

Body Image and Social Physique Anxiety:

Gender differences, Personality Types and effects on Self-Esteem.

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TABLE OF CONTENTS

Table of Contents	2
Acknowledgements	3
Abstract	4
Introduction	5
Method	16
Participants	16
Materials	18
Procedure	18
Design	18
Results	20
Discussion	31
References	38
Appendices	44

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ABSTRACT

The aim of this research was to investigate body image and social physique anxiety in relation to gender, self-esteem and personality. This was a correlational study which used quantitative methods. It involved 82 participants both male and female to fill out a number of psychology questionnaires based on body image, social physique anxiety, personality and body self-esteem. Analysis of the data found that both males and females suffered with body image dissatisfaction and SPA with females having higher levels than males. Self-esteem of both genders was affected where high levels of BID and SPA were present with females tending to have lower self-esteem levels than males. In terms of personality a relationship between neuroticism and high levels of BID were found in females while a relationship between extroversion and high levels of SPA was found in males. More research is needed in the area of personality and SPA for more defined results.

INTRODUCTION

Body image is a topic that has long been talked about in many societies. There is a very strong emphasis in most societies put on physical appearance. Some people believe that those who are deemed attractive do better in most parts of their lives than those who are unattractive. The more attractive person is thought to be smarter and do better in all aspects of their lives than the unattractive person. Thorndike 1920 called this the “halo effect”, “people who are rated highly on one dimension (attractiveness) as assumed to excel on others as well (intelligence)”, (Breannan, Lalonde & Bain, 2010). In most cases the ideal body image for women is to be thin and for men is to be muscular which can be unattainable for the average person especially with the increase in obesity rates. In Ireland 61% of adults and 22% of children aged between 5-12 years are overweight or obese, (Spotlight Report 2011). This then can make it extremely difficult for individuals’ to reach their ideal body image. People begin to feel bad about how they look to others and themselves leading to a negative body image, which contains both subjective and multidimensional constructs, (Cash, Morrow, Hrabosky & Perry, 2004). Thompson, Heinberg, Altabe & Tandeef-Dunn, (1999), describes body image as a continuum, ranging from no body image disturbance to extreme body image disturbance. Many factors may influence where a person lands on this continuum including, gender, personality, self-esteem, peer and family influences and many more.

Within the area of body image one of the most recent concerns is that of the media and the strong impact it is having on how teenagers and young people evaluate their body image. Swami, Hadji-Michael & Furnham, (2011) argued that the media represent a particular idealised body image which is associated with being slender, physically attractive and athletic. These images are portrayed by the celebrity culture and that most young people tend to idealise. Breannan et al (2010), argue that according to sociocultural theory the more an individual is exposed to these idealised representations of body image seen through the media,

the less favourable that individual's body image evaluation will become. Most young people in society will find it difficult to attain these idealised representations of body image, their bodies will not match the ideal and so they deem their own body image to be unattractive, (Morrison, Morrison & Hopkins, 2003). According to Bodywhys (2008), 71.4% of Irish adolescents feel adversely affected by the media portrayal of body weight and shape, and the odds of using extreme weight control behaviours such as vomiting or laxatives are three times higher in the highest frequency readers of many articles about dieting and weight loss compared with those that did not read such articles. Mostly these ideals are very much unattainable and so leave many people with very negative feelings about their body image. BBC Radio 1's Newsbeat and 1extra's TXU (2007) asked 25,000 people, mostly aged 17 to 34, how they felt about their bodies. Almost half the women surveyed said they had skipped a meal to lose weight, while 8% had made themselves sick. The survey found two thirds of those who were a size 14 also thought they were overweight or fat. Half of the women questioned said there were "lots they would change" about their bodies - and more than 10% "hated" how they looked. Young men also appear to feel the pressure to look good. The men also seemed to feel the pressure around their body image with around 20% of those in their early 20s saying that they take protein supplements in a bid to help themselves bulk up, compared with 11% of those over 35 and when asked to rate photos of differently shaped male bodies, almost 80% of men and 65% of women favoured a very muscular physique.

These sorts of ideal representations of body image can also lead to problems in mental health which in turn can lead to eating disorders such as anorexia nervosa and bulimia nervosa. The Department of Health in Ireland (2006) estimates that up to 200,000 people in Ireland may be affected by eating disorders and that 400 new cases emerge each year representing 80 deaths annually and this is not only effecting Irish women but Irish men also. It is estimated that 10% of cases of anorexia and bulimia are male, though more recent studies suggest this

figure could be as high as 25% (Hudson, Hiripi, Pope, & Kessler, 2007). In the United States estimates suggest that 5-10 million girls and women and 1 million boys and men are struggling with many eating disorders or borderline conditions, (Perfect Illusions, 2003). While eating disorders categorise the extreme placement on the continuum of body image disturbances many individuals experience mild to moderate body image dissatisfaction, (Thompson et al 1999). People deal with these feelings in different ways. The Canadian Mental Health Association (2003) found that at any given time 70% of women and 35% of men are dieting. Others individuals may look towards diet pills, plastic surgery, excessive exercise and supplements as a method in coping with their body image dissatisfaction. These statistics set out very strong reasons as to why this area is researched so often.

Body Image and Gender

Overall the research shows that gender plays a significant role in body image and both males and females are affected in different ways. Most women want to lose weight and become thinner like the ideals in the media while males want to gain weight and become more masculine. According to Furnham, Badman, & Sneade, (2002) dissatisfaction with body image in women is normally shown by their desire to lose weight, whereas many men want to gain weight rather than lose it. Silbestein, Striegel-Moore, Timko & Robin, (1988) found that 4.4% of women they studied wanted to become bigger compared with that of 46.8% of men. The research shows that women will have more negative evaluations of their body image than men. Muth & Cash (1997) found that in a study of 277 young male and female college students, women had more negative body image evaluations, stronger investment in their looks and more frequent negative body image emotions. Davison & McCabe, (2006) also found evidence that girls reported a body image that indicated more dysfunction than that of boys across nearly all domains. A cross sectional study by Cash et al (2004) investigated body image satisfaction among male and female college students across a 19 year period. They

found that female body image dissatisfaction rates worsened than improved over time while male body image dissatisfaction remained stable over time. On the other hand some researches, Franco & Shields, (1988) have shown that men are dissatisfied with their weight and shape but to a lesser extent than women. Research by Drewnowski and Yee, (1987) and Silberstein, Striegel-Moore, Timko, & Rodin, (1988) has indicated that men are just as dissatisfied with their weight and shape as women are. Drewnowski and Yee, (1987), evaluated body satisfaction among male and female first year college students and found that 85% reported the desire to lose weight, half the males in the group wanted to lose weight (40%) while the other half wanted to gain weight (45%).

Cohan, Alder, Irwin, Millstein, Kegeles and Stone, (1987) argued that the physical changes that girls experience during puberty such as a sizable increase in body fat results in a physique that is not alike that internalised female cultural ideal of thinness while Koff, rierdan and Stubbs, (1990) argues that the increase in weight for boys during puberty results in a physique that is closer to the muscular male cultural ideal of body image. However recent studies have challenged the idea that males are immune to the concern that females have around their body image, (Grogen & Richards, (2002), Cohane & Pope, (2001) Cafri, Thompson, Ricciardelli, McCabe, Smolak & Yesalis, (2005)). Cohane and Pope, (2001) found that by extending the definition of body image dissatisfaction to include the desire to gain weight, it was found that boys especially those that were underweight experience considerably body image concerns. While women tend to compare themselves to very thin celebrities men tend to focus their ideals not on thinness but on those ideals of fitness and sports. Grogen and Richards, (2002) found that in their study of men and boy in England, adolescents males tended to relate body shape ideas to fitness and sports. Males social; power and self-confidence were closely linked to the appearance rather than the function of the body, where the right 'look' was seen as more important than having a healthy body. Cafri, Thompson, Ricciardelli,

McCabe, Smolak and Yesalis, (2005) found that males seeking to enhance their masculinity are more likely than females to engage in steroid and dietary supplement use and high protein dieting in order to gain weight and muscle in the task to reach their ideal body image with little concern for their bodies' health. These weight and muscle enhancement strategies are associated with both deleterious physical and psychological outcomes such as increased aggressive and depressive symptom, high cholesterol and coronary heart disease, (Cafri et al 2005). So while a lot of the research around body image tends to focus on females and shows that body image dissatisfaction is higher for females it is clear also that males are affected but with the perfect ideals of body image for both males and females being very different.

Body Image and Self-Esteem

Research in the area of self-esteem and body image is extremely important as low self-esteem has been linked to eating disorders. Graber, Brooks-Gunn, Paikoff and Warren, (1994) has found evidence that suggests self-esteem as a risk factor in the development of eating disorders and Fairburn, Cooper and Shanfain, (2003) has stated that low self-esteem is one of the most frequently considered psychological predisposing factors of people with an eating disorder. On the other hand there is conflicting evidence that low self-esteem results in eating disorders, Callam and Waller (1998) found that self-esteem at age 12 did not help in the prediction of an eating disorder by age 19.

There is much research in this area in the area that shows self-esteem does affect our views on body image. Deci and Ryan, (1995) have proposed that adolescents with high levels of global self-esteem are less vulnerable to various forms of psychopathy such as body dissatisfaction. Kerneis, (2003) also argued that individuals whose self-worth is more independent upon external contingencies and social acceptance as a contingent on meeting their idealised body image standards. While on the other hand individuals who base their self-

worth on external contingences such as appearance are often preoccupied with achievements and social acceptance. The continuous re-evaluation of one's self can then lead to a more negative mental health, (Deci & Ryan, 1995). Patrick, Neighbors and Knee, (2004) argues that greater contingent self-esteem is a risk factor for engaging in appearance related social comparisons and results have indicated that women higher in contingent self-esteem felt worse after making social comparisons in their daily lives, (Hausenblas, Brewer & Van Raalte, 2004). A study by Maki-Bostsari (2009) revealed that students with high levels of body image dissatisfaction report lower levels of self-esteem including other variables such as high levels of eating disorders and low levels of self-perception. Alike Maki-Bostsari (2009), Mehmet, Tok, Canpolat and Catikkas, (2010) states that body image dissatisfaction plays a key role in maintaining self-esteem.

While there is a lot of research that suggests that self-esteem is affected by ones feelings and thoughts of their own body image, conflicting results have been found for both males and females, (Lerner, Orlos & Knapp, 1976). Franzoi and Shield in (1984) found that his research on the relationship between self-esteem and the weight concern factor of the Body Self Esteem Scale in produced inconsistent results, but Silberstein et al (1988) did find that men's self-esteem is affected by the degree of body dissatisfaction, regardless of the direction of the dissatisfaction, i.e. over or underweight. Koff et al (1990) also found correlations between male body image and self-esteem but overall the relationship between male body image and self-esteem seems to be less understood in males than in females, and some studies have found no evidence of a relationship between male body image and self-esteem. On the other hand Ricciardelli and McCabe, (2001) found strong associations between body image concerns and low self-esteem among females suggesting that body image is a very important factor in levels of self-esteem among women. As a result, self-esteem will be examined in relation to body image in the current study.

Social Physique Anxiety

Social physique anxiety can be described as a “ social psychological variable derived from theories of self-presentation and impression management that reflects an individual’s perceived worry or concern with the presentation of the physique in situations in which others are perceived to be evaluating them” (Leary & Kowalski, 1990). It is associated with a number of factors, these include self- esteem, body image, dissatisfaction with appearance and weight, eating attitudes and motivation to avoid health related behaviours, such a physical activity, (Hagger & Stevenson, 2009). From research gender does seem to have an impact of social physique anxiety but there tends to be little research in the area. Typically from the research on gender and social physique anxiety, it shows that SPA in females tends to be significantly higher than that of males, (Ekland et al, 1997), and due to this outcome much of the research has been focused on females and not males. Higher levels of SPA are generally reported by females that anticipate exercising in a context where males will be present. Interestingly these feelings of anxiety tend to lessen or are non-existent in cases where it is an all-female exercising environment, (Kruisselbrink et al, 2004) and also in environment where they do not feel that their bodies are under evaluation by others, (Crawford & Ekland, 1994) and so women tend to avoid these types of situations. Leary and Kowalski, (1990), argued that these gender specific effects may be due to the antecedents of SPA , for example the desire to conform to the ideal body image or to look good to the opposite sex; potential partners.

Self-esteem has also been found to correlate with social physique anxiety. Studies by Koff et al, (1990) found that body image satisfaction is related to self-esteem. Martin et al, (1997) also found that self-esteem is a significant predictor of SPA in female athletes. It has also be shown that body fat percentage (BFP) can be correlated with high levels of SPA and therefore lower levels of self-esteem, (Tok, Tutor & Morali, 2010). Hasse & Prapakessis, (1998) found that a number of psychosocial variables such as self-esteem, body-esteem, and body image

dissatisfaction and weight dissatisfaction have been found to correlate with SPA. Hagger and Stevenson, (2010) reported that females had consistently higher levels of SPA than males and Davison et al, (2006) found that SPA does impacts on self-esteem differently in females and males, females concerns about others evaluation of their bodies was important in understating their low self-esteem while males rating of general attractiveness most strongly predicted their self-esteem levels. So from the evidence it would be expected that those with high levels of SPA are likely to prevent the presentations of their physique for evaluation in any situations in which they feel they will be viewed negatively, thus leading to their lower self-esteem.

Personality

The association between body image and personality traits seems to have received less research compared with that of gender and self-esteem but researchers such as Swami et al (2008a) argue that personality factors do play a role in 'shaping beauty ideas and body dissatisfaction'. Personality traits such as self-esteem have long been related to body image and social physique anxiety but they can also be related to the more basic personality traits such as that of the Big Five which include, extroversion, neuroticism, openness, agreeableness and conscientiousness. These traits can determine how one will behave in a giver situation and Tok et al (2010) suggests that they are strongly related to affective experiences. Others such as Kvaalem, Soest, Roald and Skolleborg, (2006) argue that difference in personality traits will influence the way in which individuals will evaluate their body image. Research by Swami et al (2008a) has shown that emotional stability and extraversion are negatively correlated with body dissatisfaction. Similarly a study by Tok et al, (2010) found that overall social physique anxiety scores were associated with the extraversion personality type. The correlational analysis also showed that BID and SPA were highly related to the emotional stability dimension of the five factor personality model. A study by Roberts and Good, (2010) also highlighted that woman high in neuroticism showed greater shifts in body esteem following

exposure to media images then did less neurotic woman. They felt dissatisfied with their bodies after viewing idealised body images and satisfied after viewing heavier body images. While on the other hand a non-clinical study of college women carried out by Cervera, Luhortiga, Gonzalez, Gual, Estevez and Alonso, (2003) suggests that while a relationship between neuroticism and eating disorders symptomology exists there is a lack of relationship between extroversion and eating disorder symptomology.

Aims

A lot of research has been done in the area of body image. It is a topic that affects a lot if not all members of society at one time or another. The media in relation to body image has been studied extensively and gives valuable information on the impact that the celebrity world can have on young people and the pressure they feel to achieve their ideal body image which realistically in most cases they will not be able to attain, Breannan et al (2010), argue that according to sociocultural theory the more an individual is exposed to these idealised representations of body image seen through the media, the less favourable that individual's body image evaluation will become. Unfortunately for some the aim to achieve this ideal body image is taken to another level and the development of an eating disorder begins to occur. It is important to note at this point that the media do not cause eating disorders alone but are instead are a small part of the many factors that can lead to eating disorders.

The media portray the standards of the ideal body and those who develop eating disorders need these standards met, "people who develop eating disorders tend to be overly concerned with meeting the standards and expectations of others", (Bodywhys, 2008). These factors include a combination of biological, psychological, familial and socio-cultural factors which together produce conditions in which an eating disorder is more likely to develop. A death in the family, being bullied or teased, overload of stress, and critical comments of weight can all

be triggers, while on the other hand sometimes there will be no apparent triggers at all. Eating disorders have a starting point and according to Bodywhys, (2008) most individuals with an eating disorder will “have low self-esteem– though this may not be obvious, as people who develop eating disorders are often ‘high achievers’ show a marked over-concern with body shape, weight and size, and an obsession with food” and so the research into body image and social physique anxiety is important in determining who develops body image dissatisfaction and why, which leads to the aims of this study.

The purpose of this current study is to investigate body image in relation to gender, self-esteem and personality with the added component of social physique anxiety. The research has covered body image and gender intensely and has found that while both males and females suffer from body image dissatisfaction women tend to have higher rates of body image dissatisfaction. This first aim of this study will be to examine the impact that body image has on both males and females. This will in turn lead to the next aim that will look at the impact that body image has on both genders in relation to their self-esteem and then comparing both. The aim will also be to look at social physique anxiety, again in relation to both genders and the impact it has on their self-esteem and again comparing both genders against one another. As mention above personality is also a component of this study and the aim will be to investigate whether high or low levels of both neuroticism and extroversion impact on both males and females views of their body image and their levels of social physique anxiety. The final aim of this study is to investigate if there are differences in personality type in males and females in relation to body image dissatisfaction and higher levels of social physique anxiety.

Hypotheses

From the aims that have been mentioned above there will be seven main hypotheses.

- Females will have significantly higher levels of body image dissatisfaction than males.
- Females will have significantly higher levels of social physique anxiety than males.
- Males with high body image dissatisfaction will have low levels of self-esteem.
- Females with high body image dissatisfaction will have low levels of self-esteem.
- Males with high levels of social physique anxiety will have low self-esteem.
- Females with high levels of social physique anxiety will have low self-esteem.
- Both males and females high in neuroticism will have higher levels of body image dissatisfaction and social physique anxiety than those high in extroversion.

METHODOLOGY

Participants

The total number of participants that took part in this study was 82. The sample was a convenience sample taken from the researcher's network. The convenience sample consisted of three classes of BA psychology students in their third year and two classes of Higher Diploma psychology students in their final year, all studying in Dublin Business School. The particular classes that were chosen to participate in the study were also chosen based on convenience. The researcher was assisted in choosing these classes by the appointed supervisor and emails were then sent to the lecturers of each class in order to gain permission to enter the lectures on a given date. The sample consisted of 58 females and 24 males, all ranging in age from 18 to 60 years. The percentage age of participants' ranged as follows, 1.2% aged 18-20 years, 36.6% aged 21-29 years, 50% aged 30-39 years, 8.5% aged 40-49 years, 3.7% aged 50-59 years. There were no circumstances in which any of the participants had to participate and under no circumstances were the participants obliged to take part on behalf of the researcher or Dublin Business School.

Materials

For this piece of research three questionnaires were used. The first was the Body Esteem Scale (Franzoi & Shields, 1984). This questionnaire is one of the few available instruments for measuring body esteem. It investigates characteristics in males and females that related to body esteem. The scale is closely compared to the Body Cathexis Scale which is a domain specific measure of well-being that assesses the degree of a person's satisfaction with one's own body parts. The format for the body esteem scale included 35 items using 17 items from the body cathexis scale and 16 new items. Participants were asked to rate how they felt about each of the body parts and functions that were listed from a scale of 1 (have strong negative feelings) to 5

(have strong positive feelings). The items included body parts and functions such as body build, appearance of stomach and sex activities. Following data from a study conducted by Franzoi and Shields (1984), reliability and validity were conducted for each of the male and females participants. The coefficient alpha rating for internal consistency was 0.81 to 0.87 for male subscales and 0.78 to 0.87 for female subscales. When correlated with the Rosenberg Self-Esteem Scale (1965) to show convergent validity, moderate correlations between the two were found, (Statistic Solutions, 2012).

The second questionnaire used was the Body Shape Questionnaire (Cooper, Taylor, Cooper & Fairburn, 1987). The BSQ provides a means of investigating the role of concerns about body shape in the development, maintenance, and treatment of anorexia nervosa and bulimia nervosa and is a self-report instrument. The concurrent and discriminant validity of the measure have been shown to be good by the authors (Cooper, Taylor, Cooper & Fairburn, 1987). The BSQ includes 34 questions on the area of body shape. Participants' were asked to rate how they felt about their appearance over the past four weeks on a scale of 1 (never) to 6 (always). The questions asked included those such as "Has feeling bored made you brood about your shape?" or "Have you worried about your flesh not being firm enough?" Each of the items was then scored 1 to 6 and the overall score was the total across the 34 items.

The third questionnaire was the Social Physique Anxiety Scale, (Hart, Leary, & Rejeski, 1989). The SPAS is a 12-item self-report scale developed to assess the degree to which people become anxious when others observe or evaluate their physiques. The Social Physique Anxiety Scale (SPAS) demonstrated both high internal and test-retest reliability. It also correlated appropriately with concerns regarding others' evaluations and with feelings about one's body. Validity data from 56 female undergraduates showed that Ss who scored high on the SPAS were heavier and had a higher percentage of body fat than those who scored lower. In addition, high scorers reported significantly greater anxiety during a real evaluation of their physiques,

further supporting the validity of the scale, (Hart, Leary, & Rejeski, 1989). Participants were asked to read the questions and then rate them on a scale of 1 (not at all characteristic of me) to 5 (extremely characteristic of me). Questions included “I am comfortable with the appearance of my physique or figure”. The positively worded items were then reversed scored and then were added to the score of the remaining items for the overall total.

The final questionnaire was the Big Five Inventory, (Costa & McCrae 1992) which assesses the big five factors of personality; extraversion: sociability and the tendency to seek stimulation in the company of others, and talkativeness, agreeableness: a tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others, conscientiousness: a tendency to show self-discipline, act dutifully, and aim for achievement, neuroticism: refers to the degree of emotional stability and impulse control and openness: the degree of intellectual curiosity, creativity and a preference for novelty and variety. The Big Five includes 44 items but for this study only extroversion and neuroticism were investigated and so only 18 items were included. Participants were asked to read each one and indicate on the scale 1 (disagree strongly) to 5 (agree strongly) the extent to which they agreed or disagreed with each statement. The reliability and the validity has been shown by the authors on both clinical and normal samples, “the use of self-report personality measures in clinical samples is discussed, and data from 117 "normal" adult men and women are presented to show links between the NEO-PI scales and psychopathology as measured by D. N. Jackson's (1989) Basic Personality Inventory and L. Morey's (1991) Personality Assessment Inventory” (Costa & McCrae 1992).

Procedure

The questionnaire was handed out to all the participants in their lecture room 15 minutes before the lecture began. The participants were told the purpose of the study in full detail and

were also give written explanation of the purpose study on the front of the survey. Participants were also told that they were not obliged to take part and that they had the right to withdraw at any time. Information sheets with the numbers and websites of organisations in the area of body image were also handed out separately to all participates that took part and I also informed all participants of my contact details and that of my supervisor in the case of any further queries. It took each participant roughly 10 to 15 minutes to complete the survey and all were thanked for their participation.

Design

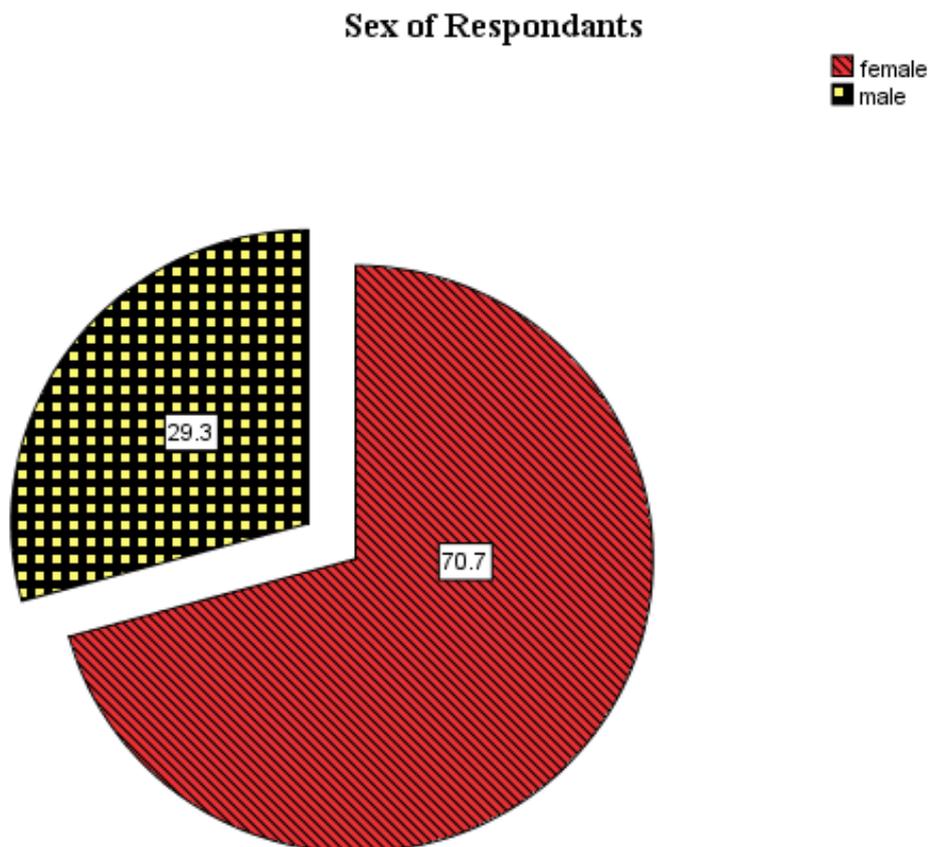
This study is a correlational design, with dependant variables, males and females and independent variables, social physique anxiety, body image dissatisfaction, self-esteem and personality.

RESULTS

Descriptive Statistics

The total number of participants that took part in the study was 82, which is broken done as 58 (70.7%) female and 24 (29.3%) males.

Figure 1



All participants had to be 18 years and over to take part in the study. The age groups ranged from 18-59 years with the 30-39 year. age group having the highest percentage (50%). This was then followed by the 21-29 year age group (36.6%), 40-49 years (8.5%), 50-59 years (3.7%) and finally the 18-20 year olds (1.2%). The mean age of females was 2.44 and of males were 2.83.

Figure 2

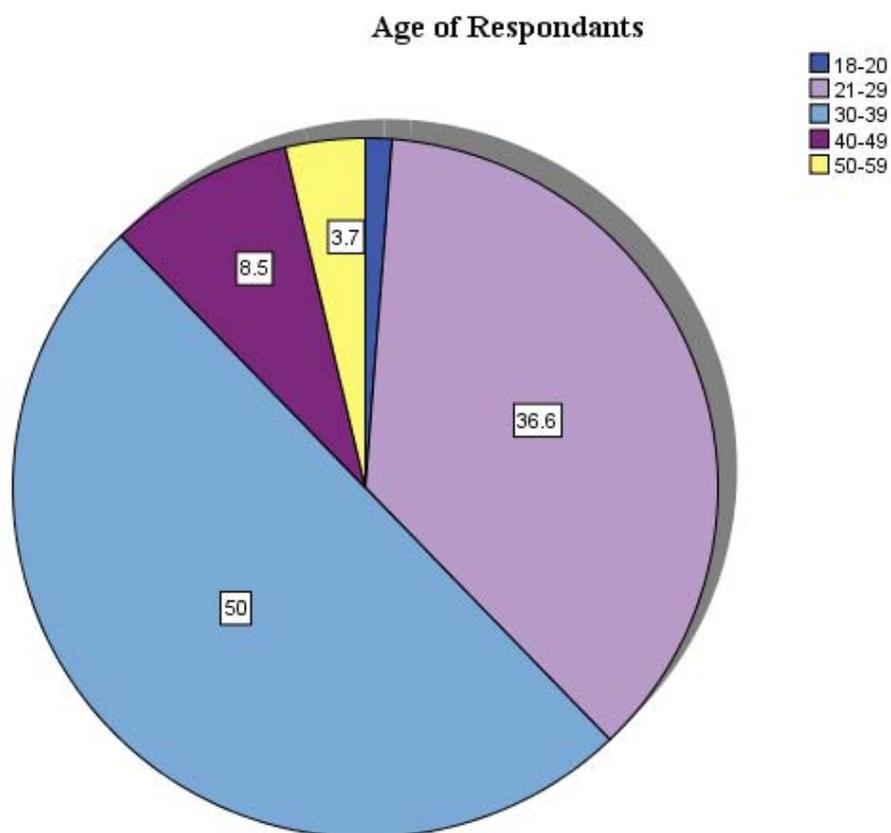


Table i shows the mean and standard deviation of four of the psychological measures that were used.

Table i: *Descriptive Statistics of Psychology Measures*

Variable	Mean	Standard Deviation
Body Shape	81.69	41.66
Social Physique Anxiety	33.09	11.81
Extroversion	29.89	4.93
Neuroticism	27.37	6.45

Table ii: shows the breakdown of mean and standard deviation of four of the psychological measures used in terms of gender.

Table ii: *Descriptive Statistics of Psychology Measures in Terms of Gender*

Female	Mean	Standard Deviation
Body Shape	94.87	41.71
Social Physique Anxiety	35.60	11.86
Extroversion	29.75	4.58
Neuroticism	28.00	6.66

Male	Mean	Standard Deviation
Body Shape	53.16	23.67
Social Physique Anxiety	27.09	9.46
Extroversion	30.20	5.75
Neuroticism	25.83	5.74

Table iii: *Mean and Standard Deviation for Male Self-Esteem*

Male	Mean	Standard Deviation
Physical Attractiveness	36.13	5.96
Upper Body Strength	33.83	5.98
Physical Condition	47.04	9.67

Table iv: *Mean and Standard Deviation for Female Self-Esteem*

Female	Mean	Standard Deviation
Sexual Attractiveness	44.40	8.49
Physical Condition	29.68	7.53
Weight Concerns	28.98	10.19

Figure 3

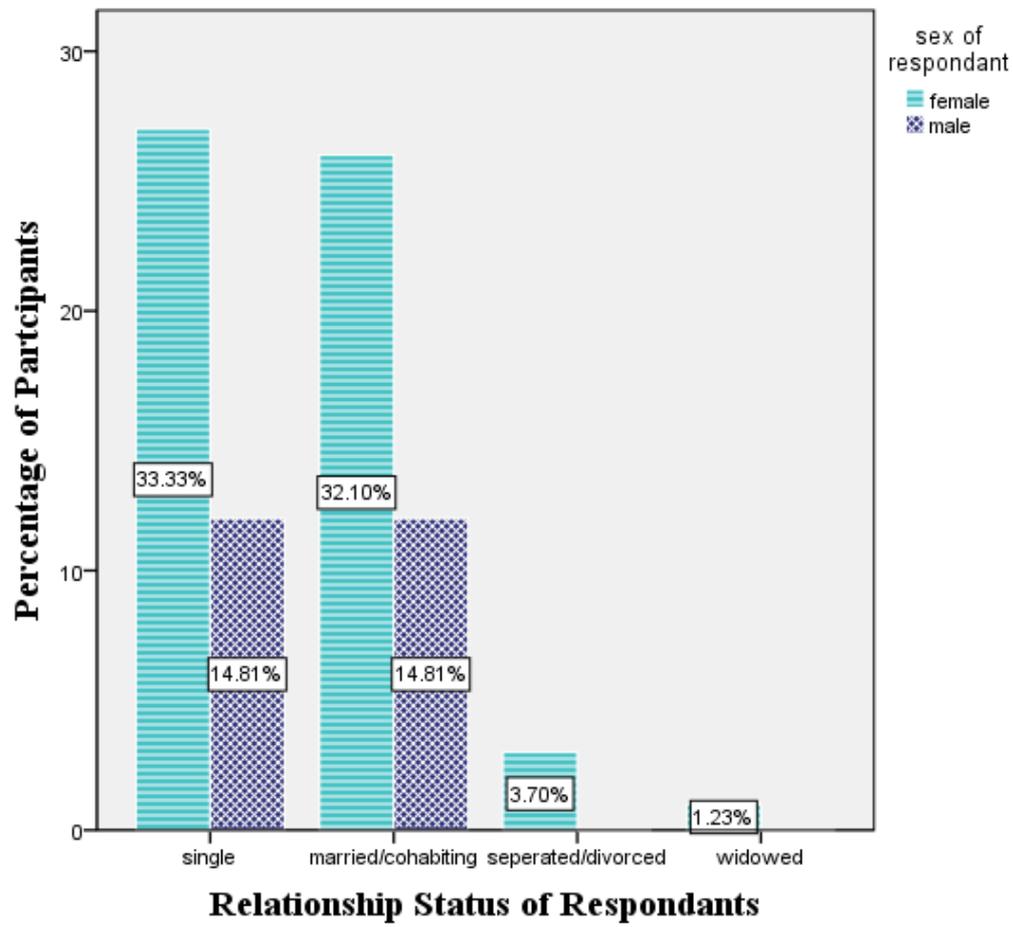
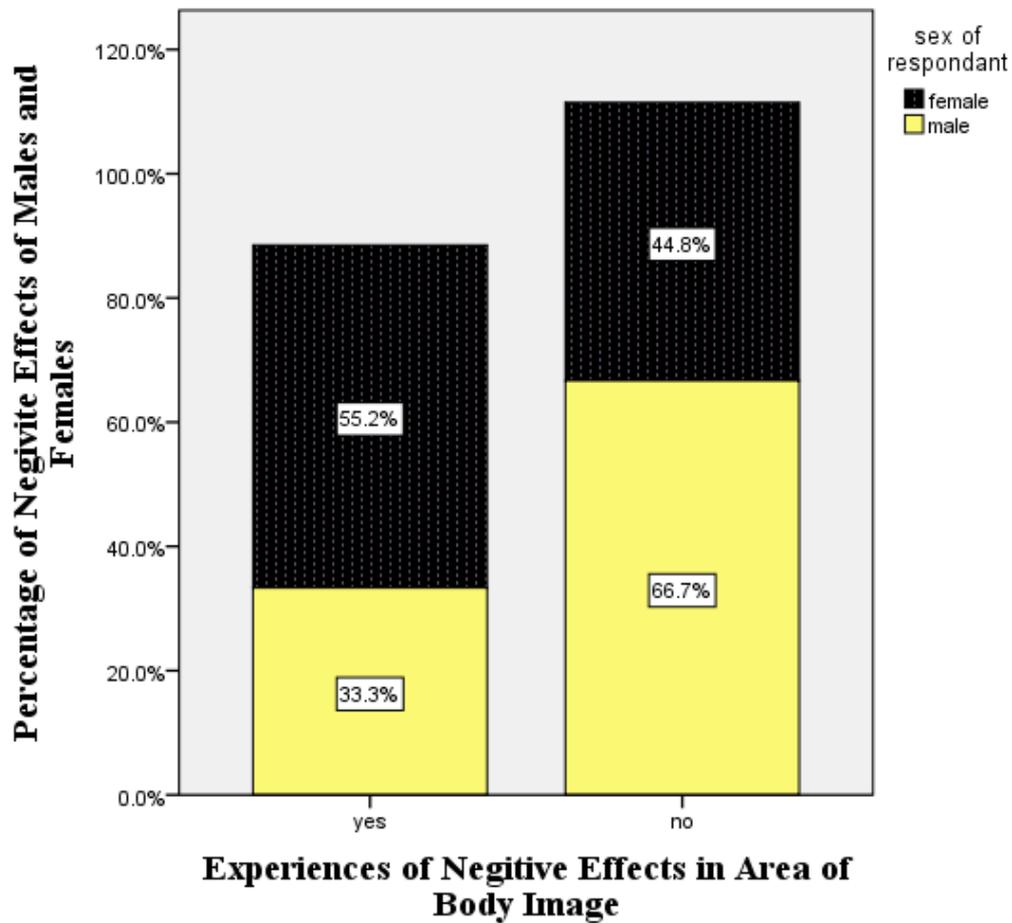


Figure 3 shows the relationship statuses of the participants broken into gender.

Figure 4



Finally figure 4 shows the percentage of negative exposure that the participants have had in relation to body image. That is whether they have experienced the negative effects first hand. Results show that females (55.2%) have had more experience with the negative effects of body image than men (33.3%).

Inferential Statistics

The first three tests that were run on the data were independent samples t-tests. The first test was to look at the difference between male and female in relation to body dissatisfaction. Females (mean= 94.87, SD = 41.71) were found to have higher levels of body image dissatisfaction than males (mean = 53.17, SD = 23.67). The 95% confidence limit shows that the population mean differences of variables lies somewhere between 26.67 and 56.73. the independent samples t-test found that there was a statistically significant difference between body image dissatisfaction of males and females ($t(70.689)=5.532$, $p=0.00$) therefore the null can be rejected.

The second independent samples t-test examined the different between male and females levels of social physique anxiety. Again the independent sample t-test found that there was a statistically significant difference between male and female levels of social physique anxiety ($t(76)=3.055$, $p=.003$) with females (mean = 35.60, SD = 11.86) found to have higher levels than males (means = 27.08, SD = 9.46).

Table V: *An Independent Samples T-Test table displaying the difference between Male and Female Body Image Dissatisfaction and Levels of Social Physique Anxiety.*

Variable	Mean	SD	t	df	P
BID- Male	53.17	23.67	5.532	70.689	0.00
BID- Female	94.87	41.71	5.532	70.689	0.00
SPA- Male	27.08	9.46	3.005	76	.003
SPA- Female	35.60	11.86	3.005	76	.003

Note: p significant at .05 level

The third and final independent samples t-test was used to examine the difference in male and female personality in relation to two aspects of the Big 5 personality questionnaire, extroverts and neuroticism. In relation to the personality type extrovert, males (mean= 30.208, SD 5.755) were found to have higher levels of extroverted personality than females (mean= 29.75, SD, 4.583). However the 95% confidence limit shows that the population difference of variables lies somewhere between -2.853 and 1.945 therefore the independent samples t-test did not find a statistically significant difference between males and female extroversion ($t(79)=-.377$, $p=.707$) and the null was not rejected.

In relation to neuroticism females (mean= 28.00, SD= 6.660) were found to have higher levels than males (mean= 25.826, SD= 5.742). Again the findings were found not to be statistically significant ($t(78)= 1.372$, $p=.174$) as the 95% confidence limit shows that the population difference of variables lies somewhere between -.9806 and 5.382.

A number of Pearson Correlational tests were also run to look at the relationships between a numbers of different variables.

Table vi: *Correlation Table*

Variable	Body shape	Social Physique Anxiety	Physical Attractiveness	Upper Body Strength	Physical Condition	Sexual Attractiveness	Weight Concerns	Physical Condition
BS- Male	1	.780**	-.280	-.349	-.408*	a	A	a
SPA-Male	.780**	1	-.479*	-.589**	-.671**	a	A	a
BS- Female	1	.851**	a	A	a	-.599**	-.793**	-.606**
SPA- Female	.815**	1	a	A	a	-.560**	-.750**	-.477**
PA-Male	a	a	1	.747**	.755**	a	A	a
USB-Male	a	a	.747**	1	.902**	a	A	A
PC-Male	a	a	.755**	.902**	1	a	A	A
SA- Female	-.599**	-.560**	a	A	a	1	.726**	.727**
WC- Female	-.793**	-.750**	a	A	A	.726**	1	.687**
PC- Female	-.606**	-.477**	a	A	a	.727**	.687**	1

* p significant at .05 level.

** p significant at .01 level.

a cannot be computed due to at least one variable not being consistent.

Table vi shows a number of correlations

1. Pearson's correlation showed a strong correlation between body image dissatisfaction and social physique anxiety in males ($r(21) = .780, p < .01$).
2. For males body image dissatisfaction did not show strong correlations overall with the self-esteem factors but had one moderate correlation with the physical condition factor of self-esteem ($r(21) = -.408, p = .048$).
3. For males there was a strong association between social physique anxiety and the self-esteem factors with the strongest correlation being between that of SPA and the physical condition factor ($r(21) = -.671, p < .01$).
4. Pearson's correlation shows a strong correlation between body image dissatisfaction and social physique anxiety in females ($r(47) = .851, p < .01$).
5. Pearson correlations showed a strong correlation between body image dissatisfaction and the three self-esteem factors in females with the strongest being that of weight concerns ($r(50) = -.793, p < .01$).
6. Pearson correlations showed a strong correlation between social physique anxiety and the three self-esteem factors in females with the strongest correlation being that of weight concerns also, ($r(53) = -.750, p < .01$).

Table vii: *Correlation table*

Variable	Body Shape Total	Social Physique Anxiety Total	Extroversion	Neuroticism
BS- Female	1	.851**	-.013	.393**
SPA-Female	.851**	1	-.192	.467**
Extroversion- Female	-.013	-.192	1	-.260
Neuroticism- Female	.393**	.467**	-.260	1
BS-Male	1	.780**	-.399**	-.107**
SPA-Male	.780**	1	-.535**	.174
Extroversion- Male	.399	-.535**	1	-.277
Neuroticism- Male	-.107	.174	-.277	1

* p significant at .05 level.

** p significant at .01 level.

Table vii shows a number of correlations

1. Pearson's correlation shows a moderate correlation for neuroticism with body image dissatisfaction ($r(49) = .393$, $p = .004$) and a weak correlation with social physique ($r(52) = .467$, $p < .01$) for females.
2. Males show a strong correlation in social physique anxiety and extroversion ($r(21) = -.535$, $p = .008$).

DISSCUSION

The aim of this current study was to investigate body image in relation to gender, self-esteem and personality with the added component of social physique anxiety. The research has covered body image and gender intensely and has found that while both males and females suffer from body image dissatisfaction women tend to have higher rates of body image dissatisfaction than males. This first aim of this study examined the impact that body image has on both males and females and examined the difference between male and female body dissatisfaction. The second aim investigated the impact that body image has on both male and female levels of self-esteem. The third aim investigated social physique anxiety, again in relation to both males and females and the impact it has on their self-esteem. The fourth aim examined personality as a component of this study and the be to investigate whether high or low levels of both neuroticism and extroversion impact on both males and females views of their body image and their levels of social physique anxiety. The final aim of this study investigated if there are differences in personality type in both males and females in relation to body image dissatisfaction and higher levels of social physique anxiety.

Findings

In the case of body image dissatisfaction, social physique anxiety and the difference in gender an independent sample t-test showed that in both cases females experience the negative outcomes at higher levels than males. The third independent sample t-test was run in order to examine the differences of personality in males and females in relation two components, extroversion and neuroticism. In terms of extroversion males were found to have higher levels than females but the results were not found to be statistically significant. The results for neuroticism found that females had higher levels than males but again this was not statistically significant. Pearson correlation tests were also ran. The results showed that there was a strong

relationship between body image dissatisfaction and social physique anxiety for both males and females. Females tended to show stronger correlations with body image dissatisfaction, social physique anxiety and self-esteem with the strongest correlations with both being with the weight concern aspect of self-esteem. For males the results were not as strong when it came to self-esteem with only one moderate correlation with self-esteem and body image dissatisfaction. On the other hand results showed much stronger correlations for males with social physique anxiety and self-esteem. Finally Pearson correlation tests were also ran to determine if extroversion and neuroticism personality types of both males and females impacted on their levels of body image dissatisfaction and social physique anxiety. The results showed a moderate correlation for neuroticism and body image dissatisfaction and a weak correlation for neuroticism and social physique anxiety in females. While for males there was a strong correlation with extroversion and social physique anxiety.

Overall the results from this study supported the initial hypotheses that were put forward. The first hypothesis put forward was that females would have higher levels of body image dissatisfaction than males. The results supported this hypothesis and showed that females have significant higher levels of body image dissatisfaction than males. This result in turn was supportive with the past research. The research suggests that overall gender plays a significant role in the area of body image. Although the research points out that that both genders are effected in different ways by body image, (Furnham, Badmin & Sneade,2002) overall the research outlines that females tend to experience higher levels of body image dissatisfaction than males, (Muth & Cash , 1997 ; Davison & McCabe, 2006) and this piece research adds added support to the large amounts of research done in this area. It is important at this point to note that although females tend to have higher levels of BID than males this is not to say that males are not affected, but instead are affected to a lesser extent than females (Franco & Shields, 1988). As pointed out above both genders view body image in very different ways.

Females want to lose weight and be thin while males want to gain weight and bulk up (Silbestein, Striegel-Moore, Timko & Robin, 1998). Therefore when measuring BID in males and females it is important that the right language and definition is used as pointed out by Cohane and Pope, (2001). Body image dissatisfaction is a continuum that goes from no body image dissatisfaction to extreme body image dissatisfaction, (Thompson, Heinberg, Altabe & Tandeuff-Dunn, 1999) and it is important that although from the results of this study and past research females do tend to suffer more often with high levels of BID than males, males can also fall into the extreme BID category on the continuum, with recent studies suggesting that approximately 25% of males suffer with anorexia and bulimia (Hudson, Hiripi, Pope, Kessler, 2007).

Like with the results from body image dissatisfaction the results social physique anxiety and gender difference also supported the hypothesis and past research. Social physique anxiety refers to a person's worries and concerns where they are presenting their figure to others and when they feel their figure is being evaluated by others (Leary & Kowalski, 1990). The findings showed that females had higher levels of SPA than males. Less research has been done in the area of SPA compared with that of BID but research has shown that there is a difference in gender in relation to the levels of SPA experienced by males and females with females tending to have higher levels of SPA than males (Ekland et al, 1997) again this is not to say that males are not affected just as much as females but there has been very little research done in the area on males and SPA. Within the small amounts of research that has been done in relation to SPA much of this has focused on females. The research has shown that women tend to experience higher levels of social physique anxiety when exercising in the company of the opposite sex and these feelings tend to lessen or disappear altogether when exercising in the company of one's own sex (Kruisselbrink et al, 2004).

The next two hypotheses outlined that both males and females that had high levels of BID and SPA would have low levels of self-esteem. The results for this were quite mixed which is backed by past research. Although there has been a lot of research done in the area which does suggest that self-esteem by ones feelings about their own body image there have been conflicting results for both males and females. Results from this current study males that were high in BID had no strong correlations with the factors of self-esteem, physical attractiveness, upper body strength and physical condition. There was one moderate correlation for males with BID and the physical condition factor of self-esteem. While past research has found some correlations between male body image and self-esteem others have found no relationship at all just as the current research has shown (Koff et al, 1990). On the other hand females had strong correlations across all three of the factors of female self-esteem, sexual attractiveness, weight concern and physical condition with the strongest correlation being between BID and weight concerns. In terms of females past research alike the current study has also found strong correlation between BID and low levels of self-esteem (Ricciardelli & McCabe, 2001).

As with BID, SPA also produces conflicting results as to whether high levels of SPA leads to lower levels of self-esteem. Again the area of SPA is dominated with research on females and most research would suggest that higher levels of SPA can impact on levels of self-esteem in females (Martin et al, 1997). The results from the current study found that both males and females that were experiencing high levels of SPA had lower levels of self-esteem, for males the strongest correlation was with the physical condition factor and for females the strongest correlation was with the weight concern factor of self-esteem. Past research would suggest that SPA impacts on self-esteem differently in both males and females (Davison et al, 2006) and further research is needed to explore this.

The final hypothesis in the study outlined that males and females high in neuroticism and/or extroversion would have higher levels of BID and SPA. Personality is another area of

body image were there has been little research done compared to that of gender and self-esteem but researchers such as Swami et al (2008a); Kvalem, Soest, Roald and Skolleborg, (2006) would argue that personality plays a key role in shaping ones idea of beauty and body dissatisfaction. Researchers have also been found to have conflicting results in this area, while some findings suggest there is a relationship between neuroticism and BID and lack of relationship between extroversion and BID (Luhortiga, Gonzalez, Gual, Estevez, & Alonso, 2003; Roberts & Good, 2010) others have found strong relationships between extroversion and BID and SPA, (Tok, et al, 2010). The results from the current study found that there was a moderate correlation between neuroticism and BID, a weak correlation between neuroticism and SPA and no correlation between extroversion BID and SPA in females. While for males there was no correlation with neuroticism there was a strong correlation between extroversion and SPA. These results did not completely support the past research findings. Much of the past research would suggest that those with high levels of BID and SPA would strongly correlate with extroversion and neuroticism, (Swami et al, 2008a) and Tok et al, 2010 also found that BID and SPA were strongly related to neuroticism while this current study only found moderate to weak correlations. While on the other hand some of the finding were supported by past research, Tok et al (2010) found that SPA scores were related to the extroversion personality type and in the case of this piece of research males were found to have a strong correlation between SPA and extroversion.

Weaknesses

In terms of this current research there were a few weaknesses identified. Firstly in relation to the personality factor, many of the participants that took part in the research were BA and Higher Diploma students currently studying psychology many in their final year. Thus they all would have had a good knowledge of the big five personality questionnaire that they were asked to complete. They also would have had a good understanding of each personality type

and questions that may have matched to each personality type and so they may have answered the questions based on the type of personality they would like to portray rather than their actual personality type.

Secondly gender imbalance also occurred within this study and may have had an impact on some of the results. 82 participants took part made up of 58 females and 24 males. Past research in social physique anxiety and body image dissatisfaction suggests that females tend to have higher levels than males and the same results were shown in this study, but with the imbalance of males to females may also have impacted on these results and so a balance level of males to females may have given a more accurate or different set of results.

Further Research

As mentioned earlier there has been little research done in the area of body image and personality. Findings from this past and current research piece have shown that there is a relationship between certain personality types and body image. Our personality shapes who we become, our thoughts and feelings about how we look and how we feel about others' evaluation of our body image. Therefore personality is an important factor that needs to be taken into account when working with those individuals that fall on the extreme end of the body image dissatisfaction continuum. Thus further research into the area of body image and personality needs to be carried out to gain more knowledge in the area. A longitudinal research piece assessing personality type and feelings of body image at a young age and then again later in life could provide information of the impact of personality on body image over a period of time, asking the questions do personalities, and views on our body image stay the same over the life-span and what is the impact of personality on the body image at a given time in our lives. Further research into the area of social physique anxiety is also needed. Again this is an area where not as much research has been carried out as it has with

others. Much of the research has been focused on females and from this current study it is clear that males also suffer from social physique anxiety. Research needs to focus on the gender aspect asking if social physique anxiety only exist when one genders figure is exposed in front of the opposite sex. Research into SPA also needs to focus on the impact that SPA has on a person's self-esteem. Experiments involving both males and females exposing their figure in a gym setting to both one's own sex and the opposite sex and then documenting thoughts and feelings directly after as well as running psychology measures would give insight into the gender impact of SPA and its direct impact on self-esteem for both males and females.

Body image as a research topic that is important for the future as it's an area that effects almost even person to some degree (Thompson et al 1999) and at the extreme end can lead to serious diseases that impact not only on the person suffering with the disease but also the family and friends. By understanding body image and its impact on gender types, personality and self-esteem it gives the professionals the tools for early dictation and intervention.

Conclusion

In summary it is clear that body image affects both genders while tending to show higher levels of both body image dissatisfaction and social physique anxiety in females than in males. Body image also tends to impact on a person's self-esteem. In the case of SPA and BID females tend to have lower levels of self-esteem than males. Although the research points to females being more affected by SPA and BID it is important to take into account that males also feel the same effects of SPA and BID as females but to a lesser extent as a gender group. Although more research is needed into the area of personality and body image, results have shown that extroversion and neuroticism personality types do play a role in BID and SPA.

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APPENDIX

Questionnaire

Body Image and Social Physique Anxiety: Gender differences, Personality Types and effects and Self-Esteem.

My name is Aine Murphy and I am conducting research in the Department of Psychology that explores attitudes to body image and also in relation to social physique anxiety. This research is being conducted as part of my Postgraduate Higher Diploma studies in Psychology and will be submitted for examination.

You are invited to take part in this study and participation involves completing and returning the attached anonymous survey. While the survey asks some questions that might cause some minor negative feelings, it has been used widely in research. If any of the questions do raise difficult feelings for you, contact information for support services are included on the final page.

This research project intends to measure the impact of gender differences, self-esteem and personality on one's own concept of their body image. There are four questionnaires enclosed which measure personality, body self-esteem, levels of social physique anxiety and overall feelings of one's body image.

Participation is completely voluntary and so you are not obliged to take part.

Participation is anonymous and confidential. Thus responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collected.

The questionnaires will be securely stored and data from the questionnaires will be transferred from the paper record to electronic format and stored on a password protected computer.

It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study.

Should you require any further information about the research, please contact Aine Murphy, [REDACTED] or [REDACTED]. My supervisor can be contacted at Pauline Hyland, [REDACTED] or [REDACTED].

Thank you for taking the time to complete this survey.

1. What is your gender?

Female

Male

*

2. Which category below includes your age?

18-20

21-29

30-39

40-49

50-59

60 or older

3. Which of the following categories best describes your relationship status?

Single

Married/Cohabiting

Separated/Divorced

Widowed

4. Have you ever had any personal experience (family, friends, co-workers) of the negative effects around the area of body image? (Body dysmorphia, eating disorders)

yes

no

Instructions: On this page are listed a number of body parts and functions. Please read each item and indicate how you feel about this part or function of your own body using the following scale:

- 1 = Have strong negative feelings
- 2 = Have moderate negative feelings
- 3 = Have no feeling one way or the other
- 4 = Have moderate positive feelings
- 5 = Have strong positive feelings

Factor Loading (see below)

- 1. body scent _____
- 2. appetite _____
- 3. nose _____
- 4. physical stamina _____
- 5. reflexes _____
- 6. lips _____
- 7. muscular strength _____
- 8. waist _____
- 9. energy level _____
- 10. thighs _____
- 11. ears _____
- 12. biceps _____
- 13. chin _____
- 14. body build _____
- 15. physical coordination _____
- 16. buttocks _____
- 17. agility _____
- 18. width of shoulders _____
- 19. arms _____
- 20. chest or breasts _____
- 21. appearance of eyes _____
- 22. cheeks/cheekbones _____
- 23. hips _____
- 24. legs _____
- 25. figure or physique _____
- 26. sex drive _____
- 27. feet _____
- 28. sex organs _____
- 29. appearance of stomach _____
- 30. health _____
- 31. sex activities _____
- 32. body hair _____
- 33. physical condition _____
- 34. face _____
- 35. weight _____

We should like to know how you have been feeling about your appearance over the **PAST FOUR WEEKS**. Please read each question and circle the appropriate number to the right. Please answer all the questions.

OVER THE PAST FOUR WEEKS:

	Never					
		Rarely		Sometimes		
				Often		
					Very often	
						Always
	1	2	3	4	5	6
1. Has feeling bored made you brood about your shape?	1	2	3	4	5	6
2. Have you been so worried about your shape that you have been feeling you ought to diet?	1	2	3	4	5	6
3. Have you thought that your thighs, hips or bottom are too large for the rest of you?	1	2	3	4	5	6
4. Have you been afraid that you might become fat (or fatter)?	1	2	3	4	5	6
5. Have you worried about your flesh being not firm enough?	1	2	3	4	5	6
6. Has feeling full (e.g. after eating a large meal) made you feel fat?	1	2	3	4	5	6
7. Have you felt so bad about your shape that you have cried?	1	2	3	4	5	6
8. Have you avoided running because your flesh might wobble?	1	2	3	4	5	6
9. Has being with thin women made you feel self-conscious about your shape?	1	2	3	4	5	6
10. Have you worried about your thighs spreading out when sitting down?	1	2	3	4	5	6
11. Has eating even a small amount of food made you feel fat?	1	2	3	4	5	6
12. Have you noticed the shape of other women and felt that your own shape compared unfavourably?	1	2	3	4	5	6
13. Has thinking about your shape interfered with your ability to concentrate (e.g. while watching television, reading, listening to conversations)?	1	2	3	4	5	6
14. Has being naked, such as when taking a bath, made you feel fat?	1	2	3	4	5	6
15. Have you avoided wearing clothes which make you particularly aware of the shape of your body?	1	2	3	4	5	6
16. Have you imagined cutting off fleshy areas of your body?	1	2	3	4	5	6

	Never					
		Rarely		Sometimes		
				Often		
					Very often	
						Always
17. Has eating sweets, cakes, or other high calorie food made you feel fat?	1	2	3	4	5	6
18. Have you not gone out to social occasions (e.g. parties) because you have felt bad about your shape?	1	2	3	4	5	6
19. Have you felt excessively large and rounded?	1	2	3	4	5	6
20. Have you felt ashamed of your body?	1	2	3	4	5	6
21. Has worry about your shape made you diet?	1	2	3	4	5	6
22. Have you felt happiest about your shape when your stomach has been empty (e.g. in the morning)?	1	2	3	4	5	6
23. Have you thought that you are in the shape you are because you lack self-control?	1	2	3	4	5	6
24. Have you worried about other people seeing rolls of fat around your waist or stomach?	1	2	3	4	5	6
25. Have you felt that it is not fair that other women are thinner than you?	1	2	3	4	5	6
26. Have you vomited in order to feel thinner?	1	2	3	4	5	6
27. When in company have you worried about taking up too much room (e.g. sitting on a sofa, or a bus seat)?	1	2	3	4	5	6
28. Have you worried about your flesh being dimply?	1	2	3	4	5	6
29. Has seeing your reflection (e.g. in a mirror or shop window) made you feel bad about your shape?	1	2	3	4	5	6
30. Have you pinched areas of your body to see how much fat there is?	1	2	3	4	5	6
31. Have you avoided situations where people could see your body (e.g. communal changing rooms or swimming baths)?	1	2	3	4	5	6
32. Have you taken laxatives in order to feel thinner?	1	2	3	4	5	6
33. Have you been particularly self-conscious about your shape when in the company of other people?	1	2	3	4	5	6
34. Has worry about your shape made you feel you ought to exercise?	1	2	3	4	5	6

Instructions: Read each item carefully and indicate how characteristic it is of you according to the following scale.

1 = Not at all characteristic of me

2 = Slightly characteristic of me

3 = Moderately characteristic of me

4 = Very characteristic of me

5 = Extremely characteristic of me

1. am comfortable with the appearance of my physique or figure. ____
2. I would never worry about wearing clothes that might make me look too thin or overweight. ____
3. I wish I wasn't so up-tight about my physique or figure. ____
4. There are times when I am bothered by thoughts that other people are evaluating my weight or muscular development negatively. ____
5. When I look in the mirror I feel good about my physique or figure. ____
6. Unattractive features of my physique or figure make me nervous in certain social settings.
7. In the presence of others, I feel apprehensive about my physique or figure. ____
8. I am comfortable with how fit my body appears to others. ____
9. It would make me uncomfortable to know others were evaluating my physique or figure. ____
10. When it comes to displaying my physique or figure to others, I am a shy person. ____
11. I usually feel relaxed when it's obvious that others are looking at my physique or figure. ____
12. When in a bathing suit, I often feel nervous about how well-proportioned my body is. ____

Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who *likes to spend time with others*? Please write a number next to each statement to indicate the extent to which **you agree or disagree with that statement.**

1	2	3	4	5
Disagree Strongly	Disagree a little	Neither agree nor disagree	Agree a little	Agree strongly

I am someone who...

1. _____ Is talkative
2. _____ Is depressed, blue
3. _____ Is reserved
4. _____ Is relaxed, handles stress well.
5. _____ Is full of energy
6. _____ Can be tense
7. _____ Is ingenious, a deep thinker
8. _____ Generates a lot of enthusiasm
9. _____ Worries a lot
10. _____ Tends to be quiet
11. _____ Is emotionally stable, not easily
upset
12. _____ Has an assertive personality
13. _____ Can be moody
14. _____ Is sometimes shy, inhibited
15. _____ Remains calm in tense situations
16. _____ Is sometimes rude to others
17. _____ Gets nervous easily
18. _____ Likes to cooperate with others

Information sheet

Contacts of helpful organizations working in the area of eating disorders.

Bodywhys

The Eating Disorder Association of Ireland.

alex@bodywhy.ie

Phone: 1890 200 444

Lois Bridges

Eating Disorders Treatment Centre

info@loisbridges.ie

Phone: 01 839 6147

Body Dysmorphic Disorder

BDD Central

On line support and information available from:

www.bddcentral.com

Public services information

www.oasis.gov.ie

Ar Chroi

An organisation for the parents of those with Eating Disorders.

Phone: 086 876 1521

Marino Therapy Centre

Institute for eating Distress Studies

<http://www.marinotherapycentre.com/>

Phone: 01 833 3126