in order to conform to the cultural ideal. While men did not report dieting, perhaps if asked, they would have reported attempts to increase their body size (e.g., weight lifting) in order to conform to the large and muscular cultural ideal.

Women and men in this study also differed in the amount of time they reported spending thinking about their weight/appearance. Both the total sample of women and normal weight women reported thinking about their weight/appearance frequently, while corresponding groups of men reported thinking about their weight appearance only sometimes. This may indeed reflect a tendency for women to be more concerned with their weight/appearance than are men, a hypothesis which is logical when one considers the vast emphasis placed on women's appearance in our society. Conversely, this finding may reflect the notion that it is less socially acceptable for men to be concerned with their appearance than it is for women. Slightly underweight males, however, do report thinking about their weight/appearance as often as do slightly underweight women. This finding most probably reflects the dissatisfaction that slightly underweight males feel towards their bodies.

Results of the analysis examining sex differences in individual Body-Cathexis Scale items are quite interesting.
It appears that subjects' responses to eight of the 15 items were responsible for the overall sex difference in body-attitude found in this study. Women held negative attitudes regarding their height, weight, breasts, hips, thighs, calves, and overall body-build. Men generally held neutral attitudes regarding these items. Both sexes held neutral attitudes regarding ankles, feet, nose, shoulder width, neck length, arms, and face. This finding suggests that the Body-Cathexis Scale could be modified to include only eight items, with no loss of information.

Furthermore, while "abdomen" was not an item on this scale, results of the Glamour magazine survey of 33,000 women (Feeling fat in a thin society, 1984) suggest that many women hold very negative attitudes regarding this body-part as well. Perhaps sex differences in body-attitude would have been even larger if this item had been included.

Limitations of This Study

Several limitations are important to consider when interpreting the results of this study. First of all, and quite importantly, is the age of the subjects in this study. The subjects were college students, the majority of whom were 18 or 19 years old. This age group may be more concerned with their appearance than an older age group might be. Indeed, in the Glamour magazine survey (Feeling fat in a thin society, 1984) it was found that "older women have an increasing ability to separate body-image from the
ups and downs of life" (p. 252). Perhaps, then, self-esteem and body-attitude would have been less related if older subjects had been sampled.

The factor of age may have also contributed to the second major limitation of this study, the small range of scores obtained by the women in this study on the Sex-Role Ideology Scale. Eighteen to 19 year olds may simply not have had the time nor the life history in which to have achieved an integration of feminist ideals into their belief systems. The notion that feminist women in this study may actually have been quite moderate in their sex-role beliefs precludes any definite conclusions concerning the extent to which sex-role ideology moderates the relationship between body-attitude and self-esteem.

A third methodological problem with this study is the small number of subjects within the overweight, slightly overweight, and underweight weight categories. Due to the small number of subjects who fell within these weight categories, no conclusions can be drawn regarding the effect of weight on body-attitude, the relationship between body-attitude and self-esteem, or the relationship between body-attitude and depression-proneness. While it was originally hypothesized that women would be more dissatisfied with their bodies than men regardless of actual weight, not enough data were generated to confirm nor to disconfirm this hypothesis. While this study found
that being slightly underweight or normal weight may differentially affect the body-attitude of men and women, no conclusions can be drawn regarding the effect of being in any other weight category. Actual weight and sex may indeed interact to affect body-attitude and its various correlates.

The small number of subjects in the overweight, slightly overweight, and underweight weight categories may have been due to the original sign-up sheet for the study, which stated that the study involved weight and body-image. Perhaps subjects who felt overweight or underweight chose not to participate, hence limiting the range of subjects.

A fourth methodological limitation of this study is the fact that self-report measures were used to assess actual weight. There is hence no guaranty that subjects accurately reported their weights. If subjects did not accurately report their weights, then subjects may have been classified in a weight category different than their actual weight category.

A fifth methodological limitation of this study is the possibility that experiment-wise error may have been increased by the sheer number of statistical tests employed. Hence, statistically significant findings must be interpreted with caution until this study is replicated.

A final and noteworthy limitation of this study is the fact that causality cannot be inferred. A significant or a
non significant correlation between two variables implies only a relationship, or a lack thereof. There is no evidence that one variable (eg., negative body-attitude) caused another variable (eg., low social self-esteem). Hence, with reference to the speculations on whether depression increases negative body-attitude or whether negative body attitude increases depression, as discussed in Chapter 2, no conclusions can be drawn. All that can be concluded from this study is that body-image and self-esteem, and body-attitude and depression-proneness are related variables, and that there are sex differences in the former relationship and no sex differences in the latter relationship.

Suggestions for Further Research

The results of this study help to answer many questions regarding the area of body-image in university-age women and men. Many interesting questions are also left unanswered and/or are generated by the results of this study. First of all, since both women's and men's body-attitudes are clearly related to the ideals of beauty espoused in American culture, a cross-cultural replication of this study would be very interesting. Perhaps in a society where less emphasis is placed on physical appearance, there would be no relationship between body-attitude and self-esteem, or between body-attitude and depression-proneness. The results of such a study could
prove to be a profound statement on the values of our culture.

Another area which warrants investigation is the role that age plays in body-attitude and its various correlates. One might hypothesize that as women and men grow older, they are less concerned with bodily appearance. Nonetheless, age may differentially affect women and men; older women who are bombarded with the young and slender cultural ideal of beauty may be more concerned with their appearance than are older men, for whom age may imply dignity. Hence, there might be differences both between same sex groups of various ages and between opposite sex groups of similar ages with respect to their body-attitudes. The effect of age on body-attitude clearly deserves empirical investigation.

Additional research is also needed to clarify the impact of actual weight on body-attitude and its various correlates. Perhaps overweight men (who are muscular versus fattty) are quite satisfied with their bodies, while overweight women are quite dissatisfied with their bodies. More research is also needed to explain and clarify the findings regarding slightly underweight males obtained in this study. Why are body-attitude and self-esteem and body-attitude and depression-proneness unrelated only for this group of subjects?

A replication of this study with more diverse groups
of feminist versus traditional versus moderate women would help to clarify the moderating effect that sex-role ideology may or may not have on the relationship between body-attitude and self-esteem. As hypothesized earlier, if sex-role ideology does not have a moderating effect on this relationship, there is potential for feminist women to experience conflict between ideology and behavior. Clearly, there is still much to learn about which women are unaffected by societal pressures to be thin and which women are greatly affected by such pressures.

One correlate of body-attitude that was not investigated in this study, but which clearly deserves empirical attention, is that of sexual activity and sexual satisfaction. As Young (1981) and the recent magazine survey (Feeling fat in a thin society, 1984) have reported, women's body-attitudes appear to be related to their level of sexual activity and their level of sexual enjoyment. Women in the Glamour magazine survey (Feeling fat in a thin society, 1984) reported feeling too self-conscious to enjoy sex during times when they "felt fat". This relationship deserves further investigation, as does the relationship between body-attitude and the sexual activity and satisfaction of men.

There are no doubt many unanswered questions left to be grappled with in the area of body-image research. Future researchers should continue to focus upon this often
ignored variable. While correlational studies employing pencil and paper measures may continue to increase our knowledge of this area, it is the opinion of this author that in-depth interviews with women and men would prove extremely useful in understanding the subtleties of how body-attitude impacts other areas of life. There is still much to learn about how one's body-attitude relates to such crucial variables as self-esteem, depression, or sexuality.

Implications for Counseling

This study has several noteworthy implications for counselors working with both women and men. Counselors must realize that body-attitude may be an important concern of the clients with whom they work. Counselors should refrain from assuming that body-attitude is not a problem for normal weight individuals, or for men. Indeed, normal weight women may complain of disliking their bodies and of feeling fat, and counselors should not dismiss these concerns as unrealistic or unimportant. Further, counselors should be aware that men, especially slightly underweight men, may be suffering from a negative body-attitude. There is the possibility, however, that these men will feel shame when discussing these concerns, as they may not feel that it is socially acceptable to do so.

Furthermore, counselors should be aware of the relationship that body-attitude has to self-esteem and
depression-proneness. Counselors should realize that these variables are related in both women and men, and should learn to look for these relationships when working with clients. Counselors may need to educate both themselves and their clients about the impact of societal pressures to conform to an "ideal body" type.

Counselors cannot assume that body-concerns are not a problem for feminist women. While there is no clear evidence concerning these women, counselors would do a great disservice to their clients if they were to operate on the assumption that feminist women are not concerned with bodily appearance. Indeed, body-attitude and self-esteem may be just as related for feminist women as they are for more traditional women. In fact, these women may be experiencing a great deal of conflict and shame regarding their bodily concerns. Counselors need to support these women and to educate them as to just how deep the pressures of our socialization may run.

Support groups could be formed to help both women and men explore and deal with their body-image concerns. Many women and men, especially feminist women, may feel conflicted about the amount of time they spend thinking about their bodies. Along with providing support, counselors working with such groups could serve as educators. Many individuals perhaps do not realize that cultural pressures may affect their body-attitude and
Since a great many women in this study reported dieting, educational efforts are also needed in this area. Many women undergo crash diets in their attempts to conform to the slender cultural ideal. These fad diets may potentially be dangerous to women's health. Counselors could educate women about the potential problems which result from crash dieting, as well as helping them to realistically examine the pressures that instigate dieting in the first place.

Cultural pressures to conform to the ideal body-type affect both women and men. Public protest and education are needed to counteract such destructive pressures. Individuals need to be made aware of the fact that the cultural ideal of beauty may be both unrealistic and unhealthy. Perhaps when, and if, society ceases to stereotype men as large and women as small, and further ceases to emphasize physical beauty as a goal to strive for, women and men will cease to suffer from body-image concerns. Until this goal is reached, however, counselors must strive to support and educate individuals in what appears to be a very prevalent and perhaps very painful struggle.

Summary

The results of this study indicate that many women and men are quite dissatisfied with their bodies. Furthermore,
many women hold distorted views of their own bodies, considering themselves to be fat when they are of normal weight, or considering themselves to be of normal weight when they are indeed slightly underweight. Societal pressures for women to be thin appear to be the culprit in this all-too-common scenario: women are portrayed as thin and underweight in our magazines and advertisements. It is no wonder that normal weight women think that they are too heavy, and underweight women believe that they are "just right". It is not only women who are affected by societal pressures—societal pressures aimed at men to be large and muscular also have an impact. Men who are slightly underweight often report being unhappy with and disliking their bodies.

Negative body-attitude is not an isolated variable. Dissatisfaction with one's body is related to lowered social self-esteem and increased proneness to depression in both women and men. Furthermore, there is some evidence that traditional and feminist women may both be equally as affected by the relationship between body-attitude and self-esteem.

Counselors need to be made aware of the possible effects that the body-image of their clients may have. Counselors should strive to educate their clients and help them to appreciate themselves and their bodies as they are, versus as is in comparison to a possibly unrealistic
societal ideal. Our society must face the overemphasis that we place on appearance. It is all too clear that this emphasis is taking its toll in the countless numbers of women and men who dislike, and in some cases physically abuse their bodies because they do not conform to societal standards of attractiveness.
Appendix A

Body-Cathexis Scale

The following is a short list of things characteristic of yourself or related to you. Consider each item and circle the number of each item which best represents your feelings according to the following scale:

1. strong positive feeling
2. positive feeling
3. slight positive feeling
4. have no feeling one way or the other
5. slight negative feeling
6. negative feeling
7. strong negative feeling

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Appendix B

Sex-Role Ideology Scale

Please respond to the following statements according to the following scale:

1 2 3 4 5 6 7
very strongly slightly neutral slightly strongly very strongly agree agree agree disagree disagree disagree
disagree
disagree

*1. The husband should be regarded as the legal representative of the family in all matters of law.
1 2 3 4 5 6 7

*2. A wife's activities in the community should complement her husband's position.
1 2 3 4 5 6 7

3. A woman should have exactly the same freedom of action as a man.
1 2 3 4 5 6 7

*4. The best thing a mother can teach her daughter is what it means to be a woman.
1 2 3 4 5 6 7

5. A married woman should feel free to have men as friends.
1 2 3 4 5 6 7

6. Woman's work and man's work should not be fundamentally different in nature.
1 2 3 4 5 6 7

7. Swearing by a man is no more objectionable than swearing by a woman.
1 2 3 4 5 5 7
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<tr>
<td></td>
<td>very strongly agree</td>
<td>strongly agree</td>
<td>slightly agree</td>
<td>neutral</td>
<td>slightly disagree</td>
<td>disagree</td>
<td>strongly disagree</td>
</tr>
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</table>

*8. A woman is not truly fulfilled until she has been a mother.
   1 2 3 4 5 6 7

*9. When a man and a woman live together, she should do the housework and he should do the heavier chores.
   1 2 3 4 5 6 7

*10. A normal man should be wary of a woman who takes the initiative in courtship even though he may be very interested.
   1 2 3 4 5 6 7

11. It is an outdated custom for a woman to take her husband's name when she marries.
   1 2 3 4 5 6 7

12. Women should be paid a salary by the state for the work they perform as mothers and homemakers.
   1 2 3 4 5 6 7

13. Women should be much less concerned about make-up, clothing, and body-care.
   1 2 3 4 5 6 7

*14. Every child should be taught from an early age to feel a special honour and respect for motherhood.
   1 2 3 4 5 6
15. A woman should be appreciative of the glances she receives as she walks down the street.

1 2 3 4 5 6 7

16. It should be perfectly all right for a mature woman to get involved with a younger man.

1 2 3 4 5 6 7

17. Marriage should not interfere with a woman's career any more than it should with a man's.

1 2 3 4 5 6 7

18. A man's responsibility to his children is to provide them with the necessities of life and discipline.

1 2 3 4 5 6 7

19. A woman should be careful how she looks, for it influences what people think of her husband.

1 2 3 4 5 6 7

20. A woman who dislikes her children is abnormal.

1 2 3 4 5 6 7
21. Homosexual relationships should be as socially acceptable
   heterosexual relationships.
   1  2  3  4  5  6  7

22. More day care centers should be available to free mothers
    from the constant caring for their children.
   1  2  3  4  5  6  7

23. Women should be allowed the same sexual freedom as men.
   1  2  3  4  5  6  7

*24. A man's job is too important for him to get bogged down with
    household chores.
   1  2  3  4  5  6  7

25. A woman should be no more concerned with her physical
    appearance on the job than a man.
   1  2  3  4  5  6  7

26. Abortion should be permitted at the woman's request.
   1  2  3  4  5  6  7

*27. The first duty of a woman with young children is to home and
    family.
   1  2  3  4  5  6  7

*28. For the good of the family, a wife should have sexual
    relations with her husband whether she wants to or not.
   1  2  3  4  5  6  7
29. A woman should be more concerned with helping her husband's career than having a career herself.

30. Women should not expect men to offer them seats in buses.

* items phrased in a traditional direction.
Appendix C

Depression-Proneness Inventory

Directions. When responding to the questions on this scale, please try to answer according to how you think, feel, and react in general. For each question, circle the number that describes you best.

1. Are you the type of person who easily becomes very depressed, sad, blue, or down in the dumps?

I never 1 2 3 4 5 6 7 I become depressed very easily.

2. On the average, how often do you feel very depressed, sad, blue, or down in the dumps? (Circle the number that best describes you.)

1. Never.
2. Less than once per year.
3. Once per year.
4. Twice per year.
5. Three times per year.
6. Four or five times per year.
7. Six or more times per year.

3. Would your parents rate you as a person who easily becomes very depressed, sad, blue, or down in the dumps?

Parents would say I never become depressed 1 2 3 4 5 6 7 Parents would say I become depressed very easily.

4. Would your friends who know you best rate you as a person who easily becomes very depressed, sad, blue, or down in the dumps?

Friends would say I never become depressed 1 2 3 4 5 6 7 Friends would say I become depressed very easily.
5. On the whole, would you rate yourself as a person who is vulnerable (susceptible) or invulnerable (resistant) to depression?

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<tr>
<th>Extremely invulnerable (resistant)</th>
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<th>3</th>
<th>4</th>
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<th>6</th>
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6. Are you the type of person who tends to give up easily when confronted with a difficult task?

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<th>Almost always keep trying</th>
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7. Are you the type of person who feels inadequate or who feels confident when confronted with a negative event in your life?

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<tr>
<th>Feel extremely confident</th>
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<th>3</th>
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</table>

8. Are you the type of person who tends to view your future in a negative way or a positive way?

<table>
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<tr>
<th>Extremely positive way</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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9. If you and a group of six of your friends were confronted with the same negative life event, who would become more depressed— you or your friends?

1. All of my friends would become more depressed than me.
2. 5/6 of my friends would become more depressed than me.
3. 4/6 of my friends would become more depressed than me.
4. 3/6 of my friends would become more depressed than me.
5. 2/6 of my friends would become more depressed than me.
6. 1/6 of my friends would become more depressed than me.
7. I would become more depressed than all of my friends.
10. Do you see events in a more negative light than other people see them?

| I always see events more positively than other people see them | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I always see events more negatively than other people see them |
Appendix D

Self-Esteem Scale

Please respond to the following questions according to the following scale, except where specified differently.


1. How often do you have the feeling that there is nothing you can do well?

1    2    3    4    5

2. When you talk in front of a class or group of people your own age, how afraid or worried do you usually feel?

1    2    3    4    5

*3. How often do you feel that you have handled yourself well at a social gathering?

1    2    3    4    5

4. Do you ever think you are a worthless individual?

1    2    3    4    5

*5. In general, how confident do you feel about your abilities?

1    2    3    4    5

*6. How often do you feel that you are a successful person?

1    2    3    4    5
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<tr>
<th></th>
<th>Very Often</th>
<th>Fairly Often</th>
<th>Sometimes</th>
<th>Once in a great while</th>
<th>Practically never</th>
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<tr>
<td>7. How often do you worry about whether other people like to be with you?</td>
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<td>8. How often do you feel self-conscious?</td>
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<td>*9. How often do you have the feeling that you do everything well?</td>
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<td>*10. How confident do you feel that some day the people you know will look up to you and respect you?</td>
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<td>*11. How confident do you feel that your success in your future job is assured?</td>
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<td>12. How often are you troubled with shyness?</td>
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<td>13. How often do you feel that you dislike yourself?</td>
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<td>2</td>
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</table>
14. When you talk in front of a class or group of people your own age, how pleased are you with your performance?

1. very pleased 2. fairly pleased 3. sometimes pleased 4. once in a great while pleased 5. practically pleased

15. How much do you worry about how well you get along with others?

1 2 3 4 5

16. How comfortable are you when starting a conversation with people you don't know well?

1. very comfortable 2. fairly comfortable 3. sometimes comfortable 4. once in a great while comfortable 5. practically comfortable

17. How sure of yourself do you feel when among strangers?

1. very sure 2. fairly sure 3. sometimes sure 4. once in a great while sure 5. practically sure
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18. How often do you feel inferior to most of the people you know?

19. When you speak in a class discussion, how sure of yourself do you feel?

20. Do you ever feel so discouraged with yourself that you wonder whether anything is worthwhile?

* Answers keyed so that an affirmative response indicated high self-esteem.
Appendix E

Supplemental Data Sheet

Please respond to the following questions.

1. Sex  [ ]  [ ]
   M      F

2. What is your present height?  

3. What is your present weight in pounds?  

4. What is your ideal weight?  

5. Do you consider yourself to be...

   [ ]  [ ]  [ ]  [ ]  [ ]  [ ]
   overweight  slightly overweight  normal  slightly underweight  underweight

6. I am  
   [ ]  [ ]  [ ]
   always  often  rarely

7. I think about my weight/appearance  
   [ ]  [ ]  [ ]  [ ]  [ ]
   all the time  frequently  sometimes  rarely  never
REFERENCES


