

Student Work

4-1-1991

Women's Satisfaction with Body Image and its Relationship to Self-Esteem

Barbara Veach Weitz
University of Nebraska at Omaha

Follow this and additional works at: <https://digitalcommons.unomaha.edu/studentwork>
Please take our feedback survey at: https://unomaha.az1.qualtrics.com/jfe/form/SV_8cchtFmpDyGfBLE

Recommended Citation

Weitz, Barbara Veach, "Women's Satisfaction with Body Image and its Relationship to Self-Esteem" (1991). *Student Work*. 1614.
<https://digitalcommons.unomaha.edu/studentwork/1614>

This Thesis is brought to you for free and open access by DigitalCommons@UNO. It has been accepted for inclusion in Student Work by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.

WOMEN'S SATISFACTION WITH BODY IMAGE
AND ITS RELATIONSHIP
TO SELF-ESTEEM

A Thesis Presented to the
Department of Social Work
and the
Faculty of the Graduate College
University of Nebraska

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work
University of Nebraska at Omaha

by
Barbara Veach Weitz

April 1991

UMI Number: EP73554

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI EP73554

Published by ProQuest LLC (2015). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College, University of Nebraska, in partial fulfillment of the requirements for the degree Master of Social Work, University of Nebraska at Omaha.

Committee

| | |
|------------------------|-------------------------|
| <u>Queen Weber PhD</u> | <u>Social Work</u> |
| Name | Department |
| <u>Diane Gillespie</u> | <u>Goodrich Program</u> |

Ann Coyne

Chair

4/10/91

Date

ABSTRACT

This study investigated satisfaction with body image and its relationship to self-esteem of 436 midwestern women. The sample sought rural and urban women outside a university setting in an effort to include as wide a range of ages (18-81) and diversity in background as possible. The Index of Self-Esteem was used to measure self-esteem and the Body-Self Relations Questionnaire to measure satisfaction with body image. Age, education, occupation and membership in six subgroups (suburban church women, members of a feminist social service collective, rural women, an aerobics class, women in a low income scholarship program, and mothers of suburban elementary school students) were explored as possible factors in both satisfaction with body image and self-esteem. The findings revealed midwestern women appeared to be less satisfied with their body image than women nationally. However, they also seemed to be less concerned about their body image and reported dieting less than those in previous studies. The study confirmed the hypothesis that satisfaction with body image did positively predict self-esteem. While age did not predict satisfaction with body image or self-esteem, when placed in two categories, scores for those over age 50 indicated higher self-esteem than those 49 years old and under. Education did positively predict satisfaction with body image and self-esteem. Women in professional occupations had higher

satisfaction with body image but did not differ significantly in self-esteem. Women in a feminist social service subgroup had significantly higher self-esteem and satisfaction with body image than women from several of the other subgroups.

A model developed by Belenky, et al. (1988), combined with the Internal Control Index and the Self-Consciousness Scale were used to discern the influence of external authority upon satisfaction with body image. The study found women did differ significantly on satisfaction with body image depending upon their epistemological position in the ways of knowing model.

TABLE OF CONTENTS

| | |
|--|----|
| Table of Contents | iv |
| Introduction | 1 |
| Literature Review. | 3 |
| Body Image and Self Concept | 3 |
| Cultural and Historical Influences upon Women and Body Image. | 6 |
| Research Related to Women's Satisfaction with Body Image | 9 |
| Studies Related to Body Image Satisfaction | 9 |
| Studies of Body Image and Eating Disorders | 10 |
| Studies Related to Treating Women with Body Image Issues. | 11 |
| Study Design. | 11 |
| Hypotheses. | 12 |
| Definitions | 14 |
| Methodology. | 17 |
| Subjects. | 17 |
| Procedures. | 18 |
| Instruments | 19 |
| Data Analysis | 23 |
| Results. | 24 |
| Limitations of the Study. | 24 |
| Demographic Profile of the Sample | 24 |
| Comparisons with Norms. | 26 |
| Hypothesis 1. | 27 |
| Hypothesis 2. | 29 |

| | |
|--|----|
| Hypothesis 3. | 29 |
| Hypothesis 4. | 29 |
| Hypothesis 5. | 30 |
| Hypothesis 6. | 32 |
| Hypothesis 7. | 33 |
| Hypothesis 8. | 34 |
| Hypothesis 9. | 34 |
| Hypothesis 10 | 35 |
| Hypothesis 11 | 36 |
| Hypothesis 12 | 36 |
| Hypothesis 13 | 37 |
| Hypothesis 14 | 37 |
| Hypothesis 15 | 38 |
| Summary of the Results. | 39 |
| Discussion | 41 |
| Implications for Practice | 46 |
| Implications for Policy | 47 |
| Implications for Future Research. | 48 |
| Conclusion. | 49 |
| Tables | 50 |
| Table I Profile of Subjects. | 50 |
| Table II Age Distribution of the Sample . . . | 52 |
| Table III Height, Weight and Desired Weight. . | 53 |
| Table IV Physical Health Characteristics. . . | 54 |
| Table V Mean Scores on Scales and Subscales. . | 55 |

| | | |
|------------------------|--|----|
| Table VI | Profile of Pre and Post-Menopausal Women. | 57 |
| Table VII | Multiple Regression to Predict Self- Esteem for Entire Sample | 58 |
| Table VIII | Multiple Regression to Predict Self- Esteem for PCM Subgroup. | 59 |
| Table IX | Multiple Regression to Predict Self- Esteem for WDC Subgroup. | 60 |
| Table X | Multiple Regression to Predict Self- Esteem for Rural Subgroup. | 61 |
| Table XI | Multiple Regression to Predict Self- Esteem for Aerobics Subgroup | 62 |
| Table XII | Multiple Regression to Predict Self- Esteem for GSP Subgroup. | 63 |
| Table XIII | Multiple Regression to Predict Self- Esteem for Other Subgroup. | 64 |
| Table XIV | Ways of Knowing Scale and Subscale Scores | 65 |
| Table XV | Profile of Ways of Knowing Group | 66 |
| Bibliography | | 67 |
| Appendices | | 77 |
| Appendix A. | | 77 |
| Appendix B. | | 84 |
| Appendix C. | | 87 |
| Appendix D. | | 89 |

INTRODUCTION

Billy Crystal's character on Saturday Night Live, a popular late night network television offering, was widely quoted for his statement, "It is better to look good than to feel good." The unfortunate truth of this statement for women is reflected in examples from popular culture.

Barbara Hershey, actress in "Beaches," submitted to 300 shots of collagen to her lips to make them larger and more pouty, the current "in look" for women. The most widely viewed segment of Oprah Winfrey was devoted to how she liquid-fasted her weight problem away. The studio switchboard was jammed with calls from women inquiring how they could do the same.

Women's concerns about appearance are reflected in surveys indicating that more than 75% of the women in this culture believe themselves to be overweight. In fact more than 56% of women report themselves to be dieting (Surrey, 1984 & Roth, 1991).

However, even more unfortunate, are the statistics which indicate more than \$33 billion a year is spent on diet aids and strategies which prove to be 96 percent ineffective over a five year period (Roth, 1991). Women are 95% of the consumers of these products (Sanford & Donovan, 1984). This is in spite of new reports (Zarzour, 1987) which indicate that women between 5 feet 3 inches and 5 feet 6 inches have

been found to be equally healthy over a range of weight from 115 to 194 pounds.

Women continue to relentlessly pursue visions of slenderness. The number of young women diagnosed with eating disorders such as anorexia and bulimia on college campuses is estimated to be as high as 25% (Szekely, 1988). Locally, the University of Nebraska Medical Center reported an increase of 14 percent in the number of participants in its eating disorder program from 1988 to 1989 (Omaha World-Herald, 1989). The program reports that 97% of its participants are women.

The lengths to which women will go to meet the cultural standards for beauty include other risks to health such as breast reduction and enlargement surgery. In the United States, between 1960 and 1984 more than 1,200,000 breasts were enlarged or reduced (Mazur, 1986). In a study done by Rita Freedman (1984), it was reported that young women 14-years-old are seeking augmentations or reductions for cosmetic purposes.

These reports raise questions. Are all women dissatisfied with their appearance? Where does the standard for beauty in this culture come from? Why do women express more dissatisfaction than men? Some of these questions have been addressed in the literature reviewed for this study.

Literature Review

The literature reviewed for this study addresses the concept of body image and its relationship to self concept, cultural and historical influences upon women and their satisfaction with body image and self-esteem, and research related to women's satisfaction with body image and self-esteem.

Body Image and Self Concept

Early studies explored the global nature of self concept, finding it to be a multidimensional composite of one's attitudes and perceptions of one's social identity and physical characteristics (Rosenberg, 1979; Wells & Maxwell, 1976; Wylie, 1974). More recent feminist works have attended to women's self concept as it develops through roles, relationships, and connectedness to others (Gilligan, et al. 1990; Kittay, et al.; 1987; Bentz, 1989; Attanucci, 1988; Walters, et al., 1988). These studies identify the issues of self development in the context of webs of relationships and mutual dependencies. Maracek and Hare-Mustin (1990) describe the current dialogue in psychology questioning the nature of a core "true self." They identify a postmodern view in which the task is to seek to understand "the embeddedness of subjective experience within the social context" (p. 13). Yet, in these new

conceptions of self, the role of bodily experience and images has not been systematically discussed.

In Women's Ways of Knowing, for example, Belenky, Clinchy, Goldberger, and Tarule (1986) offer a new model for looking at women's self concept growing out of the metaphor of voice they found in the women interviewed in their study. The model offers five epistemological patterns: Silence; Received Knowledge; Subjective Knowledge; Procedural Knowledge; and Constructed Knowledge. Silent women's self concept is unformed as they struggle to survive at the whim of authority. Women at the position of received knowledge perceive themselves as capable of receiving and reproducing knowledge from all-knowing external authorities. Women who use subjective knowledge understand all truth and knowledge to be personal, private, and intuitively known. Women using procedural knowledge are invested in learning and use objective procedures to obtain or communicate knowledge. Women in the position of constructed knowledge believe all knowledge to be contextual and use both objective and subjective procedures to construct knowledge. Visibly absent from their account is women's experience of their body and its relationship to epistemology.

To find information on women's bodily relationship, one must turn to studies focused directly on body image.

(Freeman, 1985; Tucker, 1985). Tucker (1985) describes body

image as a meaningful predictor of human behavior" (p. 931).

Van der Velde argues that:

The formation of one's own body image has two cardinal consequences. First, because one's own body images are the mental representations of the physical self and inseparably associated with the reflections of the psychological self, they are in the most comprehensive sense of the term, self images (1985, p. 532).

Van der Velde (1985) explores the concept of an individual's body image as a composite of innumerable body images. These images are not only mental reflections of one's physical self but are also associated with others' appraisals of and reactions to one's appearance and actions, and one's perceptions of the body image of others. Noting the relational, interactive nature of imagery and perception, Fisher and Cleveland state, "Body [image or] attitudes are often the result and reflection of interpersonal relationships" (1965, p. 51). Body image depends on contextual factors and so shifts, depending upon the situation and the perception of the moment (Weiss, 1986). Although this literature has not been linked to new conceptions of women's ways of knowing, its implications are important, especially its emphasis on relational context.

The aging process complicates the study of body image in important ways. Achte (1988) hypothesizes that aging persons face anxiety similar to that of adolescents adjusting to changing body image which results in lowered self-esteem. At this time, there appear to be no studies

documenting dissatisfaction with body image as a predictor of low self-esteem in the aging population. However, for women in a sexist society, the interaction between aging, body image, and relationship have the potential to powerfully affect self-esteem.

Cultural and Historical Influences Upon Women and Body Image

The influence of culture on one's body image is the subject of several studies. Webster and Driskell (1983) studied body image as a reflection of status in the culture. Bergner, et al. (1985) describe body image as "the value-laden thoughts and feelings about one's body derived from cultural influences, and as such, is an internalized representation of cultural norms" (p. 26). Dworkin (1988) summarizes the tragic consequences of women in our patriarchal culture: "Women's nonacceptance of their bodies generalized to almost every aspect of their lives, including self concept" (p. 136).

Feminist writers describe the process by which women have historically come to identify their value with their bodies: "Woman in contemporary patriarchal society is fundamentally identified with her body. Her body is her power" (Greenspan, 1983, p. 164). Chernin (1985) believes that cultural expectations of women's body image reflect political issues:

Voluptuous and rotundly female bodies are in when women are clearly subordinate to men and do not challenge male authority. But when women agitate for equality and start gaining independence, the culture calls for a body type and fashions that reflect a distinct body type and fashions that reflect a distinct male fear of mature women's powers. Hence when women stayed home in the 50's the womanly fecund body was in style. When women left home in the 20's and 70's demanding equal rights, the ideal body became thinner and more and more boyish (p. 125).

This theme of "body politic" is echoed by Marshall Blonsky, a professor at New York's New School, who says, "the trend [for big breasts to be fashionable, away from androgynous looks] is tied to the rise of conservatism ushered in by the Reagan years: 'it has linkages to a macho conservative thing that is present across the country'" (Agins, 1988). In a sexist society, then, the importance of women's bodies are magnified.

Not surprisingly, studies indicate that women have become over-identified with their bodies. The pressure is embedded in the culture itself. Mazur traces the history of cultural standards for ideal female beauty as it is reflected in the media (print and later video), the fashion industry, and beauty contests. Women respond to ever-changing cultural norms for female body image by seeking ways of measuring up or despairing when they cannot (Orbach, 1982; Dyrenforth, Wooley & Wooley, 1980; Greenspan, 1983; Bergner, et al., 1985; Lawrence, 1987; Szekely, 1988; Chernin, 1981). Dworkin (1988) writes:

From early childhood women are taught their appearance is a crucial aspect of their lives whereas men are taught that their accomplishments are what counts. Not only is appearance important for a woman but the appearance must come as close as possible to whatever the current media image of women happens to be (p. 27).

Such magnification of the importance of women's bodies, however, is a psychic trap. In idealizing one certain type of woman's body, women lose their freedom to choose and to express themselves.

At a personal level, women depend upon men for economic security and men respond to physical attractiveness in women (Bergner, et al., 1985; Webster & Driskell, 1983; Mazur, 1986). In fact:

Women are under more pressure than men to conform to an ideal of beauty because they quickly learn that their social opportunities are affected by their beauty, and a sense of beauty (or lack of it) becomes an important facet of a young woman's self concept (Mazur, 1986, p. 282).

Unfortunately, at the same time women over-identify with their bodies, many are dissatisfied with them. Bergner, Remer and Whetsell (1985) cite a study in which of the 122 women sampled, all 122 had held or currently held a negative body image. "Women have perennially reported more dissatisfaction with their bodies than men" (Mazur, 1986, p. 297).

Research Related to Women's Satisfaction with Body Image

Because women's images of their bodies may contribute not only to their self-esteem but also to their ability to learn and achieve, this study examines women's levels of satisfaction with their body image. The literature on these attitudes and beliefs falls into three categories: studies related to measuring body image satisfaction; studies of body image and eating disorders; and studies relating to treating women with body image problems.

Studies Related to Body Image Satisfaction. An important factor in women's satisfaction with body image is the negative impact of gender role expectations. Limlicka, Cross and Tarnai (1983) found that self-esteem and body satisfaction in unmarried female undergraduates was associated with sex-role orientation. Those undergraduates with androgynous or masculine orientation demonstrated higher self-esteem and body satisfaction. Similarly, Mintz and Betz (1986) examined gender differences in undergraduate men and women's self-esteem and greater proneness to depression in both sexes. Women in the study indicated greater dissatisfaction than the men. Kelly and Menking (1979) in a study done with female undergraduates at a southern university found that satisfaction with breast size proved to be a significant predictor of positive self concept. Fallon and Rozin (1985) found that undergraduate men and women err in estimating what the opposite sex finds

attractive. However, men's perceptions tend to leave them more satisfied with their body image and women's perceptions tend to place pressure on them to lose weight. This concern frequently manifests itself in eating disorders.

Studies of Body Image and Eating Disorders. Women's dissatisfaction with body image is found throughout the literature on weight and eating disorders. Surrey (1984) calls for indepth exploration of the "crisis in women's self image related to weight control" (p. 5). Connor-Greene (1988) studied college students and found that the females dieted more often, perceived themselves as overweight when they were not, and failed to see themselves as underweight when they were: "For women, the purpose of weight loss is not to avoid obesity or even to remain in the 'normal' range of weight, but to actively pursue slenderness" (p. 39). Casper (1983) explores the eating disorder literature and notes the importance of self-image in etiology:

From a psychological point of view "fear of fatness" in anorexia nervosa and probably bulimia nervosa ultimately serves as a defense against a sense of inadequacy, a critical self image, uncontrollable feeling states, and represents an escape into a controlled, desirable, however distorted and isolated, thin existence. (p. 14)

Specifically, women who are eating disordered hold a distorted body image. Size overestimation findings range from 16 to 24 percent in eating disordered women (Thompson & Dolce, 1989; Bell, Kirkpatrick & Rinn, 1986; Fraenkel & Leichner, 1989). The importance of body image, then,

appears in studies of general and impaired populations, especially in eating disorders. Its prevalence speaks to its relevance for treatment, not only for individual women but also for social reform.

Studies Relating to Treating Women with Body Image Issues. The studies addressing treatment of body image issues in women consistently suggest that these issues reflect the socialization process of the culture which teaches women to value appearance over accomplishment (Bergner, Remer & Whetsell, 1985; Butters & Cash, 1987; Dworkin & Kerr, 1987; Hooker & Convisser, 1983; Katzman, Weiss & Wolchik, 1986). The majority of these studies used group formats and cognitive interventions empowering group members to address the cultural sex role stereotyped body image messages. Interestingly, the group format suggests relational contexts may be central to healthy body image. Hutchinson (1985) also used a group format but used a visual-kinesthetic approach with cognitive therapy.

Study Design

This study address several factors: greater age and diversity in the sample; the relationship of satisfaction with appearance; and the relational context of women's self concept. Since many of the studies done relative to body image used only female undergraduates, this study sought to identify a sample which varied widely in age, education,

occupation and membership in various subgroups. With an emphasis on diversity, this study compared local and national norms and any interactions among age, education, occupation or subgroup membership related to satisfaction with body image. Further, it sought to determine if women's satisfaction with body image was related to their self-esteem. It explored the nature of relational context and reliance on external authority as a basis for women's satisfaction with their body image. Here Women's Ways of Knowing (Belenky, et al., 1986), concepts about epistemology helped determine the nature of a woman's relationship to outside authority. Satisfaction with body image was measured in two groups of women. The first group was composed of those for whom external messages are the sources of truth (silent and received knowers). In the second group external messages are screened by objective and/or subjective processes (procedural knowers) or by contextual and constructed processes (constructed knowers). The following hypotheses were tested:

Hypotheses

1. Women in this study will match national norms for Satisfaction with Body Image.
2. Women in this study will match national norms for Investment in Appearance.

3. Women in this study will match national norms for Dieting Behaviors.
4. Age will negatively predict Satisfaction with Body Image.
5. Education will positively predict Satisfaction with Body Image.
6. Women in Professional Occupations will have higher Satisfaction with Body Image.
7. Women in the Women's Development Center subgroup will have higher Satisfaction with Body Image than women in other subgroups.
8. Current Weight will negatively predict Satisfaction with Body Image.
9. Age will positively predict Self-Esteem.
10. Education will positively predict Self-Esteem.
11. Women in Professional Occupations will have higher Self-Esteem than other women.
12. Women in the Women's Development Center subgroup will have higher Self-Esteem than women in other subgroups.
13. Current Weight will negatively predict Self-Esteem.
14. Satisfaction with Body Image will positively predict Self-Esteem.
15. There will be differences in Satisfaction with Body Image depending on the women's Ways of

Knowing. Women who use procedural and constructed Ways of Knowing will have higher Satisfaction with Body Image than women who are silent or use received Ways of Knowing.

Definitions

National norms were reported by the author of the Body-Self Relations Questionnaire (Cash, 1989) for its scale and subscales relating to Satisfaction with Body Image and Investment in Appearance. National norms for Dieting Behavior were those cited for the Body-Self Relations Questionnaire and those reported by Katzman, Weiss and Wolchik (1986).

Satisfaction with Body Image was measured by the Appearance Evaluation and the Body Areas Satisfaction Subscales of the Body-Self Relations Questionnaire.

Dieting Behavior was measured by the Body-Self Relations Questionnaire item, "I am on a weight loss diet."

Age was self-reported and given in years by the women in this sample.

Education was the self-reported response to the categories: "some high school;" "high school graduate;" "high school equivalency diploma;" "vocational/technical training;" "college graduate;" "some graduate school;" and "advanced degree."

Occupation was the self-reported response to the categories: "full-time parent or homemaker;" "manager or administrator;" "skilled trades or crafts worker;" "secretarial or clerical worker;" "business owner;" "student;" "professional;" "teacher;" "retired;" and "other."

Subgroup Membership was indicated by the color of the questionnaire returned and included six groups: a suburban church (PCM); the Women's Development Center (WDC); rural women; an aerobics class; the Goodrich Scholarship Program (GSP); and suburban school mothers and feminist study group members (other).

Current Weight was self-reported and given in pounds.

Self-Esteem was measured by the Index of Self-Esteem (Hudson, 1982).

Ways of Knowing were measured using the Internal Control Index (Duttweiler, 1984), the Index of Self-Esteem (Hudson, 1962) and the Public Self-Consciousness subscale of the Self Consciousness Scale (Scheier & Carver, 1985).

The group "procedural or constructed Ways of Knowing" was defined as high internal locus of control (high score, i.e. top 25%, on the Internal Control Index), high self-esteem (low score, i.e. bottom 25%, on the Index of Self-Esteem), and low public self-consciousness (low score, i.e. bottom 25%, on the Public Self-Consciousness subscale [SCS]).

The category of "silence or received Ways of Knowing" was defined as low internal locus of control (low score on the Internal Control Index, i.e. bottom 25%), low self-esteem (high score, i.e. top 25%, on the Index of Self-Esteem), and high public self-consciousness (high score, i.e. top 25%, on the Public Self-Consciousness subscale [SCS]).

METHODOLOGY

Subjects

Questionnaires were distributed to 1,023 women who were selected by the membership in a suburban church (PCM), a women's feminist social service collective--Women's Development Center (WDC), a low income scholarship program at the local university (GSP), a suburban aerobics class, a rural church, and other--composed of mothers of children in a private suburban school and members of a feminist study group. The rural women were from a small town of less than 1200 about 90 miles from the midwestern city used in the study. The remaining women were from a midwestern city of more than 300,000. The only criteria for participating was that the subject be female and age 18 or over. Participation in the study was voluntary.

A total of 436 women completed the questionnaire for a return rate of 42.6%. Of the 1,023 questionnaires distributed in packets both mailed and given out face-to-face, 502 questionnaires were mailed back including 66 questionnaires which were either blank or too incomplete to be used in the study. The participation from each subgroup was:

| | Number Sent | Number Returned | Return Rate |
|-----|----------------|--------------------|----------------|
| PCM | 421 | 200 | 47.5% |
| WDC | 309 | 142 | 45.9% |

| | | | |
|----------------|-------|-----|-------|
| Rural Women | 60 | 28 | 46.7% |
| Aerobics Class | 93 | 28 | 30.1% |
| GSP | 100 | 21 | 21.0% |
| Others | 40 | 17 | 42.5% |
| Total | 1,023 | 436 | 42.6% |

A profile of the demographic characteristics of the sample and the subgroups is contained in Table I.

Procedures

Each woman received a packet containing an instrument with 144 questions and a demographic section (Appendix A); a letter explaining the study's purpose (Appendix B); a pre-stamped, pre-addressed envelope in which to return the questionnaire; and a postcard (Appendix C) which could be mailed separately if she wished to discuss the analysis of her individual survey or data of the entire study. Women on the mailing list of the suburban church (PCM) (421), low income scholarship program (WDC) (309), and the other subgroup (40) received their packets through the mail. Packets for the rural women (60) and the aerobics class members (93) were distributed face-to-face.

Participants were asked to complete the questionnaire and place it in the mail within two weeks of having received it. The questionnaire was a paper and pencil instrument which took approximately 45-60 minutes to complete. The instrument for the different populations were printed on

color-coded paper to identify the population when they were returned.

Due to the surprisingly large number of participants in the study who returned postcard asking for an interview, large group meetings with data on their group and form letters (Appendix D) reporting individual results, were used instead of individual interviews.

Instruments

The questionnaire contained 4 separate instruments: the Index of Self-Esteem (ISE) (Hudson, 1982); the Internal Control Index (ICI) (Duttweiler, 1984); the Self Consciousness Scale (SCS) (Scheier & Carver, 1985); and the Body-Self Relations Questionnaire (BSRQ) (Winstead and Cash, 1984). The questionnaire also contained 13 additional demographic questions.

The Index of Self-Esteem (ISE), a 25-item scale using a 7-point Likert-type scale, is designed to measure for clinically significant problems with self-esteem. The scale's norms were developed with single and married individuals, clinical and nonclinical populations, a variety of ethnic population groups, and students and nonstudents. It is recommended for general populations above the age of 12. The ISE has a mean alpha of .93 and a retest correlation of .92. The ISE significantly distinguished between clients judged to have problems with self-esteem by

clinicians from those known not to have problems (Hudson, 1982).

The Internal Control Index (ICI), a 28-item instrument using a 5-point Likert-type scale, is designed to measure an individual's locus of control. The locus of control is defined by Duttweiler as the place where a person looks for, or expects to obtain, reinforcement. The scale was normed using populations of university and continuing education students. The ICI has a mean alpha of .84 and concurrent validity with the Mirel's Factor of the Rotter I-E Scale (Duttweiler, 1984).

The Self-Consciousness Scale (revised) (SCS), a 22-item instrument using a 4-point Likert-type scale, is designed to measure private self-consciousness, public self-consciousness, and social anxiety. Private self-consciousness is a reflection of an individual's tendency to think about the hidden aspects of self, values, beliefs, aspirations, and feelings. Public self-consciousness is a reflection of an individual's tendency to think about aspects of the public self which are matters of self display, overt behaviors, mannerisms, quirks, and expressive qualities. Social anxiety derives from public self-consciousness and is the subjective experience of apprehension about the public self's evaluation by others. The original SCS norms were based on male and female college undergraduates (Fenigstein, et al.,

1975). Subsequently, the SCS was revised to reflect the need to simplify the language to improve its use with general populations (Scheier & Carver, 1985). The mean Cronbach alpha for the SCS is computed individually for the three subscales: Private self-consciousness .75; public self-consciousness .84; and social anxiety .79. The test-retest correlation for the private subscale was .76, public subscale .74 and social anxiety subscale .77. The revised scale has had limited opportunity for use with general populations. Scheier and Carver (1985) believe the Self-Consciousness Scale has successfully overcome initial difficulties with language and is appropriate for use with general populations.

The Body-Self Relations Questionnaire (BSRQ), a 69-item self-report inventory using a 5-point Likert-type scale, is an attitudinal measure of body image. The BSRQ measures attitudinal dimensions of evaluation, attention/importance, and activity for three different areas of concern (appearance, fitness and health). The BSRQ has developed norms from general population groups of over 30,000 women and men. The Cronbach alpha for the BSRQ is .90 and ranges from .82 to .89 on the subscales. The test-retest correlation has been established in previous studies (Winstead & Cash, 1984). The Body Self-Relations Questionnaire has 12 subscales.

The Appearance Evaluation Subscale of the BSRQ measures feelings of physical attractiveness and satisfaction with one's looks. High scorers feel most satisfied with their physical appearance; low scorers are generally dissatisfied with their physical appearance.

The Appearance Orientation Subscale of the BSRQ measures a woman's investment in her appearance. High scorers place importance on how they look and engage in many "grooming behaviors." Low scorers are indifferent to appearance.

The Fitness Evaluation Subscale of the BSRQ measures the extent of one's investment in being physically fit. High scorers value fitness and are actively involved in activities to enhance or maintain their fitness.

The Health Evaluation Subscale of the BSRQ measures feelings of physical health and/or the freedom from physical illness. High scorers feel in good health.

The Health Orientation Subscale of the Body-Self Relations Questionnaire measures the extent of investment in a physically healthy lifestyle. High scorers are active in leading a healthy lifestyle and are "health conscious."

The Illness Orientation Subscale of the BSRQ indicates the extent of an individual's reactivity to being or becoming ill. High scorers are alert to the symptoms of illness and tend to seek medical attention.

The Body Areas Satisfaction Scale (BASS) of the BSRQ measures satisfaction with appearance related to specific areas of the body. High scores indicate higher satisfaction with physical appearance.

The Fat Anxiety Subscale of the BSRQ measures an individual's emotional apprehension about weight gain or discomfort about being overweight.

The Weight Vigilance Subscale of the BSRQ reflects one's awareness of the smallest fluctuations in weight.

The Subjective Weight Subscale of the BSRQ reflects one's own labeling of one's weight from very underweight to very overweight.

The Dieting/Eating Restraint Subscale of the BSRQ reflects the extent to which a woman engages in weight-control dieting and fasting (Cash, 1989).

Data Analysis

Data was analyzed using the Statistical Package for the Social Sciences, Version 10 (SPSSX). Analyses of the predictors of Self-Esteem, Locus of Control, Self-Consciousness, and Satisfaction with Body Image were done using stepwise multiple regression analysis, using the .05 level of significance. Also several analyses of demographic variables were done using Analysis of Variance (ANVOA).

RESULTS

Limitations of the Study

The wording of two questions in the demographic section of the instrument placed limitations on the study. The income figures, while diverse, were questionable. The item did not indicate whether total annual income was for the household or the female participant only. It appeared that a mixture of answers were given and reliable income figures are not discernible and, therefore, not displayed. Also, the information about occupations is limited in that "professional" was not defined and subject to individual interpretation.

Demographic Profile of the Sample

A profile of the sample and the subgroups is displayed in Table I.

One of the goals of this study was to deliberately seek a wider ranges of ages of participants than in previous studies. This was achieved. Participants ranged in age from 18 to 81 with a mean age of 40.75 years (see Table II.) The proportion of Caucasians, 91.5%, reflected the 1990 census which found that the Caucasian population of Nebraska was 92.7% (Omaha World-Herald, 1991). However, the minority women in this study came predominantly from a low income scholarship program (GSP), the only university-related subgroup and the Women's Development Center (WDC). About

one third of the sample had a high school education while two thirds were college-educated, including 27.5% with advanced degrees.

A diversity of occupations was reported. Professional (26.5%) and parent/homemaker (15.8%) were the two largest categories. The large percentage of professionals appears to reflect the number of women with advanced degrees (27.5%).

The largest subgroup, the suburban church (PCM), was predominantly Caucasian (95.5%). However, it was the most diverse subgroup as to age, education and occupation. The Women's Development Center (WDC) had the most diversity in marital status and was the most highly educated (more than 50% has advanced degrees).

PCM has the widest range of ages (18-81) and was the oldest subgroup (mean age of 44.00). The low income student subgroup was the youngest (mean age 23.33). All the subgroups were similar in height (mean height to 64.6 inches) ranging from 52-71 inches. The current mean weights of the subgroups varied by 12 pounds with PCM (possibly reflecting wealth and older ages) the heaviest (mean current weight of 148.3 pounds) and the low income student subgroup as the lightest (mean current weight of 136.7 pounds).

Women's desire for a thinner appearance was reflected in the differences between the current weight and the desired weight. In the sample as a whole and in all the

subgroups, mean current weight exceeded mean desired weight by an average of 15 to 20 pounds. In fact, only 36 (8.2%) of the women said they were currently at their desired weight, and only 11 (2.5%) reported a desire to gain weight. See Table III.

All health and physical appearance characteristics were self-reported and indicated that 22 (5.0%) of the women considered themselves physically disabled and 12 (2.8%) reported themselves as physically disfigured. A small number, 15 (3.4%), indicated they had at some time had plastic surgery. Surprisingly, 35 (8.0%) reported themselves to be/have been eating disordered. Only 12 (2.8%) reported they had been diagnosed professionally, but 14 (3.2%) indicated they had received professional treatment for an eating disorder. A total of 90 (20.6%) women reported they had a chronic illness. The percentage was higher in the PCM subgroup (30.0%), the WDC subgroup (21.8%), and the GSP subgroup (33.3%). See Table IV.

Comparisons with National Norms

Table V lists the national norms on the scales and subscales and the mean scores on these for the entire sample and for the individual subgroups.

Clinically significant issues with self-esteem are possible in individuals whose mean scores are higher than 2.4 on the Index of Self-Esteem. This included 63% of the

women in the sample! Individuals with mean scores of 1.20 or lower are said to be free of self-esteem issues. Only 2 (0.5%) of the women in the sample had a score that low.

Mean scores for this sample on the Self Consciousness Scale and all subscales and on the Internal Control Index were similar to those of the national norms.

The mean scores on the BSRQ and its subscales indicated less satisfaction with body image for women in this study's sample than for women in the national norms. National norms for women and men indicate greater dissatisfaction in body image in women than men (Winstead and Cash, 1984).

Hypothesis 1

Women in this study will match national norms for Satisfaction with Body Image.

One indicator of satisfaction with body image was the score on the Appearance Evaluation Subscale of the Body-Self Relations Questionnaire. The mean score for this subscale was 3.15 (SE=.041) which was below the national norm, 3.36. Women in this study expressed less satisfaction with their appearance than women nationally. Within the sample, the aerobics class members expressed the lowest degree of satisfaction with their appearance (2.91) (SE=.151). The Women's Development Center members were the only subgroup at the national norm (3.36) with the highest degree of satisfaction with body image (3.43) (SE=.069). All of these

scores, except the WDC subgroup's, indicated less satisfaction with body image than men whose national norm is 3.49 (Winstead and Cash, 1984).

Frequency of responses to certain items on the Body-Self Relations Questionnaire were particularly telling of women's feelings about their appearance:

1. Only 13.1% of women definitely or strongly disagreed with the item stating: "I am physically unattractive."
2. Only 6.2% of women definitely agreed with the statement: "I am sexually appealing."
3. Only 3.8% of women definitely agreed that "I like the way I look without my clothes."

Another measure of satisfaction with body image is Body Area Satisfaction Subscale (BASS) of the Body-Self Relations Questionnaire which addressed satisfaction with particular parts of the body. The mean score on this subscale (3.24) was exactly that of the national norm for women.

The hypothesis that women in this study will match national norms for satisfaction with body image appeared to be confirmed by the BASS. However, the Appearance Evaluation subscale which measures overall satisfaction with appearance indicated that women in this study did not match national norms. Rather they were more dissatisfied with their appearance. Their hypothesis was not confirmed.

Hypothesis 2

Women in this study will match national norms for Investment in Appearance.

The mean score on the Appearance Orientation Subscale (which measures one's investment in appearance) of the Body-Self Relations Questionnaire was 3.54 (SE=.030). The women in this study were less invested in appearance than the national norm (3.91). Women in the aerobics class subgroup had the highest score (3.89) (SE=.092) and the suburban school mothers had the lowest score (3.22) (SE=.159). The hypothesis was not confirmed.

Hypothesis 3

Women in this study will match national norms for Dieting Behavior.

Only 21.5% of the women in this study reported they were on a weight loss diet, well below the figure of 56% reported for women in a Nielsen Marketing Report (Katzman, Weiss and Wolchik, 1986). Therefore, women in this study do not match national norms for dieting behavior and the hypothesis was not confirmed.

Hypothesis 4

Age will negatively predict satisfaction with Body Image.

A regression analysis with Age as the independent variable was used to predict the score on the Body-Self Relations Questionnaire as a whole and each of its subscales. Age was not a significant predictor of any of these scores. For example, item 48, "I am physically unattractive," and item 5, "I am sexually appealing," showed no difference by Age.

Women in the sample were divided into pre- and post-menopausal categories. There were 340 women in the study age 49 or under who were considered to be pre-menopausal. There were 93 women in the study age 50 years and over who were defined as post-menopausal. An analysis of variance indicated that post-menopausal women had significantly higher Body Self-Relations Questionnaire overall scores ($F=4.452$; $p=.035$). However, there were no differences between the two groups on the Appearance Evaluation Subscale (which indicated satisfaction with one's looks) ($F=.108$; $p=.742$).

The hypothesis that age will negatively predict Satisfaction with Body Image was not confirmed overall.

Hypothesis 5

Education will positively predict Satisfaction with Body Image.

This hypothesis was tested using an analysis of variance. Women were placed in three categories: "high

school" (N=130) which included those with some high school, a high school diploma, a high school equivalency certificate, and those with vocational and technical training; "college" (N=122) which included those with some college work and college degrees; and "graduate work" (N=175) which included those some graduate school work and those with advanced degrees.

Education was found to be positively related to the score on the Appearance Evaluation Subscale (which measures satisfaction with Body Image) ($F=8.902$; $p=.000$). Education was also found to be positively related to scores on the Body Areas Satisfaction Subscale (which measures satisfaction with specific areas of one's body) ($F=8.212$; $p=.000$). The LSD (Least Significant Difference) Procedure of the Multiple Range Test, showed women in the "college" and "graduate work" categories had significantly higher scores (3.08 and 3.35, respectively) than the women in the "high school" category (2.95) on the Appearance Evaluation Subscale. The same procedure showed women in the "graduate work" category had significantly higher scores (3.37) than women in the "high school" (3.07) and "college" (3.24) categories on the Body Areas Satisfaction subscale. The hypothesis was confirmed. Education did positively predict Satisfaction with Body Image.

Hypothesis 6

Women in Professional Occupations will have higher satisfaction with Body Image.

This hypothesis was tested using an analysis of variance. Women were placed in four categories: "full-time parent/homemaker" (N=69); "student" (N=49); "professional" (N=150); and "other" (N=160).

Occupation was found to be significantly related to the Appearance Evaluation Subscale ($F=3.123$; $p=.026$) and the Body Areas Satisfaction Subscale ($F=4.440$; $p=.004$). The LSD (Least Significant Difference) Procedure of the Multiple Range Test showed scores of the women in the "professional" occupations category (3.32) differed significantly from women in the "parent/homemaker" (2.99) and "other" (3.11) categories on the Appearance Evaluation Subscale. However, there was no significant difference found between "parent/homemaker" and "other" categories and the "student" (3.05) category. Scores of the "professional" women (3.39) also differed significantly from the scores of the women in the "parent/homemaker" category (3.09) and the "other" (3.18) on the Body Areas Satisfaction Subscale. Again the student category scores did not differ significantly (3.23) from the "professional" women's scores.

The hypothesis was partially confirmed. Women in Professional Occupations did have higher Satisfaction with

Body Image than those in all but the student occupational category.

Hypothesis 7

Women in the Women's Development Center subgroup will have higher Satisfaction with Body Image than women in other subgroups.

This hypothesis was tested with an analysis of variance. Six categories of subgroups were used: "PCM" (N=200); "WDC" (N=142); "rural" (N=28); "aerobics" (N=28); "GSP" (N=21); and "others" (N=17).

Subgroup was significantly related to scores on the Appearance Evaluation Subscale ($F=4.6603$; $p=.0004$) and the Body Areas Satisfaction Subscale ($F=3.3591$; $p=.0055$). The LSD (Least Significant Difference) Procedure of the Multiple Range Test showed that the "WDC" (3.42) differed significantly from the "PCM" (3.01) and "aerobics" (2.91) subgroups on the Appearance Evaluation Subscale. The "WDC" subgroup did not differ significantly from the "rural" (3.11), the "GSP" (3.13) or the "other" (3.12) subgroups. The "WDC" subgroup (3.41) also differed significantly from the "PCM" (3.16) and "aerobics" (3.03) on the Body Areas Satisfaction subscale scores. However, the "WDC" did not differ significantly from the "rural" (3.19), the "GSP" (3.27) or the "other" (3.26) subgroups' scores.

The hypothesis was partially confirmed. Women in the Women's Development Center subgroup did have higher Satisfaction with Body Image than women in two subgroups.

Hypothesis 8

Current Weight will negatively predict satisfaction with Body Image.

This hypothesis was tested using a regression analysis. Current Weight was used to predict the score on the Appearance Evaluation and the Body Areas Satisfaction Subscales of the Body-Self Relations Questionnaire.

Current Weight did negatively predict the score on the Appearance Evaluation ($F=112.80256$; $p=.0000$) and the Body Areas Satisfaction ($F=61.52354$; $p=.0000$) Subscales of the Body-Self Relations Questionnaire. Current Weight accounted for 20.6% of variance in the Appearance Evaluation Subscale. It accounted for only 12.3% of the variance in the Body Areas Satisfaction Subscale.

The hypothesis that Current Weight negatively predicts Satisfaction with Body Image was confirmed.

Hypothesis 9

Age will positively predict Self-Esteem.

This hypothesis was tested with a regression analysis to determine if Age was a significant predictor of scores on

the Index of Self-Esteem. There was no significant relationship between Age and Self-Esteem.

Women in the sample were divided into pre- and post-menopausal categories. There were 340 women in the study age 49 and under who were considered to be pre-menopausal. There were 93 women in the study age 50 years and over who were defined as the post-menopausal. An analysis of variance indicated post-menopausal women had significantly lower (indicating higher self-esteem) Index of Self-Esteem scores (2.62) than pre-menopausal women (2.84) ($F=5.677$; $p=.018$). This was in spite of the fact that the post-menopausal women were significantly more disfigured, disabled, chronically ill and weighed more than the pre-menopausal women (see Table VI).

The hypothesis that age positively predicts Self-Esteem was not confirmed overall. However, post-menopausal women had higher Self-Esteem than the younger women.

Hypothesis 10

Education will positively predict Self-Esteem.

This hypothesis was tested using an analysis of variance with the same categories as used in Hypothesis 5, "high school," "college," and "graduate work." Education was found to be significant ($F=4.395$; $p=.013$) in predicting Self-Esteem. The LSD (Least Significant Difference) Procedure of the Multiple Range Test found women in "high

school" (2.91) and "college" (2.85) had significantly lower Self-Esteem than women in the "graduate work" category (2.66). There was no significant difference found between women in "high school" and "college."

The hypothesis that education positively predicts Self-Esteem was confirmed.

Hypothesis 11

Women in Professional Occupations will have higher Self-Esteem than other women.

This hypothesis was tested with an analysis of variance using the same four categories for occupations as in Hypothesis 6, "full-time parent/homemaker," "student," "professional," and "other." There was no significant difference found between these occupational categories.

The hypothesis that women in professional occupations will have higher Self-Esteem than other women was not confirmed.

Hypothesis 12

Women in the Women's Development Center subgroups will have higher Self-Esteem than women in other subgroups.

This hypothesis was tested with an analysis of variance using two groups "WDC" and "other subgroups." A significant difference in Self-Esteem was found between the groups ($F=7.748$; $p=.006$). Women's Development Center subgroups

members had significantly higher self-esteem (lower scores) (2.64) than women in other subgroups (2.86). The hypothesis was confirmed.

Hypothesis 13

Current Weight will negatively predict Self-Esteem.

This hypothesis was tested using a regression analysis. Current Weight was used as the independent variable to predict Self-Esteem. No significant relationship was found. The hypothesis was not confirmed.

Hypothesis 14

Satisfaction with Body Image will positively predict Self-Esteem.

This hypothesis was tested using a stepwise multiple regression analysis with the subscales of the BSRQ as the independent variables and the scores on the Index of Self-Esteem as the dependent variable (see Table VII). The Appearance Evaluation Subscale of the Body-Self Relations Questionnaire (the subscale which measures satisfaction with one's looks) was the variable which entered first in the stepwise multiple regression. Appearance Evaluation, Subjective Weight, Fat Anxiety, and Fitness Evaluation, in that order, accounted for 37.1% of the variance in the Index of Self-Esteem scores. When the analysis was done

separately by subgroups, the Appearance Evaluation Subscale was the variable which always entered first in the regression equation (see Tables VIII-XIII). The hypothesis was confirmed.

Hypothesis 15

There will be differences in Satisfaction with Body Image depending on the women's Ways of Knowing.

In order to determine the degree of body satisfaction of women in these positions of the Belenky, et al. (1986) model, two categories were defined. One was identified as "procedural and constructed knowers" and one was identified as "silent and received knowers." The "procedural and constructed knowers" category contained the 59 women with scores in the highest 25% of the Internal Control Index (4.08 to 4.80), with scores in the lowest 25% (low scores indicate high self-esteem) of the Index of Self-Esteem (1.0 to 2.24) and with scores in the lowest 25% of Public Self-Consciousness subscale (SCS) (.14 to 1.33). The criteria for the 71 women in the "silent and received knowers" category reversed the scores and included those with scores in the lowest 25% of the Internal Control Index (1.80 to 3.41), with the 25% highest scores (3.21 to 6.20) (high scores indicate low self-esteem) on the Index of Self-Esteem, and with the 25% highest scores (2.29 to 3.0) on the Public Self-Consciousness subscale (SCS).

The "procedural and constructed knowers" had significantly higher satisfaction on the Appearance Evaluation subscale (3.84) compared to the "silent and received knowers" (2.41) ($F=120.791$; $p=.000$). The "procedural and constructed knowers" also had higher satisfaction scores on the BASS (3.77) than the "silent and received knowers" (2.81) ($F=81.865$; $p=.000$). Women who used "procedural and constructed knowing" expressed higher degrees of satisfaction with body image. These women also had significantly higher scores on the Fitness Evaluation subscale (3.59 vs 2.94) ($F=17.952$; $p=.000$) (see Table XIV).

Table XV gives the description of these two groups. Some notable differences between the two groups included the higher level of education and the higher percentage of women from the Women's Development Center subgroup in the "procedural and constructed knowers" category. There was also a larger difference between Current Weight and Desired Weight for the "silent and received knowers" subgroup.

The hypothesis was confirmed in that women in the "procedural and constructed" knowing category did have significantly higher Satisfaction with Body Image.

Summary of Results

Women in this study appeared to be less satisfied with their body image than women nationally. However, they also appeared to be less concerned with their appearance. Fewer

women in this study were dieting than reported in previous studies.

Overall, Age did not predict Satisfaction with Body Image nor Self-Esteem. However, post-menopausal women had higher scores on the Index of Self-Esteem. Education did positively predict both Satisfaction with Body Image and Self-Esteem. Women in Professional Occupations had higher Satisfaction with Body Image scores but did not have significantly different Self-Esteem scores. Women in the subgroups differed in Satisfaction with Body Image and in Self-Esteem with women in the WDC having highest scores on both. Current Weight negatively predicted Satisfaction with Body Image but not Self-Esteem. Satisfaction with Body Image did positively predict Self-Esteem, and Satisfaction with Body Image did differ depending on the women's Ways of Knowing.

DISCUSSION

In looking at the results of this study, some findings reflect the cultural messages to women about body image; several findings are surprising; and a few offer hope for addressing body image issues with women. There are also some implications for those who influence women's lives. Finally, there are many additional questions to be studied in future research.

This study offers a wider range of ages and educational background in its participants than previous studies. However, it is a study of predominantly white middle class women in the midwest.

It appears from this study that midwestern women express less satisfaction with their body image than women and men in the national norms and in previous studies. This dissatisfaction is expressed in a number of ways. For example, more than 62% of the women viewed themselves as "somewhat" to "very overweight." It was unusual for women to express satisfaction with their actual weight. Only 8.2% said their current weight was their desired weight. For example, the 83-pound woman wanted to weigh 80 pounds, the 110-pound woman wanted to weigh 100 pounds. The difference between current and desired weight in all subgroups was more than 15 pounds. The internalization of unrealistic cultural standards for beauty might explain the 86.9% of these women who agreed that they were "physically unattractive" or the

93.8% who did not feel "sexually appealing." There seems to be little sense of appreciation for the beauty of a variety of body shapes and sizes. The lower satisfaction with body image may also be a reflection of the discouragement and failure of these women to match the rapid swings in the standards for beauty described by Mazur (1986) and Webster and Driskell (1983). A recent headline in the Wall Street Journal (1988) read: "Forget Hemlines: The Bosomy Look is Big Fashion News--Designers say bounce is back and androgyny is out." Unfortunately, our daughters are expressing this dissatisfaction with their bodies early. One study found that three quarters of the teenagers in one all-female high school had dieted recently or were dieting the day of this study (Towarnicky, 1989).

This study also confirms the importance of appearance to women's self-esteem. The Appearance Evaluation Subscale (which measures women's satisfaction with how they look) was the primary predictor of self-esteem in the sample as a whole and in each of the subgroups. The Women's Development Center members (the most likely to be feminist in thinking) while expressing the greatest satisfaction with appearance still had appearance as the primary predictor of self-esteem.

These findings appear to confirm the vulnerability of women to industries geared to improving appearance. Szekely (1988) writes, "Especially in this decade, women have been

given the message that their efforts in improving and perfecting their bodies would be rewarded with success in both their personal and professional lives" (p. 191). This message has not been lost on young girls. A recent study indicates that while 67% of elementary school boys and girls are content with their looks "the way they are," by high school age it drops to 46% for boys and 29% for girls (New York Times, 1991).

In light of this, a surprising finding was that the women in this study have less investment in their appearance than women nationally. Apparently while they are dissatisfied with their appearance, they give less attention, resources and energy to attempting to change it. This may be a reflection of some regional differences. One of the women in the study put it simply, "Sure, I don't like how I look but it doesn't seem very important compared to the other things going on in my life." This may be about decisions women make about how they spend their money. It is possible that other items in these women's lives take priority over expensive weight loss, fitness, and other appearance enhancing products and programs. This lower investment in appearance by midwestern women may also play a part in the finding that fewer of these women are on diets than in other studies. It is also possible that the greater maturity of the women in this study reflects more complex responsibilities and relationships to family and community

than those faced by undergraduate students who were the usual subjects in previous studies. This and the additional exposure to life issues may allow them to place less importance on spending time and money on appearance.

A surprising finding was the failure of age to predict satisfaction with body image or self-esteem. Even though very little research has been done on aging and body image, the speculation has been that changes in body image contribute significantly to depression in the elderly (Achte, 1988). In fact, in this study there was no difference between pre- and post-menopausal women in satisfaction with appearance. Since many of the beauty standards for women involve youth, aging may in some way release women from feeling compelled to meet some cultural imperatives. This might also explain the higher self-esteem in post-menopausal women.

The percentage of women (62%) with scores indicating clinically significant self-esteem problems was not surprising in light of the significant relationship to appearance evaluation (satisfaction with one's looks) as the most powerful predictor of self-esteem for the entire sample and within each subgroup. This finding confirms the many feminist studies of the link between women's sense of self worth and appearance. As long as women seek to meet cultural, ever-changing, and often impossible criteria of beauty, it will be difficult for them to ever be satisfied

with their appearance. Thus, women will continue to feel lower self worth. Szekely (1988) points out the incredible challenge of this for women:

To transform women's lives so that we will not damage our own bodies in attempts to conform to an ideal, it is necessary to change the present social-political-economic system and the dominant culture (p. 199).

If women were released from the relentless pursuit of beauty and instead used their time, energy and resources (\$33 billion per year according to Geneen Roth [1991]) for wider social changes, they would wield considerable power. Instead of viewing this issue as one of an individual woman's pathology (i.e. eating disorder, low self-esteem, etc.), it is time to look at the larger pattern of oppression by the culture it represents.

Several findings offer hope for changing women's dissatisfaction with body image. The process of reaching advanced degrees of education may assist in the consciousness-raising of women related to appearance and self-esteem. The fact that education positively predicted satisfaction with body image and self-esteem was further confirmed by the higher satisfaction with body image of the Women's Development Center subgroup members. The development of critical thinking assists women in fighting the messages related to the cultural ideals for women's bodies if not the link between appearance and self-esteem. Members of the Women's Development Center subgroup are a

part of a feminist collective which offers programming intended to expose sexist and limiting messages to women.

The women who operated from positions of "procedural and constructed knowing" had significantly higher satisfaction with body image, self-esteem, and satisfaction with fitness. These women operate from internal processes which challenge cultural thinking. While we are all embedded in our social context, these women are able to step back from it and construct a different sense of truth. They may also have relational contexts that serve as alternative sources for adequacy in imaging bodies. The women from the WDC (present in significantly higher numbers in this group) share a social vision, for example, that opposes limiting stereotypes.

Implications for Practice

The relationship between satisfaction with appearance and self-esteem offers an important insight for practice. It is extremely important that self-esteem problems be viewed in the context of the cultural impact upon women's sense of satisfaction with body. Women need to understand the connection between self-esteem and satisfaction with appearance. Social workers can assist women to begin de-emphasizing the importance of appearance. This understanding may combat the tendency to pathologize individual women instead of looking for a larger social

issue. As social workers, we must work toward wider political, social and economic changes for women in order to truly impact individual women's lives. We can encourage social contexts where women's relations honor their real experiences and oppose those contexts that gloss over women's experiences in authoritarian and depersonalizing ways.

Implications for Policy

The importance of education for women cannot be repeated enough. Specifically in the area of body image, opportunities need to be created for women to confront the barrage of messages they are receiving today about appearance. In large group meetings with women who took part in this study, the results of this study and the viewing of the videotape "Still Killing Us Softly" (lecture on media messages to women about body image) both enraged and energized the women. At PCM, plans have been made to purchase this videotape initially for use in adult class (100 members of both sexes) and in Sunday School classes beginning with 4th grade children.

Parents, teachers, churches, medical personnel, and youth agencies (Camp Fire, Girl Scouts, Boys Clubs, etc.) need to develop an awareness of the impact of satisfaction with body image on self-esteem for young girls, and perhaps, young boys. The tyranny of cultural messages needs to be

exposed and the opportunity for valuing diversity in appearance explored before high school for both sexes.

Implications for Future Research

This study suggests a number of directions for future study. Certainly, further studies need to be done with women of color, other socioeconomic groups and in different regions of the country.

The study of aging as it impacts body image offers fertile ground for additional research. It is possible that women develop a sense of dissatisfaction with their appearance at a certain age and carry it with them throughout their lives. A study which measured women's satisfaction with appearance at different points in their lives might find a pattern in the development of body image satisfaction.

Similarly, the process of how women's values and understanding related to body image develop should be explored. There may be a number of factors (birth order, sexual or physical abuse, parental values, peer values, etc.) not explored in this study which predict women's body image satisfaction.

Much additional qualitative as well as quantitative research needs to be done related to women's development and body image. The categories created for this study from the Belenky model of Ways of Knowing were speculative and

untested. It will be necessary to determine more clearly women's positions in terms of their Ways of Knowing. The comments written in the margin on returned questionnaires and the notes which sometimes accompanied them offered much needed context missing in a quantitative study of this kind.

Conclusion

I find it painful to look out at a group of 80 women who participated in the study and know that 70 of them think they are unattractive and 50 have "clinically identifiable" problems with self-esteem. These are women with beauty that does not fit the cover of Vogue, perhaps, but beauty all the same. They are women with Ph.D's, owners of small businesses, artists, mothers, teachers--gifted women gathered to talk about satisfaction with body image. It is painful to think of the time, energy and resources that they may lose to even the smallest dissatisfaction with appearance. It is time to realize that women need to understand the larger context of the issues of self-esteem and body image. It is time to realize that this is beyond our individual battles with ten unwanted pounds. It is time to gain perspective as a culture.

Table I
Profile of Subjects

| | Sample (N=436) | PCM (N=200) | WDC (N=142) | Rural (N=28) | Aerobics (N=28) | GSP (N=21) | Other (N=17) |
|-------------------------|-------------------|----------------|----------------|-----------------|--------------------|---------------|-----------------|
| Race | | | | | | | |
| African-American | 8 (1.8%) | 1 (0.5%) | 5 (3.5%) | 0 (0.0%) | 0 (0.0%) | 2 (9.5%) | 0 (0.0%) |
| Asian | 4 (0.9%) | 0 (0.0%) | 1 (0.7%) | 0 (0.0%) | 0 (0.0%) | 3 (14.3%) | 0 (0.0%) |
| Caucasian | 399 (91.5%) | 191 (97.0%) | 132 (93.0%) | 24 (88.9%) | 26 (92.9%) | 11 (55.0%) | 17 (100.0%) |
| Hispanic | 8 (1.8%) | 1 (0.5%) | 3 (1.4%) | 0 (0.0%) | 0 (0.0%) | 4 (20.0%) | 0 (0.0%) |
| Native Americans | 10 (2.3%) | 4 (2.0%) | 1 (0.7%) | 3 (11.1%) | 2 (7.1%) | 0 (0.0%) | 0 (0.0%) |
| Missing | 7 (1.6%) | 3 (1.5%) | 0 (0.0%) | 1 (3.6%) | 0 (0.0%) | 1 (5.0%) | 0 (0.0%) |
| Education | | | | | | | |
| Some High School | 4 (0.9%) | 2 (1.0%) | 1 (0.7%) | 0 (0.0%) | 1 (3.6%) | 0 (0.0%) | 0 (0.0%) |
| H. School Diploma | 89 (20.4%) | 48 (24.4%) | 10 (7.0%) | 6 (21.4%) | 9 (32.1%) | 11 (55.0%) | 5 (29.4%) |
| GED | 2 (0.5%) | 0 (0.0%) | 1 (0.7%) | 0 (0.0%) | 0 (0.0%) | 1 (5.0%) | 0 (0.0%) |
| Voc/Tech Training | 35 (8.0%) | 19 (9.6%) | 4 (2.8%) | 4 (14.3%) | 4 (14.3%) | 2 (10.0%) | 2 (13.3%) |
| Some College | 36 (8.3%) | 18 (9.1%) | 8 (5.6%) | 2 (7.1%) | 2 (7.1%) | 6 (30.0%) | 0 (0.0%) |
| College Degree | 86 (19.7%) | 50 (25.4%) | 20 (14.1%) | 6 (21.4%) | 6 (21.4%) | 0 (0.0%) | 4 (26.7%) |
| Some Grad. Work | 58 (13.3%) | 24 (12.2%) | 24 (16.9%) | 5 (17.9%) | 4 (14.3%) | 0 (0.0%) | 1 (6.7%) |
| Advanced Degrees | 120 (27.5%) | 36 (18.3%) | 74 (52.1%) | 5 (17.9%) | 2 (7.1%) | 0 (0.0%) | 3 (20.0%) |
| Advanced Degrees | | | | | | | |
| Masters | 56 (47.1%) | 29 (85.3%) | 24 (32.4%) | 1 (20.0%) | 1 (50.0%) | 0 (0.0%) | 1 (25.0%) |
| MSW | 26 (21.8%) | 1 (2.9%) | 24 (32.4%) | 1 (20.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| MBA | 5 (9.2%) | 2 (5.9%) | 1 (1.4%) | 0 (0.0%) | 1 (50.0%) | 0 (0.0%) | 0 (0.0%) |
| MDiv | 4 (3.4%) | 0 (0.0%) | 3 (4.1%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| JD | 11 (9.2%) | 0 (0.0%) | 11 (14.9%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| MD | 3 (2.5%) | 0 (0.0%) | 2 (2.7%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| PhD | 13 (10.9%) | 2 (5.9%) | 8 (10.8%) | 3 (60.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |

table 1 (continued)

| Primary Occupation | Sample (N=436) | PCM (N=200) | WDC (N=142) | Rural (N=28) | Aerobics (N=28) | GSP (N=21) | Other (N=17) |
|--------------------|-------------------|----------------|----------------|-----------------|--------------------|---------------|-----------------|
| Parent/Homemaker | 69 (15.8%) | 37 (19.0%) | 10 (7.0%) | 7 (25.0%) | 6 (21.4%) | 0 (0.0%) | 9 (60.0%) |
| Manager/Admin. | 53 (12.2%) | 23 (11.8%) | 20 (14.1%) | 3 (10.7%) | 5 (17.9%) | 0 (0.0%) | 2 (13.3%) |
| Skilled Craft | 6 (1.4%) | 2 (1.0%) | 2 (1.4%) | 1 (3.6%) | 1 (3.6%) | 0 (0.0%) | 0 (0.0%) |
| Business Owner | 10 (2.3%) | 4 (2.0%) | 2 (1.4%) | 2 (7.1%) | 2 (7.1%) | 0 (0.0%) | 0 (0.0%) |
| Student | 49 (11.2%) | 9 (4.6%) | 18 (12.7%) | 2 (7.1%) | 1 (3.6%) | 19 (95.0%) | 0 (0.0%) |
| Teacher | 33 (7.6%) | 24 (12.3%) | 8 (5.6%) | 0 (0.0%) | 1 (3.6%) | 0 (0.0%) | 0 (0.0%) |
| Professional | 116 (26.6%) | 30 (15.4%) | 71 (50.0%) | 6 (21.4%) | 7 (25.0%) | 0 (0.0%) | 2 (13.3%) |
| Secretarial/Cler. | 43 (9.9%) | 28 (14.4%) | 5 (3.5%) | 4 (14.3%) | 5 (17.9%) | 0 (0.0%) | 1 (6.7%) |
| Retired | 22 (5.1%) | 20 (10.3%) | 2 (1.4%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| Other | 27 (6.1%) | 12 (6.0%) | 9 (6.3%) | 3 (10.7%) | 0 (0.0%) | 2 (10.0%) | 1 (6.7%) |
| <hr/> | | | | | | | |
| Marital Status | | | | | | | |
| Single | 64 (14.7%) | 12 (6.0%) | 31 (22.1%) | 4 (14.3%) | 2 (7.1%) | 14 (66.7%) | 1 (6.7%) |
| Living Together | 20 (4.6%) | 4 (2.0%) | 13 (9.3%) | 0 (0.0%) | 1 (3.6%) | 2 (9.5%) | 0 (0.0%) |
| Married | 283 (64.9%) | 152 (76.0%) | 66 (46.5%) | 22 (78.6%) | 24 (85.7%) | 3 (14.3%) | 14 (93.3%) |
| Divorced | 53 (12.2%) | 21 (10.5%) | 28 (20.0%) | 2 (7.1%) | 0 (0.0%) | 2 (9.5%) | 0 (0.0%) |
| Widowed | 12 (2.8%) | 10 (5.0%) | 2 (1.4%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |

Table II
Age Distribution of the Sample

| Age | Sample (N=436) | PCM (N=200) | WDC (N=142) | Rural (N=28) | Aerobics (N=28) | GSP (N=21) | Other (N=17) |
|-------|-------------------|----------------|----------------|-----------------|--------------------|---------------|-----------------|
| 18-29 | 71 (16.0%) | 22 (11.0%) | 15 (10.5%) | 9 (32.1%) | 6 (21.4%) | 19 (90.5%) | 0 (0.0%) |
| 30-39 | 146 (33.5%) | 60 (30.0%) | 49 (34.5%) | 12 (42.8%) | 16 (57.2%) | 1 (4.8%) | 8 (47.0%) |
| 40-49 | 123 (28.2%) | 58 (29.0%) | 48 (33.8%) | 5 (17.9%) | 6 (21.4%) | 0 (0.0%) | 6 (35.3%) |
| 50-59 | 60 (18.2%) | 32 (16.0%) | 24 (16.9%) | 2 (7.1%) | 0 (0.0%) | 1 (4.8%) | 0 (0.0%) |
| 60-69 | 24 (5.6%) | 18 (9.0%) | 6 (4.2%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 1 (6.7%) |
| 70-81 | 10 (2.3%) | 10 (5.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| Mean | 40.75 | 43.96 | 41.09 | 33.86 | 35.07 | 23.33 | 39.87 |
| Range | 18-81 | 21-81 | 20-64 | 22-52 | 21-46 | 18-58 | 31-65 |

Table III

Height, Weight, and Desired Weight
for Total Sample and Subgroups

| | Height (Inches) | Current Weight (Pounds) | Desired Weight (Pounds) | Current Minus Desired Weight (Pounds) |
|---------|--------------------|-------------------------------|-------------------------------|---|
| Sample | | | | |
| Range | 52-71 | 83-272 | 80-200 | |
| Mean | 64.62 | 146.85 | 128.96 | 17.89 |
| CM | | | | |
| Range | 52-71 | 95-270 | 95-185 | |
| Mean | 64.55 | 148.33 | 129.62 | 18.71 |
| DC | | | | |
| Range | 52-71 | 98-270 | 100-200 | |
| Mean | 64.74 | 147.52 | 130.32 | 17.20 |
| ural | | | | |
| Range | 53-71 | 105-230 | 105-158 | |
| Mean | 64.89 | 147.36 | 129.14 | 18.22 |
| erobics | | | | |
| Range | 61-70 | 103-190 | 100-155 | |
| Mean | 64.71 | 139.25 | 123.86 | 15.39 |
| SP | | | | |
| Range | 59-69 | 83-272 | 80-165 | |
| Mean | 63.86 | 136.67 | 120.04 | 16.63 |
| thers | | | | |
| Range | 60.71 | 106-210 | 108-180 | |
| Mean | 64.87 | 147.80 | 127.93 | 19.87 |

TABLE IV

Physical Health Characteristics for Total Sample and Subgroups

| | Sample | PCM | WDC | Rural | Aerobics | GSP | Other |
|-----------------------------|------------|------------|------------|----------|----------|-----------|-----------|
| Physically Disabled | 22 (5.0%) | 11 (5.5%) | 6 (4.3%) | 0 (0.0%) | 1 (3.6%) | 3 (14.3%) | 1 (6.7%) |
| Physically Disfigured | 12 (2.8%) | 6 (3.0%) | 4 (2.8%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 2 (13.3%) |
| Had Plastic Surgery | 15 (3.4%) | 7 (3.5%) | 4 (2.8%) | 1 (3.6%) | 1 (3.6%) | 0 (0.0%) | 1 (13.3%) |
| Eating Disordered | 35 (8.0%) | 10 (5.0%) | 18 (12.7%) | 1 (3.6%) | 1 (3.6%) | 3 (14.3%) | 1 (6.7%) |
| a) Professionally diagnosed | 12 (2.8%) | 5 (2.55) | 6 (4.2%) | 0 (0.0%) | 1 (3.6%) | 0 (0.0%) | 0 (0.0%) |
| b) Received treatment | 14 (3.2%) | 7 (3.5%) | 5 (3.5%) | 0 (0.0%) | 1 (3.6%) | 1 (4.8%) | 0 (0.0%) |
| Had Chronic Illness | 90 (20.6%) | 44 (22.0%) | 31 (21.8%) | 2 (7.1%) | 2 (7.1%) | 7 (33.3%) | 3 (20.0%) |

| Self-Relations | Norm | Sample | SE | PCM | WDC | Rural | Aerob | GSP | Other |
|--|------|-------------------|--------|------|------|-------|-------|------|-------|
| Index of Self Esteem (1-7) 1=High Self Esteem Range | NA | 2.79 1.12-6.16 | (.037) | 2.85 | 2.64 | 2.88 | 3.02 | 2.95 | 2.62 |
| Internal Control Index (1-5) 5=High Internal Control Range | 3.90 | 3.74 1.81-4.21 | (.023) | 3.67 | 3.91 | 3.62 | 3.62 | 3.73 | 3.61 |
| Self-Consciousness Scale (0-3) 3=high self consciousness | | | | | | | | | |
| Public Self-Cons. Range | 1.64 | 1.85 .14-3.0 | (.029) | 1.90 | 1.69 | 2.17 | 2.16 | 1.92 | 1.51 |
| Private Self-Cons. Range | 1.78 | 1.56 .44-2.78 | (.018) | 1.51 | 1.63 | 1.53 | 1.62 | 1.72 | 1.47 |
| Social Anxiety Range | 1.39 | 1.57 .67-3.00 | (.021) | 1.61 | 1.49 | 1.58 | 1.59 | 1.63 | 1.54 |

Table V Continued

| | Norm | Sample | SE | PCM | WDC | Rural | Aerob | GSP | Other |
|---|------|--------|--------|------|-------|-------|-------|------|-------|
| Body-Self Relations Questionnaire (1-5) 5=high satisfaction | | | | | | | | | |
| Appearance Evaluation | 3.36 | 3.15 | (.041) | 3.00 | 3.42 | 3.11 | 2.91 | 3.13 | 3.12 |
| Appearance Orientation | 3.91 | 3.54 | (.030) | 3.66 | 3.32 | 3.72 | 3.89 | 3.52 | 3.22 |
| Fitness Evaluation | 3.48 | 3.25 | (.030) | 3.13 | 3.331 | 3.48 | 3.43 | 3.27 | 3.38 |
| Fitness Orientation | 3.20 | 3.00 | (.040) | 2.87 | 3.05 | 2.91 | 3.81 | 3.10 | 2.78 |
| Health Evaluation | 3.86 | 3.82 | (.035) | 3.82 | 3.87 | 3.82 | 3.91 | 3.34 | 3.93 |
| Health Orientation | 3.75 | 3.55 | (.032) | 3.46 | 3.69 | 3.38 | 3.87 | 3.48 | 3.29 |
| Illness Orientation | 3.21 | 3.12 | (.036) | 3.07 | 3.18 | 3.07 | 3.40 | 3.15 | 2.84 |
| Body Areas Satisfaction | 3.24 | 3.24 | (.031) | 3.16 | 3.41 | 3.19 | 3.03 | 3.27 | 3.26 |
| Subjective Weight | 3.53 | 3.54 | (.032) | 3.59 | 3.49 | 3.59 | 3.50 | 3.36 | 3.63 |
| Fat Anxiety | 3.60 | 3.32 | (.066) | 3.36 | 3.12 | 3.50 | 4.18 | 3.15 | 3.00 |
| Current Dieting | 1.36 | 2.24 | (.066) | 2.34 | 2.22 | 1.93 | 2.70 | 2.29 | 2.47 |

Table VI

Profile of Pre-Menopausal and Post-Menopausal Women

| | Pre-Meno (N=340) | Post-Meno (N=93) | Pearson | Sig. |
|---------------------------|---------------------|---------------------|----------|----------------|
| Physically Disabled | .12 (3.5%) | 10 (10.8%) | 7.85553 | .00507 |
| Physically Disfigured | 5 (1.5%) | 7 (7.4%) | 9.74035 | .00180 |
| Had Plastic Surgery | 15 (4.4%) | 0 (0.0%) | 4.30855 | .03792 |
| Have/Had Eating Disorders | 30 (8.8%) | 5 (5.3%) | 1.21977 | .26941 |
| Diagnosed | 10 (2.9%) | 2 (2.1%) | .18463 | .66742 |
| Treated | 12 (3.5%) | 2 (2.1%) | .46908 | .49341 |
| Chronically Ill | 56 (16.5%) | 34 (36.6%) | 17.89824 | .00002 |
| Marital Status | | | | |
| Married | 215 (63.2%) | 68 (72.3%) | 2.69095 | .10092 |
| Education | | | 13.31708 | .06475 |
| Some High School | 2 (0.6%) | 2 (2.2%) | | |
| High School Diploma | 62 (18.3%) | 27 (30.0%) | | |
| GED | 2 (0.6%) | 2 (2.2%) | | |
| Voc/Tech | 33 (9.8%) | 0 (0.0%) | | |
| College Degree | 69 (20.4%) | 17 (18.9%) | | |
| Some College | 28 (8.3%) | 8 (8.9%) | | |
| Some Grad | 49 (14.5%) | 9 (10.0%) | | |
| Graduate Degree | 93 (27.5%) | 25 (27.8%) | | |
| Occupation | | | 95.02708 | .0000 |
| Professional | 91 (27.0%) | 23 (25.8%) | | |
| Parent/Homemaker | 53 (15.7%) | 16 (18.0%) | | |
| Student | 48 (14.2%) | 1 (1.1%) | | |
| Others | 148 (43.5%) | 53 (56.9%) | | |
| Population | | | 25.44333 | .00011 |
| PCM | 140 (41.2%) | 60 (65.2%) | | |
| WDC | 112 (32.9%) | 28 (30.4%) | | |
| Rural | 26 (7.6%) | 2 (2.2%) | | |
| Aerobics | 28 (8.2%) | 0 (0.0%) | | |
| GSP | 20 (5.9%) | 1 (1.1%) | | |
| Others | 14 (4.1%) | 1 (1.1%) | | |
| Weight | 145.19 | 152.80 | F 4.970 | Sig. of F .026 |

Table VII

Stepwise Multiple Regression to Predict Self-Esteem Using BSRQ Subscales
 For Total Sample (N=436)

| Step Number | Multiple | | DF | F | Adjusted R ² | Differ R ² | Final | | Sig |
|-------------------------|----------|----------------|-----|----------|----------------------------|--------------------------|---------|---------|-------|
| | R | R ² | | | | | B | SE B | |
| 1 Appearance Evaluation | .53541 | .28666 | 418 | 167.9772 | .28666 | -.608976 | .047344 | -12.863 | .0000 |
| 2 Subjective Weight | .59848 | .35818 | 417 | 116.3559 | .35818 | -.421091 | .058867 | -7.137 | .0000 |
| 3 Fat Anxiety | .60602 | .36269 | 416 | 80.48446 | .36269 | .668170 | .025450 | 2.625 | .0090 |
| 4 Fitness Evaluation | .61419 | .37123 | 415 | 62.84465 | .37123 | -.086871 | .033694 | -2.578 | .0103 |

Constant = 6.261535

Table VIII

Stepwise Multiple Regression to Predict Self-Esteem Using BSRQ Subscales For PCM Subgroup (N=194)

| Step Number | Multiple | | DF | F | Adjusted R ² | Differ R ² | Final | | Final SE B | Final T | Sig |
|--------------------------|----------|----------------|-----|----------|-------------------------|-----------------------|---------|--------|------------|---------|-----|
| | R | R ² | | | | | B | T | | | |
| 1. Appearance Evaluation | .44838 | .19693 | 194 | 48.81711 | .19693 | -.593527 | .079196 | -7.494 | .0000 | | |
| 2. Subjective Weight | .51933 | .26213 | 193 | 35.63741 | .26213 | -.383365 | .095396 | -4.019 | .0001 | | |
| 3. Fitness Evaluation | .53617 | .27634 | 192 | 25.82127 | .27634 | -.115366 | .052715 | -2.189 | .0298 | | |

Constant = 6.372413

Table IX

Stepwise Multiple Regression to Predict Self-Esteem Using BSRQ Subscales
For WDC Subgroup (N=142)

| Step Number | Multiple | | DF | F | Adjusted R ² | Differ R ² | Final | | Final Sig |
|-------------------------|----------|----------------|-----|----------|----------------------------|--------------------------|---------|--------|--------------|
| | R | R ² | | | | | B | SE B | |
| 1 Appearance Evaluation | .60608 | .36257 | 133 | 77.22068 | .36257 | -.577205 | .068481 | -8.429 | .0000 |
| 2 Subjective Weight | .64876 | .41211 | 132 | 47.96751 | .41211 | -.346475 | .086472 | -4.007 | .0001 |
| 3 Fat Anxiety | .67645 | .44516 | 131 | 36.83689 | .44516 | .118692 | .036411 | 3.260 | .0014 |
| 4 Fitness Evaluation | .68976 | .45964 | 130 | 29.49619 | .45964 | -.112589 | .053006 | -2.124 | .0356 |

Constant=5.836213

Table X

Stepwise Multiple Regression to Predict Self-Esteem Using BSRQ Subscales
For Rural Subgroup (N=28)

| Step Number | Multiple | | DF | F | Adjusted R ² | Differ R ² | Final B | Final SE B | Final T | Sig Fin T |
|-------------------------|----------|----------------|----|---------|----------------------------|--------------------------|------------|---------------|------------|--------------|
| | R | R ² | | | | | | | | |
| 1 Appearance Evaluation | .44238 | .16477 | 26 | 6.32627 | .16477 | -.805575 | .194716 | -4.137 | .0004 | |
| 2 Subjective Weight | .63396 | .35406 | 25 | 8.39970 | .35406 | -.851471 | .230093 | -3.701 | .0011 | |
| 3 Eating Restraint | .70217 | .42968 | 24 | 7.78049 | .42968 | .259568 | .124962 | 2.077 | .0487 | |

Constant = 7.832294

Table XI

Stepwise Multiple Regression to Predict Self-Esteem Using BSRQ Subscales
 For Aerobics Subgroup (N=28)

| Step Number | Multiple | | DF | F | Adjusted R ² | Differ R ² | Final | | Final Sig |
|-------------------------|----------|----------------|----|----------|-------------------------|-----------------------|---------|--------|-----------|
| | R | R ² | | | | | B | SE B | |
| 1 Appearance Evaluation | .58685 | .25 | 25 | 13.13270 | .31817 | -.554001 | .152873 | -3.624 | .0013 |

Constant = 4.656776

Table XII

Stepwise Multiple Regression to Predict Self-Esteem Using BSRQ Subscales
For GSP Subgroup (N=21)

| Step Number | Multiple | | DF | F | Adjusted R ² | Differ R ² | Final | | Final Sig |
|-------------------------|----------|----------------|----|----------|----------------------------|--------------------------|---------|--------|--------------|
| | R | R ² | | | | | B | SE B | |
| 1 Appearance Evaluation | .68547 | .43868 | 17 | 15.06717 | .43868 | -1.077211 | .179747 | -5.993 | .0000 |
| 2 Subjective Weight | .83341 | .65639 | 16 | 18.19252 | .21771 | -.894720 | .260781 | -3.431 | .0034 |

Constant = 9.305403

Table XIII

Stepwise Multiple Regression to Predict Self-Esteem Using BSRQ Subscales
For Other Subgroup (N=17)

| Step Number | Multiple | | DF | F | Adjusted R ² | Differ R ² | Final B | Final SE B | Final T | Sig Fin T |
|-------------|----------|----------------|----|----------|----------------------------|--------------------------|------------|---------------|------------|--------------|
| | R | R ² | | | | | | | | |
| 1 | .74546 | .52154 | 13 | 16.26041 | .52154 | -.488451 | .121131 | -4.032 | .0014 | |

Constant=4.140618

Table XIV

Subscale Scores of Women Using "Silent and Received" and
 "Procedural and Constructed" Ways of Knowing (N=130)

| Subscales | Silent & Received (N=71) | Procedural & Constructed (N=59) | P |
|---------------------------------------|-----------------------------------|--|------|
| BASS (BSRQ) | 3.77 | 2.81 | .000 |
| Appearance Evaluation (BSRQ) | 3.84 | 2.41 | .000 |
| Fitness Evaluation (BSRQ) | 3.59 | 2.94 | .000 |
| Private Self-Consciousness (SCS) | 1.43 | 2.24 | .000 |
| Age | 43.71 | 37.28 | NS |
| Height | 64.86 | 64.20 | NS |
| Current Weight | 142.49 | 148.43 | NS |
| Desired Weight | 129.53 | 125.00 | NS |
| Difference (Current minus Desired) | 12.86 | 24.06 | .004 |

Table XV

Profile of "Silent and Received" and "Procedural and Constructed" Knowers (N=130)

| | Silent & Received (N=71) | Procedural & Constructed (N=59) |
|-----------------------|--------------------------------|---------------------------------------|
| Marital Status | | |
| Single | 13 (18.3%) | 10 (16.9%) |
| Married | 46 (64.8%) | 34 (57.6%) |
| Divorced | 7 (9.7%) | 9 (15.3%) |
| Other | 5 (7.0%) | 6 (10.2%) |
| Race | | |
| African-American | 0 (0.0%) | 3 (5.2%) |
| Asian | 3 (4.2%) | 0 (0.0%) |
| Hispanic | 4 (5.6%) | 3 (5.2%) |
| Caucasian | 62 (87.3%) | 50 (84.5%) |
| Native American | 2 (2.8%) | 2 (3.4%) |
| Education | | |
| High School | 33 (46.5%) | 12 (20.3%) |
| College | 21 (29.6%) | 17 (28.8%) |
| Graduate Work | 17 (23.9%) | 30 (50.8%) |
| Occupation | | |
| Parent/Homemaker | 7 (10.0%) | 10 (16.9%) |
| Student | 12 (17.1%) | 6 (10.2%) |
| Professional | 20 (28.6%) | 29 (49.2%) |
| Other | 31 (44.3%) | 14 (23.7%) |
| Subgroup | | |
| PCM | 40 (56.3%) | 21 (35.6%) |
| WDC | 12 (16.9%) | 29 (49.2%) |
| Rural | 3 (4.2%) | 2 (3.4%) |
| Aerobics | 6 (8.5%) | 3 (5.1%) |
| GSP | 8 (11.3%) | 3 (5.1%) |
| Others | 2 (2.8%) | 1 (1.7%) |

BIBLIOGRAPHY

- Achte, K. (1988). Suicidal tendencies in the elderly. The American Association of Suicidology, 18(1), 55-65.
- Agins, T. (1988). Forget hemlines: the bosomy look is big fashion news. The Wall Street Journal, December 2.
- Attanucci, J. (1988). In whose terms: a new perspective on self, role and relationship. In Gilligan, C., Ward, J., & Taylor, J., ed. Mapping the Moral Domain. Cambridge: Harvard Press.
- Barbarin, O., & Tirado, M. (1985). Enmeshment, family processes, and successful treatment of obesity. Family Relations, 34, 115-121.
- Bell, C., Kirkpatrick, S., & Rinn, R. (1986). Body image of anorexic, obese, and normal females. Journal of Clinical Psychology, 42(3), 431-439.
- Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). Women's Ways of Knowing. New York: Basic Books.
- Bentz, V.M. (1989). Becoming Mature. New York: Aldine de Gruyter.
- Bergner, M., Remer, P., & Whetsell, C. (1985). Transforming women's body image: a feminist counseling approach. Women and Therapy, 4(3), 25-38.

- Brouwers, H. (1988). Depressive thought content among female college students with bulimia. Journal of Counseling and Development, 66, 425-428.
- Brown, L. (1985). Women, weight and power: feminist theoretical and therapeutic issues. Women and Therapy, 4(1), 61-71.
- Butters, J., & Cash, T. (1987) Cognitive-behavioral treatment of women's body-image dissatisfaction. Journal of Consulting and Clinical Psychology, 55(6), 889-897.
- Cash, T. (1989). Manual for Body-Self Relations Questionnaire. Unpublished document. Norfolk, VA: Old Dominion University.
- Casper, R. (1983). On the emergence of bulimia nervosa as a syndrome. International Journal of Eating Disorders, 2(3), 3-16.
- Chernin, K. (1985). The hungry self: women, eating, and identity. New York: Times Books.
- Connor-Greene, P. (1988). Gender differences in body weight perception and weight loss strategies of college students. Women and Health, 14(2), 27-41.
- Conoley, J., & Kramer, J. (1989). The tenth mental measurements yearbook. Lincoln: Buros Institute of Mental Measurements, University of Nebraska-Lincoln.
- Corcoran, K., & Fischer, J. (1987). Measures for clinical practice. New York: The Free Press.

- Duttweiler, P. (1984). The internal control index: a newly developed measure of locus of control. Education and Psychological Measurement, 44(2), 209-221.
- Dworkin, S. (1988). Not in man's image: lesbians and the cultural oppression of body image. Women and Therapy, 8(1/2), 27-39.
- Dworkin, S., & Kerr, B. (1987). Comparison of interventions for women experiencing body image problems. Journal of Counseling Psychology, 34(2), 136-140.
- Dryenforth, S., Wooley, O., & Wooley, S. (1980). A woman's body in a man's world: a review of the findings on body image and weight control. A Woman's Conflict. Kaplan, S. ed. Englewood Cliffs, NJ: Prentice Hall.
- Eating Disorders Allow Food to Rule Life. (1989). Omaha World-Herald, December 17.
- Fallon, A., & Rozin, P. (1985). Sex differences in perceptions of desirable body shapes. Journal of Abnormal Psychology, 94(1), 102-105.
- Fisher, S., & Cleveland, S. (1965). Personality and body perceptions. The Body Percept, Wapner, S. ed., New York: Random House.

- Fraenkel, L., & Leichner, P. (1989). Relations of body image distortion to sex-role identification, irrational cognitions and body weight in eating-disordered females. Journal of Clinical Psychology, 45(1), 61-65.
- Franzoi, S., & Shields, S. (1984). The body esteem scale: multidimensional structure and sex differences in a college population. Journal of Personality Assessment, 48(2), 173-178.
- Freedman, R. (1984). Reflections on beauty as it relates to health in adolescent females. Women and Health, 10, 29-45.
- Freeman, H. (1985). Somatic attractiveness: as in other things, moderation is best. Psychology of Women Quarterly, 9(3), 311-322.
- Ganley, R. (1986). Epistemology, family patterns, and psychosomatics: the case of obesity. Family Process, 25, 437-451.
- Garvey, G. (1987). Life with bodies. Feminist Studies, 13(2), 409-418.
- Gilligan, C., Lyons, N., & Hammer, T. (1990). Making Connections. Cambridge: Harvard Press.
- Glidden, C., and Tracey, T. (1989). Women's perceptions of personal versus sociocultural counseling interventions. Journal of Counseling Psychology, 36(1), 54-62.
- Goodman, K. (1989). Metamorphosis. Women and Therapy, 8(3), 11-17.

- Greenspan, M. (1983). A New Approach to Women and Therapy. New York: McGraw Hill.
- Grigg, D., & Friesen, J. (1989). Family patterns associated with anorexia nervosa. Journal of Marital and Family Therapy, 15(1), 29-42.
- Hawkins, J., & Aber, C. (1988). The content of advertisements in medical journals: distorting the image of women. Women and Health, 14(2), 43-59.
- Hooker, D., & Convisser, E. (1983). Women's eating problems: an analysis of a coping mechanism. The Personnel and Guidance Journal, 236-239.
- Hudson, W.W. (1982). The Clinical Measurements Package: A Field Manual. Chicago: The Dorsey Press.
- Hutchinson, M. (1985). Transforming Body Image. Freedom, CA: The Crossing Press.
- Katzman, M., Weiss, L., & Wolchik, S. (1986). Speak don't eat! Teaching women to express their feelings. Women and Therapy, 5, 143-157.
- Kelly, H., & Menking, S. (1979). Recalled breast development experiences and young adult breast satisfaction and breast display behavior. Journal of Human Behavior, 16(1), 17-24.
- Kimlicka, T., Cross, H., & Tarnai, J. (1983). A comparison of androgynous, feminine, masculine, and undifferentiated women on self-esteem, body

- satisfaction and sexual satisfaction. Psychology of Women, 7(3), 291-294.
- Kittay, E.F., & Meyers, D. (1987). Women and Moral Theory. Totowa, NJ: Rowan and Littlefield.
- Kotok, C. (1991). While white population shrank, minority population grew in '80's. Omaha World-Herald, February 9.
- Lawrence, M. (1987). Fed Up and Hungry: Women, Oppression and Food. New York: Peter Bedrick Books.
- Liss-Levinson, N. (1988). Disorders of desire: women, sex and food. Women and Therapy, 7, 121-129.
- Martin, E. (1987). The Woman in the Body. Boston: Beacon Press.
- Maracek, J., & Hare-Mustin, R. (1990). Toward a feminist poststructural psychology: the modern self and the postmodern subject. Unpublished paper presented to American Psychological Association, August, 1990.
- Mazur, A. (1986). U.S. trends in feminine beauty and overadaptation. Journal of Sex Research, 22(3), 281-303.
- Miller, J.B. (1976). Toward a New Psychology of Women. Boston: Beacon Press.
- Mintz, L., & Betz, N. (1986). Sex differences in nature, realism and correlated of body image. Sex Roles, 15(3/4), 185-195.

- Noles, S., Cash, T., & Winstead, B. (1985). Body image, physical attractiveness and depression. Journal of Consulting and Clinical Psychology, 53(1), 88-94.
- Packer, J. (1989). The role of stigmatization in fat people's avoidance of physical exercise. Women and Therapy, 8(3), 49-63.
- Orbach, S. (1979). Fat is a Feminist Issue. New York: Berkley Books.
- Orbach, S. (1979). Fat is a Feminist Issue II. New York: Berkley Books.
- Rosenberg, M. (1979). Conceiving the Self. New York: Basic Books.
- Roth, G. (1991). When Food is Love. New York: Penguin Books.
- Sanford, L., & Donovan, M. (1984). Women and Self Esteem. New York: Penguin Books.
- Scheier, M., & Carver, C. (1985). The self-consciousness scale: a revised version for use with general populations. Journal of Applied Social Psychology, 15(8), 687-699.
- Steiger, H., Fraenkel, L., & Leichner, P. (1989). Relationships of body image identifications, irrational cognitions and body weight in eating-disordered females. Journal of Clinical Psychology, 45(1), 61-65.
- Surrey, J. (1984). Eating Patterns as a Reflection of Women's Development. Work in progress, Wellesley

College, Stone Center for Developmental Services and Studies, Wellesley, MA.

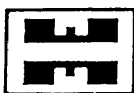
- Swift, W., Andrews, D., & Barklage, N. (1986). The relationship between affective disorder and eating disorders: a review of the literature. American Journal of Psychiatry, 143(3), 290-299.
- Szekely, E. (1988). Never Too Thin. Toronto: Women's Press.
- Tenzer, S. (1989) Fat acceptance therapy (F.A.T.): a non-dieting group approach to physical wellness, insight and self-acceptance. Women and Therapy, 8(3), 39-47.
- Thompson, J., & Dolce, J. (1989). The discrepancy between emotional estimates of body size, actual size and ideal body ratings: theoretical and clinical implications. Journal of Clinical Psychology, 45(3), 473-478.
- Towarnicky, C. (1989). Dieting weighs heavily on the minds of girls. Omaha World-Herald, March 26.
- Tucker, L. (1985). Dimensionality and factor satisfaction of the body image construct: a gender comparison. Sex Roles, 12(9/10), 931-937.
- Ullian, D. (1984). Why girls are good: a constructivist view. American Journal of Orthopsychiatry, 54(1), 71-82.

- van der Velde, C. (1985). Body images of one's self and of others: developmental and clinical significance. American Journal of Psychiatry, 142(5), 527-537.
- Walker, A., Thompson, L., & Morgan, C. (1987). Two generations of mothers and daughters: role position and interdependence. Psychology of Women Quarterly, 11, 195-208.
- Walters, M., Carter, B., Papp, P., & Silverstein, O. (1988). The Invisible Web, Gender Patterns in Family Relationships. New York: The Guilford Press.
- Webster, M., & Driskell, J. (1983). Beauty as status. American Journal of Sociology, 89(1), 140-165.
- Weiss, F. (1986). Body image disturbances among obese adults: evaluation and treatment. American Journal of Psychotherapy, 15(4), 521-542.
- Wells, L.E., & Maxwell, G. (1976). Self-Esteem: Its Conceptualization and Measurement. Beverly Hills: Sage Press.
- Willmuth, M. (1986). Treatment of obesity: a socio-political perspective. Women and Therapy, 5(4), 27-37.
- Winstead, B.A., & Cash, T.F. (1984). Reliability and validity of the Body-Self Relations Questionnaire: a new measure of body image. Paper presented at the meeting of the Southeastern Psychological Association, New Orleans, LA.

Wylie, R.C. (1974). The Self-Concept: A Review of Methodological Considerations and Measuring Instruments. Lincoln: University of Nebraska Press.

Zarzour, K. (1987). Fat and feeling fine. The Toronto Star, December 3.

Appendix A



INDEX OF SELF ESTEEM (ISE)

Name: _____ Today's Date: _____

This questionnaire is designed to measure how you see yourself. It is not a test so there are no right or wrong answers. Please answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 = None of the time
- 2 = Very rarely
- 3 = A little of the time
- 4 = Some of the time
- 5 = A good part of the time
- 6 = Most of the time.
- 7 = All of the time

-
1. I feel people would not like me if they really knew me well. _____
 2. I feel that others get along much better than I do. _____
 3. I feel that I am a beautiful person. _____
 4. When I am with others I feel they are glad I am with them. _____
 5. I feel that people really like to talk with me. _____
 6. I feel that I am a very competent person. _____
 7. I think I make a good impression on others. _____
 8. I feel that I need more self-confidence. _____
 9. When I am with strangers I am very nervous. _____
 10. I think that I am a dull person. _____
 11. I feel ugly. _____
 12. I feel that others have more fun than I do. _____
 13. I feel that I bore people. _____
 14. I think my friends find me interesting. _____
 15. I think I have a good sense of humor. _____
 16. I feel very self-conscious when I am with strangers. _____
 17. I feel that if I could be more like other people I would have it made. _____
 18. I feel that people have a good time when they are with me. _____
 19. I feel like a wallflower when I go out. _____
 20. I feel I get pushed around more than others. _____
 21. I think I am a rather nice person. _____
 22. I feel that people really like me very much. _____
 23. I feel that I am a likeable person. _____
 24. I am afraid I will appear foolish to others. _____
 25. My friends think very highly of me. _____

INTERNAL CONTROL INDEX

This section of the questionnaire is designed to measure your sense of self confidence. It is not a test, so there are no right or wrong answers. Please read each statement. Where there is a blank, decide what your normal or usual attitude, feeling or behavior would be in a normal situation. Circle the letter that describes your usual attitude or behavior:

A = Rarely (less than 10% of the time)
 B = Occasionally (about 30% of the time)
 C = Sometimes (about 50% of the time)
 D = Frequently (about 70% of the time)
 E = Usually (more than 90% of the time)

- | | | | | | |
|--|---|---|---|---|---|
| 26. When faced with a problem I _____ try to forget it. | A | B | C | D | E |
| 27. I _____ need frequent encouragement from others for me to keep working at a difficult task. | A | B | C | D | E |
| 28. I _____ like jobs where I can make decisions and be responsible for my own work. | A | B | C | D | E |
| 29. I _____ change my opinion when someone I admire disagrees with me. | A | B | C | D | E |
| 30. If I want something I _____ work hard to get it. | A | B | C | D | E |
| 31. I _____ prefer to learn the facts about something from someone else rather than to dig them out myself. | A | B | C | D | E |
| 32. I will _____ accept jobs that require me to supervise others. | A | B | C | D | E |
| 33. I _____ have a hard time saying "no" when someone tries to sell me something I don't want. | A | B | C | D | E |
| 34. I _____ like to have a say in any decisions made by any group I am in. | A | B | C | D | E |
| 35. I _____ consider the different sides of an issue before making any decisions. | A | B | C | D | E |
| 36. What other people think _____ has a great influence on my behavior. | A | B | C | D | E |
| 37. Whenever something good happens to me I _____ feel it is because I've earned it. | A | B | C | D | E |
| 38. I _____ enjoy being in a position of leadership | A | B | C | D | E |
| 39. I _____ need someone else to praise my work before I am satisfied with what I've done. | A | B | C | D | E |
| 40. I am _____ sure enough of my opinions to try and influence others. | A | B | C | D | E |
| 41. When something is going to affect me I _____ learn as much about it as I can. | A | B | C | D | E |
| 42. I _____ decide to do things on the spur of the moment. | A | B | C | D | E |
| 43. For me, knowing I've done something well is more important than being praised by someone else. | | | | | |
| 44. I _____ let other peoples' demands keep me from doing things I want to do. | A | B | C | D | E |
| 45. I _____ stick to my opinions when someone disagrees with me. | A | B | C | D | E |
| 46. I _____ do what I feel like doing not what other people think I ought to do. | A | B | C | D | E |
| 47. I _____ get discouraged when doing something that takes a long time to achieve results. | A | B | C | D | E |
| 48. When part of a group, I _____ prefer to let other people make all the decisions. | A | B | C | D | E |
| 49. When I have a problem I _____ follow the advice of friends or relatives. | A | B | C | D | E |
| 50. I _____ enjoy trying to do difficult tasks more than I enjoy trying to do easy tasks. | A | B | C | D | E |
| 51. I _____ prefer situations where I can depend on someone else's ability rather than just my own. | A | B | C | D | E |
| 52. Having someone important tell me I did a good job is _____ more important to me than feeling I've done a good job | A | B | C | D | E |
| 53. When I'm involved in something, I _____ try to find out all I can about what is going on even when someone else is in charge | A | B | C | D | E |

SELF CONSCIOUSNESS SCALE

This section of the questionnaire is designed to measure how comfortable you are in public and private settings. It is not a test, and there are no right or wrong answers. Please circle the answer which most closely fits you:

A = not at all like me
 B = a little like me
 C = somewhat like me
 D = a lot like me

- | | | | | |
|--|---|---|---|---|
| 54. I'm always trying to figure myself out | A | B | C | D |
| 55. I'm concerned about my style of doing things | A | B | C | D |
| 56. It takes me time to get over my shyness in new situations | A | B | C | D |
| 57. I think about myself a lot | A | B | C | D |
| 58. I care a lot about how I present myself to others. | A | B | C | D |
| 59. I often daydream about myself. | A | B | C | D |
| 60. It's hard for me to work when someone is watching me | A | B | C | D |
| 61. I never take a hard look at myself. | A | B | C | D |
| 62. I get embarrassed very easily. | A | B | C | D |
| 63. I'm self conscious about the way I look. | A | B | C | D |
| 64. It's easy for me to talk to strangers. | A | B | C | D |
| 65. I generally pay attention to my inner feelings. | A | B | C | D |
| 66. I usually worry about making a good impression. | A | B | C | D |
| 67. I'm constantly thinking about my reasons for doing things. | A | B | C | D |
| 68. I feel nervous when I speak in front of a group. | A | B | C | D |
| 69. Before I leave my house, I check how I look. | A | B | C | D |
| 70. I sometimes step back (in my mind) in order to examine myself from a distance. | A | B | C | D |
| 71. I'm concerned about what other people think of me. | A | B | C | D |
| 72. I'm quick to notice changes in my mood. | A | B | C | D |
| 73. I'm usually aware of my appearance. | A | B | C | D |
| 74. I know the way my mind works when I work through a problem. | A | B | C | D |
| 75. Large groups make me nervous. | A | B | C | D |

BODY SELF RELATIONS QUESTIONNAIRE

The following section of the questionnaire is designed to measure your attitudes and actions toward your physical appearance, physical fitness and physical health. This is not a test and there are no right or wrong answers. Please be completely honest in circling the answer that most closely describes you.

A = Definitely Disagree
 B = Mostly Disagree
 C = Neither Agree or Disagree
 D = Mostly Agree
 E = Definitely Agree

- | | | | | | |
|--|---|---|---|---|---|
| 76. Before going out in public, I always notice how I look. | A | B | C | D | E |
| 77. I am careful to buy clothes that will make me look my best. | A | B | C | D | E |
| 78. I would pass most physical-fitness tests. | A | B | C | D | E |
| 79. It is important that I have superior physical strength. | A | B | C | D | E |
| 80. My body is sexually appealing. | A | B | C | D | E |
| 81. I am not involved in a regular exercise program. | A | B | C | D | E |
| 82. I am in control of my health. | A | B | C | D | E |
| 83. I know a lot about things that affect my physical health. | A | B | C | D | E |
| 84. I have deliberately developed a healthy lifestyle. | A | B | C | D | E |
| 85. I constantly worry about being or becoming fat. | A | B | C | D | E |
| 86. I like my looks just the way they are. | A | B | C | D | E |
| 87. I check my appearance in a mirror whenever I can. | A | B | C | D | E |
| 88. Before going out, I usually spend a lot of time getting ready. | A | B | C | D | E |
| 89. My physical endurance is good. | A | B | C | D | E |
| 90. Participating in sports is unimportant to me. | A | B | C | D | E |
| 91. I do not actively do things to keep me physically fit. | A | B | C | D | E |
| 92. My health is a matter of unexpected ups and downs. | A | B | C | D | E |
| 93. Good health is one of the most important things in my life. | A | B | C | D | E |
| 94. I don't do anything that I know might threaten my health. | A | B | C | D | E |
| 95. I am very conscious of even small changes in my weight. | A | B | C | D | E |

A = Definitely Disagree
 B = Mostly Disagree
 C = Neither Agree or Disagree
 D = Mostly Agree
 E = Definitely Agree

| | | | | | |
|--|---|---|---|---|---|
| 96. Most people would consider me good looking. | A | B | C | D | E |
| 97. It is important that I always look good. | A | B | C | D | E |
| 98. I use very few grooming products. | A | B | C | D | E |
| 99. I easily learn physical skills. | A | B | C | D | E |
| 100. Being physically fit is not a strong priority in my life. | A | B | C | D | E |
| 101. I do things to increase my physical strength. | A | B | C | D | E |
| 102. I am seldom physically ill. | A | B | C | D | E |
| 103. I take my health for granted. | A | B | C | D | E |
| 104. I often read books and magazines that pertain to health. | A | B | C | D | E |
| 105. I like the way I look without my clothes. | A | B | C | D | E |
| 106. I am self conscious if my grooming isn't right. | A | B | C | D | E |
| 107. I usually wear whatever is handy without caring how it looks. | A | B | C | D | E |
| 108. I do poorly in physical sports or games. | A | B | C | D | E |
| 109. I seldom think about my athletic skills. | A | B | C | D | E |
| 110. I work to improve my physical stamina. | A | B | C | D | E |
| 111. From day to day I never know how my body will feel. | A | B | C | D | E |
| 112. If I am sick, I don't pay much attention to my symptoms. | A | B | C | D | E |
| 113. I make no special effort to eat a balanced and nutritious diet. | A | B | C | D | E |
| 114. I like the way my clothes fit me. | A | B | C | D | E |
| 115. I don't care what people think about my appearance. | A | B | C | D | E |
| 116. I take special care with my hair grooming. | A | B | C | D | E |
| 117. I dislike my physique. | A | B | C | D | E |
| 118. I don't care to improve my abilities in physical activities. | A | B | C | D | E |
| 119. I try to be physically active. | A | B | C | D | E |
| 120. I often feel vulnerable to sickness. | A | B | C | D | E |
| 121. I pay close attention to my body for any signs of illness. | A | B | C | D | E |
| 122. If I'm coming down with a cold or flu, I just ignore it and go on as usual. | A | B | C | D | E |
| 123. I am physically unattractive. | A | B | C | D | E |
| 124. I never think about my appearance. | A | B | C | D | E |
| 125. I am always trying to improve my physical appearance. | A | B | C | D | E |
| 126. I am very well coordinated. | A | B | C | D | E |
| 127. I know a lot about physical fitness. | A | B | C | D | E |
| 128. I play a sport regularly throughout the year. | A | B | C | D | E |
| 129. I am a physically healthy person. | A | B | C | D | E |
| 130. I am very aware of small changes in my physical health. | A | B | C | D | E |
| 131. At the first sign of illness, I seek medical advice. | A | B | C | D | E |
| 132. I am on a weight-loss diet. | A | B | C | D | E |

or the following items, please circle your answers.

133. I have tried to lose weight by fasting or going on a crash diet.
- Never
 - Rarely
 - Sometimes
 - Often
 - Very Often
134. I think I am:
- Very underweight
 - Somewhat Underweight
 - Normal Weight
 - Somewhat Overweight
 - Very Overweight

135. From looking at me, most other people would think I am:

- A. Very Underweight
- B. Somewhat Underweight
- C. Normal Weight
- D. Somewhat Overweight
- E. Very Overweight

On the next items please indicate how satisfied you are with each of the areas of your body:

- A = Very Dissatisfied
- B = Mostly Dissatisfied
- C = Neither Satisfied nor Dissatisfied
- D = Mostly Satisfied
- E = Very Satisfied

| | | | | | |
|--|---|---|---|---|---|
| 136. Face (facial features, complexion) | A | B | C | D | E |
| 137. Hair (color, thickness, texture) | A | B | C | D | E |
| 138. Lower torso (buttocks, hips, thighs, legs) | A | B | C | D | E |
| 139. Mid torso (waist, stomach) | A | B | C | D | E |
| 140. Upper torso (chest or breasts, shoulders, arms) | A | B | C | D | E |
| 141. Muscle tone | A | B | C | D | E |
| 142. Weight | A | B | C | D | E |
| 143. Height | A | B | C | D | E |
| 144. Overall Appearance | A | B | C | D | E |

DEMOGRAPHIC SECTION

Please answer the following questions about yourself:

145. How old are you? _____

146. How tall are you? _____ feet _____ inches

147. How much do you weigh? _____ pounds

148. What is your desired weight? _____ pounds

149. Are you physically disabled? _____ No

_____ Yes (please describe) _____

150. Are you physically disfigured? _____ No

_____ Yes (please describe) _____

151. Have you ever had plastic surgery? _____ No

_____ Yes (please describe) _____

152. Have you ever had an eating disorder? _____ No

_____ Yes (please describe)

If yes, professionally diagnosed _____ Yes _____ No

If yes, did you receive treatment? _____ Yes _____ No

153. Do you have any chronic illnesses? _____ No

_____ Yes (please describe) _____

154. What is your current marital status?

Single _____

Living Together _____

Married _____

If married, how long? _____

Divorced _____

Separated _____

Widowed _____

155. What is your racial or ethnic background?

African American _____
 Asian _____
 Hispanic _____

Caucasian _____
 Native American _____
 Other _____

156. What is the highest level of education you've completed?

Some high school _____
 High School graduate _____
 High School Equivalency Diploma _____
 Vocational/Technical training _____

College graduate _____
 Some graduate school _____
 Advanced degree _____
 (please name) _____

157. What is your primary occupation?

Full-time parent or homemaker _____
 Manager or administrator _____
 Skilled trades or craft worker _____
 Secretarial or clerical worker _____
 Business owner _____
 Student (Area of study _____) _____
 Professional _____
 Teacher _____
 Retired _____
 Other _____

158. What is your total annual income?

Under \$5,000 _____
 \$10,000 - \$14,999 _____
 \$20,000 - \$24,999 _____
 \$30,000 - \$34,999 _____
 \$40,000 - \$44,999 _____
 \$50,000 - \$54,999 _____
 \$60,000 - \$64,999 _____
 \$70,000 - \$74,999 _____

\$5,000-\$9,999 _____
 \$15,000 - \$19,999 _____
 \$25,000 - \$29,999 _____
 \$35,000 - \$39,999 _____
 \$45,000 - \$49,999 _____
 \$55,000 - \$59,999 _____
 \$65,000 - \$69,999 _____
 Over \$75,000 _____

WHEN YOU HAVE COMPLETED THE QUESTIONNAIRE, PLEASE PLACE IT IN THE STAMPED ENVELOPE PROVIDED AND PLACE IT IN THE MAIL AS SOON AS POSSIBLE. PLEASE RETURN THIS STUDY BEFORE OCTOBER 15TH.

IF YOU WOULD LIKE TO DISCUSS THE QUESTIONNAIRE AND YOUR RESULTS, YOU MAY COMPLETE AND MAIL SEPARATELY THE POSTCARD ENCLOSED IN THE PACKET. PLEASE NOTE THE NUMBER ON THE BOTTOM OF THIS PAGE, AS YOU ARE THE ONLY ONE WHO KNOWS WHICH QUESTIONNAIRE YOU COMPLETED.

THANK YOU TAKING THE TIME TO HELP WITH THIS STUDY!

Appendix B



University of
Nebraska
at Omaha

College of Public Affairs and Community Service
School of Social Work
Omaha, Nebraska 68182-0293
(402) 554-2791

September 26, 1990

Dear Friends:

I am currently completing my work for a Masters degree in Social Work. As part of my studies I am writing a thesis entitled "Women's Stages of Development and Satisfaction with Body Image."

You are invited to participate in this research study to determine the relationship between women's sense of self and their satisfaction with their bodies' appearance. You were selected because you are female and over the age of 18.

The purpose of this study is to measure women's self esteem, self consciousness, and inner-directedness as it relates to how they feel about their physical appearance.

This study will take approximately 30 minutes to complete. You are asked to answer the questions according to the instructions on the form. There are 4 questionnaires and some informational questions, in all about 158 questions. When you have completed the questions, place them in the pre-stamped, pre-addressed envelope you received with this packet and drop it in the mail to the researcher. A separate postcard is enclosed for you to use if you are interested in reviewing your answers with the researcher. If you decide you do wish to talk about your answers you will need to note the number on your packet before mailing it back, as you will be the only one to connect yourself with these answers.

There are no costs for you related to this study and no foreseeable risks or discomforts in completing this study. In fact, completing the study may offer you insight into your own thoughts about yourself and how you feel about how you look.

Your participation in this study is voluntary. Your decision whether or not to participate will not affect your present or future relationship with the University of Nebraska.

Any information obtained during this study which could identify you will be kept strictly confidential. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but your identity will be kept strictly confidential.

If you have any questions relating to your participation, please do not hesitate to call me at the number listed below. If you have any questions related to your rights as a research subject

you may contact the University of Nebraska Institutional Review Board (IRB), at 402/559-6463.

Your completion and mailing of these questionnaires will be considered your voluntary consent to participate in this study.

I am grateful for your willingness to take time and energy to help me with this study. I would very much appreciate it if you could complete this as quickly as possible, returning it to me no later than October 15th.

Thank you again,

Barbara Weitz

Barbara Weitz, BA, MPA
554-2791

Appendix C

Postcard for Participants to Return

Yes, I would like to know and discuss the results of my questionnaire with you.

Name _____

Please call me at: _____ home
_____ work

PLEASE REMEMBER TO NOTE THE NUMBER OF YOUR RESEARCH PACKET. THERE IS NO OTHER WAY TO CONNECT YOU TO YOUR STUDY OTHERWISE. ALSO, REMEMBER TO SEND THIS CARD SEPARATELY.

Appendix D

Report Form for Body Image Study

| | Your Results | PCM's | Whole Sample |
|-------------------|--------------|-------|--------------|
| Self-Esteem Index | _____ | _____ | _____ |

This was the measure which asked you how you see yourself. Scores under 30 indicate you do not have problems with self-esteem. Scores above 70 indicate the possibility you may have a number of self-esteem issues.

| | | | |
|------------------------|-------|-------|-------|
| Internal Control Index | _____ | _____ | _____ |
|------------------------|-------|-------|-------|

This was the measure which indicates whether you receive your reinforcement from others or from yourself. The higher your score the more likely it is that you receive reinforcement from yourself.

| | | | |
|--------------------------|-------|-------|-------|
| Self Consciousness Index | _____ | _____ | _____ |
|--------------------------|-------|-------|-------|

This section of the questionnaire was designed to determine how comfortable you are in public and private settings.

| | | | |
|---------------------------|-------|-------|-------|
| Body-Self Relations Index | _____ | _____ | _____ |
|---------------------------|-------|-------|-------|

This last section of the questionnaire measured your attitudes and actions related to your appearance, fitness and health.

If you have additional questions about the study or your individual scores, you may reach me through the School of Social Work, 554-2791 or at home 393-0186.

Again, please allow me to express my gratitude to you for the time and effort you gave to assist me in this study. I was surprised and thrilled with the high level of participation.

My sincerest thanks,
Barbara Weitz