An investigation into Body Image Satisfaction
and its relationship with Eating Attitudes,
Self-Efficacy, and Gender

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Abstract

The aim of the present study was to investigate body image satisfaction and its relationship to eating attitudes, self-efficacy, and gender. This study was both a between-groups, cross-sectional, and correlational design study, utilising a quantitative research design. It involved 99 participants both male and female to fill out three psychological questionnaires, based on body image satisfaction, eating attitudes, and self-efficacy. Analysis of the data found that males and females were equally affected by body image concerns and had similar attitudes to eating. Analysis of data also found that self-efficacy predicts body image satisfaction scores. The conclusion drawn from the results of this study are that the findings support the growing body of research which suggests that male's concerns with their bodies and diet are becoming increasing prevalent. Further research is needed in the area of body image concerns and eating attitudes in males for more defined results.
Introduction

Motivation behind my current study

Obesity, a state of excess body fat, is commonly assessed using the body mass index (BMI), it is a ration of weight to height. A BMI over thirty is considered obese. In Ireland, current estimates suggest that one in five adults are obese. Ireland is ranked third highest in Europe for obesity rates and by 2025, Ireland will have the second-highest rate of obesity in the EU (‘NCD Risk Factor Collaboration’, 2016). Due to these worrying statistics, there is more research needed to discover why Irish people continue to become unhealthier. More importantly it seems weight is closely linked to an individual’s perception of their own body image, which can have a major influence on one’s psychological health.

Weight is a major component which influences satisfaction with our own bodies. The term body image was first established as a psychological construct by Austrian psychiatrist Paul Schilder in 1935 (Schilder, 1935). Despite the maxim "beauty is only skin deep", people make assumptions about a person's personality and treat them differently based simply on their appearance. Thorndike (1920) called this the ‘halo effect’, this is where people are rated highly on one dimension such as attractiveness, are then assumed to excel in other areas such as intelligence (Brennan, Lalonde, & Bain, 2010). Today, body weight and body height have become significant elements affecting the body image of a person (Gorber et al., 2007). A slim body is highly valued and is associated with dominance and high social status. At the same time, overweight and obesity are associated with ‘ugliness’ (Eknoyan, 2006). Obese people encounter many problems not only in interpersonal but also in professional relations. These types of opinions, both positive and negative, can have a major psychological impact on how people feel and think about their own bodies. From a very early age people show a great concern with body image. Dohnt and Tiggemann (2006) found that body image
concerns are relevant and present in young girls from 5 to 8 years of age. Body image dissatisfaction seems to increase with age, peaking during early adolescence, particularly among females (Littleton & Ollendick, 2003). Within the area of body image, a big concern is the impact of the media and the impact it has on how people evaluate their body image. The media represent an idealised body image which is associated with being slender, physically attractive and athletic. Many individuals in society will find it difficult to attain these idealised representations of body image (Morrison, Morrison & Hopkins, 2003). Individuals begin to feel bad about how their bodies which leads to a negative body image, this has a major impact on their psychological health (Cash et al., 2004).

In the past studies on body image satisfaction have focused primarily on females, dissatisfaction or negative thoughts or feelings regarding ones’ body shape has been shown to be a phenomenon among young female adolescents and adult women (Grabe, Ward, & Hyde, 2008). However, in recent years body image dissatisfaction is becoming increasingly prevalent among males also (Parent, 2013).

Body image satisfaction is closely linked to eating attitudes. Dieting and weight loss has shown in numerous studies to frequently result in body image satisfaction. Dieting to lose weight has been described as ‘normative’ behaviour among young women as it is so common. In contrast, body image dissatisfaction has been identified as a precursor for eating pathology in an extensive number of longitudinal studies (Fairburn et al., 2003), unhealthy eating practices is often employed by young women to lose weight in order to become satisfied with the shape of their bodies. Males have largely been excluded from research regarding eating attitudes. However, a study carried out to examine dieting behaviour in male college students discovered 13% diet to lose weight and 28% diet to maintain weight (Alix Timko et al, 2006).
Self-Efficacy has shown to influence both body image satisfaction and eating attitudes. A study carried out by Baker and Brownell (2000) discovered that improvement in self-efficacy leads to healthier eating, exercise behaviours, weight loss, and in turn leads to increased body image satisfaction.

**Body Image Satisfaction**

Body image is a dynamic concept that involves internal biological and psychological factors as well as external cultural and social determinants (Geller & Josie, 2000). Body image is the visualisation of our own body in our mind (Grogan, 2006). Gendebien and Smith (1992), defined 'Body image' as something that can be broken down into an affective component or how people feel about their own bodies and a cognitive component of what people think their body should be or look like. Body image satisfaction encompasses a whole range of a person’s thoughts, perceptions, feelings and behaviours towards their bodies, however the major focus has come to be on body shape and weight (Grogan, 2010).

Body image has been long associated with psychological, developmental, and social factors such as self-esteem, eating and exercise behaviours, interpersonal confidence, and emotional stability (Cash & Pruzinsky, 1990). Body image satisfaction has shown to have a positive impact on self-esteem, self-compassion, optimism, and well-being (Wasylkiw, MacKinnon, & MacLellan, 2012). Contributing factors to a person’s concept of their own body image is factors such as family and peer’s opinions, social media networks, and media influence (Abraczinskas et al., 2012). A multitude of research literature has shown that positive 'body image' enhances well-being, and a negative 'body image' can have detrimental effects on one's mental health (Tylka, 2011). These points all pay a key role in understanding the reasons behind feelings of body image satisfaction which is the main topic of this particular study.
Body image satisfaction is linked to key health behaviours and adaptive cognitive processes. A positive body image refers to love and acceptance of one’s body which can include aspects inconsistent with societally-prescribed ideals, and appreciation of its uniqueness regardless of weight (Tylka, 2011). Satisfaction with one’s body and appearance are widely associated with greater levels of physical activity and intuitive eating (Augustus-Horvath and Tylka, 2011), positive health behaviours (Andrew, Tiggemann, & Clark, 2014), self-esteem, and better sexual functioning (Satinsky et al. 2012). Body size satisfaction in overweight or obese individuals is related to fewer reports of currently trying to lose weight (Anderson et al., 2002). While it is important to note these factors of body image satisfaction, other closely linked research in this field examines body image dissatisfaction which will reviewed in more detail in the next section.

**Body Image Dissatisfaction**

Body image dissatisfaction, is defined as having a negative subjective evaluation of one’s physical body. Body image dissatisfaction is influenced by factors such as; body shape and appearance, attitudes towards weight gain, and cultural norms in relation to an ideal body (Stice & Shaw, 2002). Researchers have documented a marked increase in body image dissatisfaction in recent times for both males and females. This information is concerning, body image satisfaction may be important in predicting individuals mental and physical health status (Jackson et al., 2014). This is likely due to the current societal beauty ideals in Western countries which emphasises the importance of a certain body shape and weight, thin and toned body for women, and a muscular and lean body for men (Grogan, 2008). These ideals are so extreme it is near impossible for most individuals to attain by a healthy means (Halliwell and Dittmar 2008), therefore it is not surprising that many individuals suffer some level of body dissatisfaction. Today a hyper-caloric food pattern and a sedentary lifestyle are the leading causes of weight gain and obesity in Western societies, the bombardment of
media images which convey unattainable ideals has led to higher body image dissatisfaction (Coelho et al, 2016).

Low levels of body image satisfaction are associated with a variety of negative consequences, including an increased risk of disordered eating behaviours, low self-esteem, compulsive need for excessive exercise (White & Halliwell, 2010), desire for cosmetic surgery (Frederick, Lever, & Peplau, 2007), discomfort with one's sex life (Peplau et al., 2009) and depressive symptoms (Slevac & Tiggemann, 2011). Disordered eating encompasses a wide range of eating behaviours, including dieting, serve food restriction, binge eating, and purging (Williamson & Martin, 1999). Rates of body dissatisfaction increase with body mass index (BMI), and is particularly high among those who are overweight or obese (Presnell, Bearman & Stice, 2004). It has been found that the perception of being overweight – one’s ‘weight identity’ – is linked to more psychological problems than actually being overweight (Maxwell & Cole, 2012; Muennig et al., 2008). However, it is important to note that not all overweight people will experience body image dissatisfaction and, in particular, that underweight people may also experience this dissatisfaction (Fitzgibbon, Blackman & Avellone, 2000). Clinicians and weight control participants hope that by losing weight it will be sufficient to eliminate unwanted negative body image attitudes and behaviours. However, as a psychological construct, body image is only modestly related to objective physical appearance (Feingold, 1992), and consequently, weight reduction by itself might not improve body image satisfaction as much as people expect.

The home and family environment have been found to be an important influence when it comes to people’s body image. Negative communication and comments regarding body image from family members and peers including encouragement to diet, critical comments towards weight and body shape, and teasing, have all been associated with body image dissatisfaction (Hardit & Hannum, 2012). Kichler and Crowther (2009) found that
even rare comments made by peers or family members can have a negative impact. Hardit and Hannum (2012), discovered that positive memories of parental care are associated with lower levels of body dissatisfaction.

It is important to look at the many reasons people have feelings of body image dissatisfaction as it is relevant to the hypotheses within this study. The points above help to gain a better understanding of why people feel the way they do about their own bodies.

**Body Image Satisfaction – Gender Differences**

The evaluation of one’s appearance is developed and shaped in a socio-cultural context where cultural messages convey valued physical characteristics, standards, and gender-based expectations that tie “femininity” and “masculinity” to certain physical attributes (Wertheim, Paxton, & Blaney, 2009). For both genders, a slender ‘exercised’ body is valued highly in Western society and reflect will power, control, and success (Olivardia et al., 2004).

Physical attractiveness is generally regarded as a more important characteristic for females than males (Feingold 1990), as a result woman are generally more dissatisfied with their bodies than men are. The higher importance of physical attractiveness for women makes particularly women vulnerable to developing low body image satisfaction and an unhealthy attitude towards food may result from it (Striegel-Moore & Bulik, 2007). The current research will be examining both attitude to food and body image satisfaction to discover if there are any links between the two variables. Hoyt and Kogan (2001) found that women tend to be dissatisfied with their abdomen, waist, buttocks, and thighs, and desire to reduce the size of these ‘fat’ body parts or re-shape their lower body, regardless of actual weight. Women tend to rate themselves as heavier than they actually are, and to view this negatively. In addition, weight appears to be a salient aspect of identity. This does not appear to be the
case with men – or at least not to the same extent (Grover, Keel, & Mitchell, 2003).

However, a study by McCabe & Ricciardelli (2004), found that if the number of men dissatisfied with their body because of obesity is added to the number dissatisfied because of lower muscle mass, the rate of body dissatisfaction is approximately equal between men and women. There is limited research within Ireland comparing both males and females on the topic of body image satisfaction, therefore this study is looking at both genders to investigate if it reflects similar results to previous research on this topic.

A gender difference in body image satisfaction appears well-established; numerous studies carried out over the years have highlighted that women tend to have lower body image satisfaction than their male counterparts. From early adolescence, approximately 40% of girl’s report being moderately or extremely dissatisfied with their bodies (Bearman, Presnell, & Martinez, 2006). Being dissatisfied with body image continues for women into adulthood. Feingold and Mazzella’s (1998) meta-analysis of gender differences in body image used 222 studies over a 50-year period, found dramatic increases in the numbers of women who have poor body image. A study in Switzerland found that 71% of a sample of 1,053 women aged 30 – 74 years reported wanting to be thinner even though 73% were normal weight (Allaz et al., 1998). A study carried out in the United States of close to 2000 women in 2010-2011, only 12.2% were found to be satisfied with their body image (Runfola et al., 2013). A study across 24 countries found that body image dissatisfaction was significantly higher among female adolescents than males and varied from 34.1% of girls (in the Netherlands) to 61.8% (Czech Republic), with an average of 46.4% (Al Sabbah et al., 2009). Goswami, Sachdeva, & Sachdeva (2013) investigated body satisfaction among female college subjects. Results showed that BMI is a predictor of body satisfaction for females. Females who had a higher BMI (>23 kg/m²) had significantly higher prevalence of body dissatisfaction.
Although body dissatisfaction is also becoming more common in men (Adams, Turner & Bucks, 2005; Blond, 2008), they generally maintain a higher level of body satisfaction than women (Bekker, Croon & Vermaas, 2002; Carlson & McAndrew, 2004; Demarest & Allen, 2000; Jones, Fries & Danish, 2007; Xu et al., 2010). Boys and men are not as frequently evaluated in terms of their appearance; therefore, they don’t internalize an observer’s view of their bodies; at least not to the extent that women do (McKinley, 1999). A study by Diedrichs (2012) found that more than four in five men (80.7%) talk in ways that promote anxiety about their body image by referring to perceived flaws and imperfections, compared with 75% of women.

Because there is conflicting information on body satisfaction in various populations, this study was planned to explore whether there are gender differences in body image satisfaction among adult men and women. However, most research has focused on both younger populations and predominantly female populations, leaving research on adult males very limited. Therefore, this study examines both men and women of all ages.

**Eating Attitudes**

Body image satisfaction, eating habits and attitudes are closely linked. A healthy diet leads to weight loss or maintaining a healthy weight, in turn leading to increased body image satisfaction. In contrast, unhealthy eating leads to increased body fat or obesity which studies have shown to lead to body dissatisfaction (Mond et al., 2011). Healthy eating represents a balanced and varied diet, consisting of healthy foods; fresh and natural foods, plenty of fruits and vegetables, and foods containing vitamins and minerals (Povey et al., 1998). It also includes eating habits and behaviours that are consistent with improving, maintaining, and/or enhancing health—both physical and psychological (Polivy, & Herman, 2005). Healthy eating attitudes, defined as the attitude an individual has towards eating a healthy diet and
behaviour that would contribute towards a healthy diet. An individual’s attitude towards healthy eating combined with their body image satisfaction plays a significant role in overall health. As a person gets older it is crucial that healthy eating patterns are established to avoid potential health risks. Poor eating habits have been linked with serious health consequences later in life such as obesity, heart disease, diabetes, some cancers, and sleep apnea (Taylor et al., 2013), however, dietary guidelines are often not followed. Hayes, & Ross (1987) found that health concern and appearance are the most significant motivational factors in applying healthy eating. These points are important as they give some understanding to the topics looked at in the current study; individuals attitude towards eating and the effects it can have on an individual’s perception of their own body image.

With the emphasis placed on body image in today's society, and slimness being considered appealing it has resulted in an increase in eating disorders, they are among the most rapidly increasing diseases of the Modern Age (Caqueo-Urías et al., 2011). People are aware of eating disorders such as anorexia and bulimia, but these are the extremes of issues with body image. Milder forms of eating disorders are manifesting in the form of obsessive thinking about diet and food, a fear of fatness, extreme dieting techniques, counting calories, and other forms of weight loss practices (Goldschmidt et al., 2008). When an individual is found to suffer with anxiety, moods, low self-esteem, body dissatisfaction, and emotion deregulation, the development of eating disorders is increasingly common (Markey & Vander Wal, 2007). The points above imply body image dissatisfaction will be linked to a negative attitude towards eating which will be examined within this study.

Many attempts have been made to address attitudes toward different foods and dietary practices particularly between men and women. In general, women have been frequently reported to engage in far more health-promoting behaviours than men and have healthier lifestyle patterns (Gough & Conner, 2006; Roos, Prättälä, & Koski, 2001). In many of these
studies, females have been found to have more negative attitudes than males towards high-fat foods and more positive attitudes than males towards low-fat foods (Verplanken & Faes, 1999). Links between body image satisfaction and having a positive attitude towards eating has been well recorded, particularly for young women aged between teenage years and late twenties living in Western cultures (Ferraro et al., 2008). European females have also been found to have healthier behaviour patterns in general than males and are more likely to have and maintain better eating patterns than males. Higher interest in keeping the body in good shape may be one of the reasons for healthier eating habits among females than among males (Castetbon et al., 2007).

There is growing evidence to suggest that men are increasingly growing more concerned with the types of food they eat (Lavender & Anderson, 2010). While in the past men have generally been assumed as unconcerned about their appearance, weight, and free from body image concerns, this is increasingly not the case (Lee & Evans, 2002). It seems eating attitudes in males differs from women as men are looking to gain weight to appear muscular, whereas women are dieting to lose weight. Men appear to be more interested in the shape of their bodies than weight, although the two are clearly related. Eating specifically to gain weight, to increase body size and muscularity, may include behaviours such as excessive consumption of food, or excessively eating food that contain protein (O’Dea & Abraham, 2002). Studies have found an increase in the use of protein powders among men and a restrictive food diet. These behaviours can have a damaging mental and physical effect on men, much like the effects of dieting to lose weight. Obsessive repeated failings in gaining muscles can affect self-esteem, body image satisfaction and can lead to muscle dysmorphia (Murray et al., 2012). In 1995, the National Association of Anorexia Nervosa and Associated Disorders (ANAD) reported that of the 8 million Americans with eating disorders, approximately 1 million were male (Henkel, 1995). By the year 2000, Phillips (2000)
suggested that an estimated 3 million men may have eating disorders, which shows an increase in eating concerns for males.

**Self-Efficacy**

Self-efficacy theory was established by Albert Bandura in 1977, it is defined as an individual’s expectation of their own ability to be efficacious in an endeavour will affect the effort put out and the eventual outcome (Bandura, 1977). Self-efficacy is seen as a construct whereby one’s cognitive, behavioural, social, and emotional skills are effectively organized towards the realization of various goals. In Bandura’s view, self-efficacy is regarded as a crucial factor in the successful completion of functions. Self-efficacy is the belief and confidence in one’s ability to carry through with steps toward a goal and to implement the changes necessary to achieve that end (Bandura, 1977; Elfhag & Rössner, 2005). Life becomes meaningful for people only when they can maintain a role or keep a goal in mind in their life events (Jacobsen & Harris, 2008). Studies have shown that people with higher life-goals have higher self-acceptance, greater life satisfaction bear greater responsibilities, and have more self-control (Simmon, 1980). Therefore, some of the keys to weight loss success and healthy eating are thought to be motivation and self-efficacy, in turn leading to body image satisfaction which will be examined in the current research.

Baker and Brownell (2000) proposed a model of the relations of exercise, improvements in psychological variables, and maintained weight loss. More specifically, they suggested that improvements in mood, self-efficacy and body image would lead to increased psychological resources to successfully self-regulate, leading to improved eating and exercise behaviours and weight loss. There has been empirical confirmation of some of the expected relationships within this model using self-efficacy (Annesi & Whitaker, 2008), social cognitive (Annesi & Whitaker, 2010), and self-determination (Mata et al., 2009) paradigms.
It was thought that using self-efficacy to manage the physical and self-regulatory demands of exercise is associated with one’s ability to sustain improved eating behaviours (Annesi & Whitaker, 2010).

However, a number of studies looking at the relationship between motivation, self-efficacy, and weight loss have produced inconsistent results. Linde, Rothman, Baldwin, and Jeffery (2006) found that diet self-efficacy did predict some weight loss, and Teixeira and colleagues (2004) found that self-motivation was a significant predictor of short-term weight loss. Whereas, Martin, Dutton, and Brantley (2004) found that higher self-efficacy scores at the outset were negatively related to weight loss in a female African American sample. In some studies, no association between baseline motivation and self-efficacy, and weight loss was found (Byrne, Barry, & Petry, 2012; Elfhag & Rössner, 2005; Fontaine & Cheskin, 1997).

**Aims**

The purpose of the present study is to improve our understanding of body image satisfaction and its links to eating attitudes, self-efficacy, and gender within adults in Ireland. A lot of previous research has been conducted in the area of body image, it is a topic that effects a lot, if not all members of society at one time or another. With the number of people struggling with a negative body image perception, it sets out strong reasons as to why this area is researched so often. Unfortunately for some to achieve this ideal body image the development of an eating disorder begins to occur; therefore, it is important that further research in this area is conducted to help identify individuals who are at risk of eating disorders. A lot of previous research on the topic of body image satisfaction has focused primarily on females, there is a lack of information concerning males. However, it has been found that females tend to have higher rates of body image dissatisfaction than their male
counterparts. Therefore, one of the aims of this study will be to examine both males and females in the area of body image satisfaction.

Previous research has found that there are links between body image satisfaction and having a positive attitude towards healthy eating. Also, it has been found that females focus on eating a healthier diet with foods lower in fat than males. However, healthy eating is becoming more prevalent in males in recent years with an added pressure to keep their body in shape. This will in turn lead to the next aim of the study, to examine body image satisfaction and the impact it has on attitude towards eating, comparing both genders against one another.

The final aim of the study will be to examine the influence self-efficacy scores has on body image satisfaction. Self-efficacy is the belief and confidence in an individual’s ability to complete a specific goal. It is believed people with high levels of self-efficacy have more self-control, therefore one could assume that high levels of self-efficacy would result in controlled eating habits in turn leading to body image satisfaction. The present study will examine if people who have high levels of self-efficacy will be satisfied with their body image.

This investigation is conducted in the hope that this study will enhance the knowledge within the body image satisfaction field and help gain a better understanding of people with body image satisfaction and dissatisfaction.
Hypotheses

From the aims that have been mentioned above there will be two main hypotheses:

- It is hypothesized there will be gender differences in attitude towards eating and body image satisfaction scores
- It is hypothesized that self-efficacy scores will significantly predict body image satisfaction
Methodology

Participants

Participants (N=99) were a sample of the general population within Ireland. Participants were from all backgrounds with no regard for sex, age, race, or religion. The sample consisted 99 people altogether, 40 males (40.4%) and 59 females (59.6%). Participants were all over the age of eighteen, literate, and had the ability to give informed consent. Participation was completely voluntary, and nothing was given to reinforce participation. All anonymity of participants was assured.

Participants were recruited using convenience sampling, people such as friends, family, work colleagues. Social media, such as Facebook and Twitter, were some of the methods used to recruit participants.

Participants were also recruited using snowball sampling. This happened where existing participants recruited other participants from among their acquaintances, specifically by sharing the survey on their own social media account.

Design

The current study is both a between-groups, cross-sectional, and correlational design study, utilising a quantitative research design. All analysis was carried out using Statistical Package for Social Sciences version 21 (SPSS-21). Preliminary analyses were conducted and all variables in the study satisfied the assumption of normality and no outliers were found. Reliability analysis using Cronbach’s Alpha was performed on each questionnaire to determine the internal reliability of each scale, which is provided below in the materials section. Descriptive statistics were carried out to provide general information on the sample of participants.
Hypothesis one is a between-groups, cross-sectional design as this hypothesis observes different groups (male and females) at a specific point in time. The aim of this hypothesis is to observe any differences between males and females on the variables body image satisfaction and eating attitudes. The independent variable is gender and the dependent variables are eating attitudes and body image satisfaction.

Hypothesis two is a correlational study as both variables, body image satisfaction and self-efficacy, are scale and it is required to predict one variable from the other. The criterion variable for this hypothesis is self-efficacy and the predictor variable is body image satisfaction.

The current study was approved by the research panel of DBS Ethical Committee.

Materials & Apparatus

Participants filled out an anonymous online survey using google forms. The survey consisted of different sections which collected data on people’s feelings regarding their own body image and the effects it has on their eating habits, and self-efficacy. The first section had an information sheet regarding the study (See Appendix A). There were three questions at the beginning of the study which asked the participants if they consented to taking part, if they were over the age of eighteen, and it asked them to specify if they were male or female. There were three frequently used and reliable questionnaires used for this study which are described in detail below. Resources used for this study was social media websites such as Facebook, Instagram, and Twitter, as well as people known to the researcher. The three questionnaires used are described below (See Appendix B).

The General Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1995) is a ten-item scale to measure an individual’s perceived self-efficacy, as well as their ability to cope with daily obstacles and problems. The scale consists of ten items which are answered on a 4-point
Likert scale (1 = Not at all true, 2 = Hardly true, 3 = Moderately true and 4 = Exactly true). Participants are instructed to read each statement on the scale and respond by choosing an answer which expresses best how they feel about the statement. Examples of the statements include “I can always manage to solve difficult problems if I try hard enough” and “If someone opposes me, I can find the means and ways to get what I want”. The total score is calculated by finding the sum of the all items. For the GSE, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy. The GSE has generally high internal consistency, this has been demonstrated by Cronbach’s alpha falling between 0.75 and .090 (Schwarzer, 1995). Using SPSS, Cronbach’s Alpha was run to assess the reliability of the GSE on the current study and found it was very reliable with a score of .89.

*Body Image States Scale* (BISS) (Cash et al., 2002) is a six-item measure of individuals’ evaluation and affect about their physical appearance, specifically; (1) dissatisfaction–satisfaction with one’s overall physical appearance; (2) dissatisfaction–satisfaction with one’s body size and shape; (3) dissatisfaction–satisfaction with one’s weight; (4) feelings of physical attractiveness–unattractiveness; (5) current feelings about one’s looks relative to how one usually feels; and (6) evaluation of one’s appearance relative to how the average person looks. Responses to each item were based on 9-point, bipolar, Likert-type scale, semantically anchored at each point. The scale was presented in a negative-to-positive direction for half of the items and a positive-to-negative direction for the other half. The instructions stated: ‘For each of the items below, check the box beside the one statement that best describes how you feel RIGHT NOW, AT THIS VERY MOMENT. Read the items carefully to be sure the statement you choose accurately and honestly describes how you feel right now’. Examples of the statements include ’extremely dissatisfied with my physical appearance’ to ‘extremely satisfied with my physical appearance’ and ‘extremely dissatisfied with my body size and shape’ to ‘Extremely satisfied with my body size and
shape’. BISS scores were the mean of the six items after reverse-scoring the three positive-to-negative items. Thus, higher BISS scores on the 9-point dimension indicate more favourable body image states. The internal consistency was reported .77 for women and .72 for men. (Cash et al., 2002). Cronbach’s alpha was run on SPSS to measure the reliability of the BISS within the current study and was found to be very high, with a score of .86.

*The Health and Taste Attitude Scale* (HTAS) (Roininen & Tuorila, 1999) is an eight-item scale designed to measure the importance and attitude towards the health aspect of food in the food choice process. The scale consisted of 8 items and participants were instructed to ‘Please rate how strongly you agree or disagree with each of the following statements by placing a check mark in the appropriate circle’ this was presented on a 7 point Likert scale, ranging from ‘Strongly Agree’ to ‘Strongly Disagree’. Examples of the statements included ‘I eat what I like and I do not worry about healthiness of food’ and ‘It is important for me that my diet is low in fat’. In this questionnaire the number of positive statements is equal to the number of negative statements which are reverse scaled for analysis, the higher the score the more positive attitude towards healthy eating. The HTAS has generally high internal consistency and reliability, with reliability of 0.86, and Cronbach’s alpha measure of internal consistency of 0.84 (Koritar et al., 2014). Cronbach’s Alpha was run on SPSS to test the reliability and internal consistency of the HTAS on the current study and found it to be reliable, with a result of .77.

*Procedure and Ethical Considerations*

The online questionnaire was available for a number of weeks on Google forms. The researcher shared a link to this document on Facebook, Twitter, and Instagram, as well as with friends, family, and work colleagues. The link that was circulated requested that volunteers take part in the study and also requested that they forward the link to their own
acquaintances or share across their own social media accounts. Once the link was clicked the participants were taken to an information sheet (See Appendix A). The information sheet gave a description of the study. The information sheet also informed them that participation was anonymous and confidential, as responses could not be attributed to any one person it would not be possible to withdraw from participation after they had submitted their answers. They were also informed that by submitting the survey they were consenting to taking part.

The information sheet also had some information regarding data protection. Participants were provided with the contact details of the researcher and the researcher’s supervisor whom they can contact for further information. After the information sheet there was three obligatory questions which asked the participants if they consented to taking part, if they were over the age of eighteen, and it asked them to specify if they were male or female. The participants then had to click continue to the next section which consisted of the ‘Health and Taste Attitude Scales’ to assess attitude towards eating, they were then advised to continue to the next section. The next section of the questionnaire was the ‘Body Image States Scale’ to assess body image satisfaction. The final part of the questionnaire consisted of the ‘General Self-Efficacy Scale’ to measure self-efficacy (See Appendix B). Following the questionnaire they were asked to submit the survey which led them to the debrief sheet (See Appendix C). On the debrief sheet, participants were thanked for their participation and given the contact details of two support organisations, AWARE and the Samaritans, in case any issues or distress emerged as a result of completing the questionnaire. All ethical guidelines as prescribed by the Psychological Society of Ireland and the ethics committee of the third level institution were adhered to.
Results

Descriptive Statistics

This study examined body image satisfaction in relation to eating attitudes, self-efficacy, and gender. Data consisted of participants’ scores on the measure of The General Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1995), Body Image States Scale (BISS) (Cash et al., 2002), and The Health and Taste Attitude Scales (HTAS) (Roininen & Tuorila, 1999). The data collected was statistically analysed using Statistical Package of Social Science (SPSS) software for Windows. The hypotheses were analysed using linear regression and a Manova. The results of this study are reported below utilising quantitative data. The total number of respondents that took part in the study was 99, which is broken down as 40 males (40%) and 59 females (59.6%).

![Sex of Respondents](image)

Figure 1 *Displaying the sex of respondents*
Table 1 *Descriptive Statistics of Psychological Measures used in the study*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>BISS</td>
<td>4.95</td>
<td>1.46</td>
<td>.86</td>
</tr>
<tr>
<td>GSE</td>
<td>29.72</td>
<td>5.29</td>
<td>.89</td>
</tr>
<tr>
<td>HTAS</td>
<td>28.51</td>
<td>8.28</td>
<td>.77</td>
</tr>
</tbody>
</table>

Table 1 displays the mean and standard deviation of three of the psychological measures that were used in the study. The results show that Body Image States scale had a mean score of 4.95 with a standard deviation of 1.46, the General Self-Efficacy scale had a mean score of 29.72 and a standard deviation of 5.29, and the Health Tastes and Attitudes scale had a mean score of 28.51 and standard deviation of 8.28. Cronbach’s Alpha was also run to test internal consistency and reliability, the results are as follows, BISS was .86, the GSE was .89, and the HTAS was .77, each scale is high in reliability and internal consistency.

Table 2 *Descriptive Statistics of Psychology Measures of female participants*

<table>
<thead>
<tr>
<th>Female</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Image Satisfaction</td>
<td>4.96</td>
<td>1.65</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>28.52</td>
<td>5.89</td>
</tr>
<tr>
<td>Eating Attitudes</td>
<td>27.71</td>
<td>8.53</td>
</tr>
</tbody>
</table>

Table 2 displays the breakdown of the mean and standard deviation of females for the three psychological measures used in the study. Results show that body image satisfaction had a mean score of 4.96 with a standard deviation of 1.65, self-efficacy had a mean score of 28.52 and a standard deviation of 5.89, and eating attitudes had a mean score of 27.71 and standard deviation of 8.53.
Table 3 *Descriptive Statistics of Psychology Measures of male participants*

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Image Satisfaction</td>
<td>4.92</td>
<td>1.14</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>31.50</td>
<td>3.65</td>
</tr>
<tr>
<td>Eating Attitudes</td>
<td>29.70</td>
<td>7.86</td>
</tr>
</tbody>
</table>

Table 3 displays the breakdown of the mean and standard deviation of males for the three psychological measures used in the study. Results show that body image satisfaction had a mean score of 4.92 with a standard deviation of 1.14, self-efficacy had a mean score of 31.50 and a standard deviation of 3.65, and eating attitudes had a mean score of 29.70 and standard deviation of 7.86.

Table 4 *Descriptive statistics of the Body Image States Scale for female participants*

<table>
<thead>
<tr>
<th></th>
<th>BISS</th>
<th>Physical Appearance</th>
<th>Body Shape &amp; Size</th>
<th>Current Weight</th>
<th>Physically Attractive</th>
<th>Better/Worse about looks</th>
<th>Looks compared to average person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.96</td>
<td>5.15</td>
<td>5.24</td>
<td>5.32</td>
<td>4.20</td>
<td>5.37</td>
<td>4.51</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.65</td>
<td>2.48</td>
<td>2.42</td>
<td>2.45</td>
<td>1.52</td>
<td>1.75</td>
<td>1.43</td>
</tr>
</tbody>
</table>

Table 5 *Descriptive statistics of the Body Image States Scale for male participants*

<table>
<thead>
<tr>
<th></th>
<th>BISS</th>
<th>Physical Appearance</th>
<th>Body Shape &amp; Size</th>
<th>Current Weight</th>
<th>Physically Attractive</th>
<th>Better/Worse About looks</th>
<th>Looks compared to average person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.92</td>
<td>5.13</td>
<td>5.35</td>
<td>5.18</td>
<td>4.33</td>
<td>5.28</td>
<td>4.33</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.14</td>
<td>1.91</td>
<td>1.98</td>
<td>2.03</td>
<td>1.54</td>
<td>1.28</td>
<td>1.16</td>
</tr>
</tbody>
</table>
Tables 4 and 5 display the descriptive statistics for each question on the Body Image States Scale (Cash et al., 2002). The results show that in this study males and females exhibited very similar levels of body image satisfaction and dissatisfaction on each question on the BISS, however females scored higher overall (M = 4.96), compared to males (M = 4.92). The higher BISS scores for females indicate more favourable body image states. Females had a higher mean score on questions regarding their feelings on physical appearance, current weight, better/worse about their looks, and how they felt compared to the average person. Males scored higher on their feelings regarding body shape and size, physical attractiveness.

Figure 2 displaying a bar chart of female participants feelings regarding their physical appearance
Figures 2 and 3 display bar charts of male and female participants' feelings regarding their physical appearance. The percentage of females with a high level of satisfaction regarding their physical appearance was 34%, and for males 30%. The percentage of females feeling moderately satisfied with their physical appearance was 28.8%, and males 37.5. The percentage of females feeling dissatisfied with their physical appearance was 37.3%, and for males 32.5%.
Tables 6 and 7 display the descriptive statistics for each question on the Health and Taste Attitude scale. The results show that in this study males and females exhibited very similar levels of eating attitudes on each question on the HTAS, however males scored higher overall (M = 27.71), compared to females (M = 29.70). The higher score for males indicates a more positive attitude towards healthy eating than females. Females had a higher mean score on questions regarding the importance of vitamins and minerals, that they do not avoid foods even if they may raise cholesterol, and they were very particular about the healthiness of food. Males scored higher on not worrying about healthiness of food, the importance of diet being low in fat, the healthiness of food had little impact on food choice, always following a healthy and balanced diet, and healthiness of snacks make no difference to them.
A scatterplot was conducted to display the summary of scores for body image satisfaction and self-efficacy which is shown below in figure 2. The results showed that self-efficacy had the highest mean score ($M = 29.72$, $SD = 5.29$) while body image satisfaction scored lower ($M = 4.95$, $SD = 1.46$).

Figure 4 A scatter plot displaying a summary of scores for Body Image Satisfaction and Self-Efficacy
Inferential Statistics

A one-way between-groups multivariate analysis of variance was performed for hypothesis one to investigate gender differences in body image satisfaction and eating attitudes. Two dependent variables were used: body image satisfaction and eating attitudes. The independent variable gender. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no serious violations noted. The results achieved were not statistically significant on the combined dependent variables, \((F (2, 96) = .753, p = .474, \text{effect size} = .015)\). When the results for the dependent variables were considered separately using a Bonferroni adjusted alpha level of .025, the two variables were still considered not statistically significant. There were no significant differences in body image satisfaction levels of males and females \((F (1, 97) = .015, p = .903, \text{effect size} = .000)\). Eating attitude levels of males and females were also considered not statistically significant \((F (1, 97) = 1.38, p = .244, \text{effect size} = .014)\). An inspection of the mean scores indicated that females reported marginally higher levels of body image satisfaction \((M = 4.96, SD = 1.65)\) than males \((4.92, SD = 1.14)\). When the mean score of eating attitudes was inspected it found again that females reported marginally higher results \((M = 27.71, SD = 8.53)\) than males \((M = 29.70, SD = 7.86)\). As neither of the dependent variables were found to be significant there were no further tests completed.

For hypothesis two a simple linear regression was calculated to predict self-efficacy based on body image satisfaction. Linear regression found that self-efficacy scores do predict body satisfaction and the results were statistically significant \((F (1,97) = 10.53, p < .002)\) \((\text{Self-Efficacy, beta} = -.313, p < .002, \text{CI (95%)} -.139 -> -.034)\) with an \(R^2\) of .098.
Discussion

Introduction

The aim of the current study was carried out to investigate body image satisfaction in relation to self-efficacy, eating attitudes, and gender, there were 99 participants altogether, 59 female participants and 40 male participants. The first aim of the study was to look at the discrepancy, if any, between males and females in relation to body image satisfaction. This study focused specifically on two main findings from previous research; firstly, if there was support for the previous research which suggested that low-body image satisfaction is a female issue, and secondly; to discover if males are also affected by body image issues in line with the more recent studies. The second aim of the study was to look at differences, if any, between males and females in relation to attitude towards eating, healthy or unhealthy. In support of the previous research, the current study aimed to discover if females reported higher levels healthier eating than males, and secondly if women were more focused on dieting behaviour than males. The final aim of the study was to examine if high levels of self-efficacy, in both males and females, would predict body image satisfaction levels.

Interpretation of Findings

The findings of hypothesis one which stated ‘It is hypothesized there will be gender differences in attitude towards eating and body image satisfaction scores’ there was no significant difference found between males and females in relation to eating attitudes or body image satisfaction.

The questionnaire used to assess body image satisfaction was the Body Image States Scale (BISS) (Cash et al., 2002). The results were not significant for males and females on body image satisfaction (F (1, 97) = .015, p = .903, effect size = .000). The present study found that males and females are as equally satisfied and dissatisfied with their body image.
However, the findings were still very interesting and add to the growing body of research which is now focusing more on males as well as females. Previous research identified that women are more affected by body image dissatisfaction than males (Grabe, Ward, & Hyde, 2008). However, it is important to note that in the past the studies carried out focused primarily on females, therefore there was little research to be found on males up until recent years. Research being carried out in more recent times with the focus on males as well as females has indicated that men are also showing signs of body image dissatisfaction, and it is becoming increasingly prevalent (Parent, 2013). The current research supports the findings by Diedrichs (2012), that males are as equally concerned with their body image as females. Therefore, the findings do support the growing body of research which suggests that male's concerns with their bodies are changing.

There was also no significant difference between males and females on eating attitudes ($F (1, 97) = 1.38, p = .244, \text{effect size} = .014$). The present study found that males and females have similar attitudes towards eating. Previous research has found that body image satisfaction, eating habits and attitudes are closely linked. A healthy diet is shown to lead to weight loss or weight maintenance, in turn leading to increased body image satisfaction (Mond et al., 2011). Links between body image satisfaction and having a positive attitude towards eat has been well recorded for females (Ferraro et al., 2008). There is growing evidence to suggest that men are increasingly growing more concerned with the types of food they eat (Lavender & Anderson, 2010). While in the past men have generally been assumed as unconcerned about their appearance, weight, and free from body image concerns, this is increasingly not the case (Lee & Evans, 2002; Henkel, 1995; Phillips, 2000). A study by Kerremans, Claes, & Bijttebier (2010) found drive for thinness was more strongly associated with males than females. The findings of this study support more recent research emerging that males have as much concern regarding the types of food they eat females.
Hypothesis three which stated, ‘It is hypothesized that self-efficacy scores will significantly predict body image satisfaction’, found that there was a significant difference for this hypothesis (F (1,97) = 10.53, p < .002). This indicated that self-efficacy did predict body image satisfaction scores. Self-efficacy is the belief and confidence in one’s ability to carry through with steps toward a goal and to implement the changes necessary to achieve that end (Bandura, 1977; Elfhag & Rössner, 2005). The findings of this study support previous studies, that improvement in self-efficacy leads to healthier eating, exercise behaviours, weight loss, and in turn leads to increased body image satisfaction (Baker and Brownell, 2000). It is believed that people with high levels of self-efficacy have more self-control, therefore the key to weight loss success and maintaining a healthy diet can be partially contributed to high self-efficacy levels.

**Strengths**

Although the current study found no significant difference between found between males and females in relation to eating attitudes or body image satisfaction, the findings are still important and add to that specific area of research. The findings that males feel on a par with females regarding their body image and that they have similar attitudes to the type of foods they eat indicates that times are changing. The current study highlights that the literature on body image satisfaction and eating attitudes specifically for men may be quite dated. An additional strength of the present study is the inclusion of both males and females as males have been largely unrepresented in the past. The inclusion of men also enhanced the generalisation of the findings. A methodological strength of the current study is that the questionnaire could be completed efficiently and quickly, placing less of a burden on people’s time, in turn making it more likely that they would fully complete the survey. As the questionnaire was completely anonymous it was more likely to result in participants being more honest with the answers. Another strength of the study was the discovery that self-
efficacy plays a role in body image satisfaction, a positive find which adds to the current research on self-efficacy.

**Limitations**

The first limitation of the current study is its dependence on the self-reports of the participants. The findings of the study were based on the faith that the participants answered the anonymous questionnaires as truthfully as possible, that the answers reflected how they truly felt at that time. It is a possibility that there may have been a bias against some of the negative questions within the survey, therefore there may have been a slight discrepancy between the reality of how the participants actually feel, and what they reported. Furthermore, as it was quantitative research it restricted the participant in their choice of answer as they were required to answer the question using a Likert scale, therefore it may not have reflected how they really felt. Qualitative data would have given a more in-depth analysis, however due to time considerations, qualitative research would not have been possible to complete.

Limitations were also present within this research as it was carried out as a partial fulfilment of the requirements of an undergraduate degree. There are certain limitations to the types of questionnaires and scales that are approved by the ethics committee when carrying out research as part of an undergraduate degree. It was difficult to find measures that were suitable for completion with the general public so as not to cause any negative feelings. Therefore, there are more suitable questionnaires available to measure the variables within this study, however they were deemed unsuitable. In addition, a time limit that is put on the completion of the questionnaire was another limitation, therefore short questionnaires were a necessity.
A subsequent limitation was the sample size. The current study had 99 participants, 59 female participants and 40 male participants, a bigger sample size may have established a more conclusive result to the findings. It would have provided a more accurate result and a better description of the participants feelings on the variables that were examined. As well as that a gender imbalance also occurred within this study which may have had an impact on the result. Past research on body image satisfaction and eating attitudes suggests that females tend to have lower levels than males, this was not the outcome of the current study, therefore a balance of males and females may have given more accurate or a different set of results.

There was also a limitation in the possibility of sampling bias, as the data was collected using snowball sampling. The participants may have been known to the researcher and had some understanding of the research being carried out. As the initial subjects tend to nominate people they know well it is highly possible that the participants were only a small subgroup of the entire population. There was no way of knowing the true distribution of the population and of the sample, therefore the results may have not have been entirely accurate of a true population sample. Furthermore, it was not possible to determine a sampling error and make inferences from the sample to the population due to the absence of random selection of samples.

A final limitation of the present study is the fact participants did not have to submit their ages in the demographic section of the questionnaire. Research has shown that body image satisfaction increases with age, and that young adults are more dissatisfied with their body image (Hoffman et al., 1994). There was no possibility to conduct analysis based on certain age groups within the sample, because of this the younger generation, the middle-aged years, and older generations were all analysed together. If the age demographic had been included in this study, it may have produced more informative results.
Implications and Future Research

There are several implications of the present study. Firstly, it can no longer be assumed that body image dissatisfaction is only a concern for women. Due to the noted lack of research regarding males and their body image satisfaction levels, the current study contributes to increased knowledge in this area. The finding that males reported as much dissatisfaction with their bodies as females highlights the importance of further research in this area. It is also important to note that physical, cognitive, and social factors all contribute to body image concerns in both males and females, therefore conducting further research using additional instruments is clearly warranted to further our understanding of body image.

A future consideration could be a change in the design of the study as correlational studies cannot attribute cause and effect relationships. Previous research has shown that Body image satisfaction is linked to key health behaviours and adaptive cognitive processes (Tylka, 2011). Qualitative data would have given a more in-depth analysis, and could have recorded the participants attitudes, feelings and behaviours. Future research could also include questionnaires on physical exercise which could further explore its links with body image satisfaction and self-efficacy. Further research could also incorporate experimental research to gather data on body weight and height (BMI) which would add to increased validity of the study.

Research has suggested that there is a relationship between body image and certain personality types, however there is limited research on this area. Our personality shapes the person we are, our feelings and thoughts about how we look and gives us an evaluation of our body image (Cleveland, 1975). Including personality into the area of research surrounding body image could give us a better insight into individuals that fall on the extreme end of the
body image dissatisfaction continuum. Further research is required to examine the full impact of personality on body image satisfaction.

**Conclusion**

In summary, the present study indicates that people with high levels of self-efficacy express an overall positive perception of their body image, which suggests that high levels of self-efficacy controls for healthier eating, exercise behaviours, weight loss, and in turn leads to increased body image satisfaction. Previous research has pointed to females having greater body image dissatisfaction than males and higher levels of eating attitude concerns, but recent research has indicated that there is growing concerns for males also. The findings of this study indicate that males are as equally concerned with their body image and eating attitudes as females, it affects both genders.
References


Appendices

Appendix A - Participant Information Sheet

An investigation into Body Satisfaction and its relationship with Eating Attitudes and Self-Efficacy

My name is Aine Delmar and I am conducting research in the Department of Psychology that investigates body image satisfaction and its relationship with eating attitudes and self-efficacy. This research is being conducted as part of my studies and will be submitted for examination.

You are invited to take part in this study and participation involves completing and submitting the following 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.

Participation is completely voluntary 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 submitted.

The questionnaires will be securely stored and data from the questionnaires will remain in 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 Delmar, xxxxxxxx@mydbs.ie. My supervisor can be contacted at xxxxxxxx.

Thank you for taking the time to complete this survey.
Appendix B – Questionnaire

Survey will be generated using Google forms. Question one, two and three will require an answer to continue.

1. Are you aged 18 or above?
   Yes:    No:

2. Do you consent to taking part in this study?
   Yes:    No:

3. Gender:
   Male:    Female:

Next page
Health and Taste Attitude Scales (HTAS) (Roininen & Tuorila, 1999)

Circle one for each question.

1. I eat what I like and I do not worry about healthiness of food

   Strongly Agree                  Strongly Disagree
   1  2  3  4  5  6  7

2. It is important for me that my daily diet contains a lot of vitamins and minerals

   Strongly Agree                  Strongly Disagree
   1  2  3  4  5  6  7

3. I do not avoid any foods, even if they may raise my cholesterol

   Strongly Agree                  Strongly Disagree
   1  2  3  4  5  6  7

4. It is important for me that my diet is low in fat

   Strongly Agree                  Strongly Disagree
   1  2  3  4  5  6  7

5. The healthiness of food has little impact on my food choices

   Strongly Agree                  Strongly Disagree
   1  2  3  4  5  6  7

6. I always follow a healthy and balanced diet

   Strongly Agree                  Strongly Disagree
   1  2  3  4  5  6  7

7. The healthiness of snacks make no difference to me

   Strongly Agree                  Strongly Disagree
   1  2  3  4  5  6  7

8. I am very particular about the healthiness of my food

   Strongly Agree                  Strongly Disagree
   1  2  3  4  5  6  7
Body Image States Scale (Cash et al., 2002)

For each of the items below, check the box beside one statement that best describes how you feel RIGHT NOW AT THIS VERY MOMENT. Read the items carefully to be sure the statement you choose accurately and honestly describes how you feel right now.

1. Right now I feel...
   - □ Extremely dissatisfied with my physical appearance
   - □ Mostly dissatisfied with my physical appearance
   - □ Moderately dissatisfied with my physical appearance
   - □ Slightly dissatisfied with my physical appearance
   - □ Neither dissatisfied nor satisfied with my physical appearance
   - □ Slightly satisfied with my physical appearance
   - □ Moderately satisfied with my physical appearance
   - □ Mostly satisfied with my physical appearance
   - □ Extremely satisfied with my physical appearance

2. Right now I feel...
   - □ Extremely dissatisfied with my body size and shape
   - □ Mostly dissatisfied with my body size and shape
   - □ Moderately dissatisfied with my body size and shape
   - □ Slightly dissatisfied with my body size and shape
   - □ Neither dissatisfied nor satisfied with my body size and shape
   - □ Slightly satisfied with my body size and shape
   - □ Moderately satisfied with my body size and shape
   - □ Mostly satisfied with my body size and shape
   - □ Extremely satisfied with my body size and shape

3. Right now I feel...
   - □ Extremely dissatisfied with my weight
   - □ Mostly dissatisfied with my weight
   - □ Moderately dissatisfied with my weight
   - □ Slightly dissatisfied with my weight
   - □ Neither dissatisfied nor satisfied with my weight
   - □ Slightly satisfied with my weight
   - □ Moderately satisfied with my weight
   - □ Mostly satisfied with my weight
   - □ Extremely satisfied with my weight
4. Right now I feel...
   □ Extremely physically attractive
   □ Very physically attractive
   □ Moderately physically attractive
   □ Slightly physically attractive
   □ Neither attractive nor unattractive
   □ Slightly physically unattractive
   □ Moderately physically unattractive
   □ Very physically unattractive
   □ Extremely physically unattractive

5. Right now I feel...
   □ A great deal worse about my looks than I usually feel
   □ Much worse about my looks than I usually feel
   □ Somewhat worse about my looks than I usually feel
   □ Just slightly worse about my looks than I usually feel
   □ About the same about my looks than I usually feel
   □ Just slightly better about my looks than I usually feel
   □ Somewhat better about my looks than I usually feel
   □ Much better about my looks than I usually feel
   □ A great deal better about my looks than I usually feel

6. Right now I feel...
   □ A great deal better than the average person looks
   □ Much better than the average person looks
   □ Somewhat better than the average person looks
   □ Just slightly better than the average person looks
   □ About the same as the average person looks
   □ Just slightly worse than the average person looks
   □ Somewhat better about my looks than I usually feel
   □ Much worse about my looks than I usually feel
   □ A great deal worse about my looks than I usually feel
General Self-Efficacy Scale (Jerusalem & Schwarzer, 1979)

Please read each statement and respond to each item by marking one box per row

<table>
<thead>
<tr>
<th></th>
<th>Not true at all</th>
<th>Hardly True</th>
<th>Moderately true</th>
<th>Exactly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I can always manage to solve difficult problems if I try hard enough</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If someone opposes me, I can find the means and ways to get what I want.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. It is easy for me to stick to my aims and accomplish my goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am confident that I could deal efficiently with unexpected events.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Thanks to my resourcefulness, I know how to handle unforeseen situations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I can solve most problems if I invest the necessary effort.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I can remain calm when facing difficulties because I can rely on my coping abilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. When I am confronted with a problem, I can usually find several solutions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. If I am in trouble, I can usually think of a solution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I can usually handle whatever comes my way.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C – Debrief Sheet

Debrief Sheet

Thank you for taking the time to participate in this study. If any issues emerged as a result of completing this questionnaire, below are the contact details of support groups which can help.

AWARE: 01- 661 7211

The Samaritans: 116 123