Body Image: Can Body Dissatisfaction Predict Social Anxiety?

Karolina Krzempek

1381963

Research Thesis submitted in partial fulfilment of the requirements of the Bachelor’s degree in Psychology, at Dublin Business School, Dublin.

Supervisor: Dr Patricia Frazer

March, 2012
Table of Contents

Table of Content 2
Tables and Figures 4
Acknowledgements 6
Abstract 7
1. Introduction 8
  1.1 Body image 8
  1.2 Social and cultural factors affecting body image 9
  1.3 Social comparison 11
  1.4 Media influence on body image 14
  1.5 Gender and body image 16
  1.6 Body image across the life span 19
  1.7 Body image and self-esteem 21
  1.8 Purpose of the research 24

2. Methodology 27
  2.1 Participants 27
  2.2 Materials 28
  2.3 Design 29
  2.4 Procedure 30
  2.5 Ethical Consideration 30

3. Results 31
  3.1 Body Mass Index 31
  3.2 Gender differences in the levels self-esteem 32
3.3 Gender differences in the levels of social anxiety  
3.4 Male body esteem and it relationship with age, self-esteem and social anxiety  
3.5 Correlations and multiple regression analysis for males  
3.6 Female body esteem and it relationship with age, self-esteem and social anxiety  
3.7 Correlations and multiple regression analysis for females  

4. Discussion  
4.1 Introduction  
4.2 Interpretation of findings  
4.3 Limitations to the present study  
4.4 Future research  
4.5 Conclusion  

References  
Appendix  
Questionnaire
Tables and Figures

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 2.1</td>
<td>27</td>
</tr>
<tr>
<td>Bar Chart Displaying Breakdown of Participants Across Different Age</td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td></td>
</tr>
<tr>
<td>Table 3.1</td>
<td>34</td>
</tr>
<tr>
<td>Descriptive Statistics and Gender Differences in Self-Esteem, BMI</td>
<td></td>
</tr>
<tr>
<td>and Social Anxiety</td>
<td></td>
</tr>
<tr>
<td>Table 3.2</td>
<td>36</td>
</tr>
<tr>
<td>Correlations Between the Age, Self-Esteem, Physical Attractiveness,</td>
<td></td>
</tr>
<tr>
<td>Upper Body Strength, Physical Condition and Social Anxiety Among</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td></td>
</tr>
<tr>
<td>Table 3.3</td>
<td>37</td>
</tr>
<tr>
<td>Standard Multiple Regression of Age, Self-Esteem, Physical Attractiveness, Upper Body Strength, Physical Condition Predicting Social Anxiety Among Males</td>
<td></td>
</tr>
<tr>
<td>Table 3.4</td>
<td>39</td>
</tr>
<tr>
<td>Correlations Between the Age, Self-Esteem, Sexual Attractiveness,</td>
<td></td>
</tr>
<tr>
<td>Weight Concern, Physical Attractiveness and Social Anxiety Among</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td></td>
</tr>
<tr>
<td>Table 3.5</td>
<td>40</td>
</tr>
<tr>
<td>Standard Multiple Regression of Age, Self-Esteem, Sexual Attractiveness, Weight Concern, Physical Attractiveness Predicting Social Anxiety Among Females</td>
<td></td>
</tr>
<tr>
<td>Figure 3.1</td>
<td>33</td>
</tr>
<tr>
<td>Pie Chart Displaying Overall Distribution of Scores on Liebowitz</td>
<td></td>
</tr>
<tr>
<td>Social Anxiety Scale</td>
<td></td>
</tr>
<tr>
<td>Figure 3.2</td>
<td>33</td>
</tr>
<tr>
<td>Pie Chart Displaying Overall Distribution of Scores on Liebowitz</td>
<td></td>
</tr>
<tr>
<td>Social Anxiety Scale Among Female</td>
<td></td>
</tr>
</tbody>
</table>
Figure 3.3
Pie Chart Displaying Overall Distribution of Scores on Liebowitz Social Anxiety Scale Among Male
ACKNOWLEDGEMENTS

Throughout this course I received a lot of support and guidance from numerous people. I would like to thank them all for encouragement and patience and mainly for always being there for me. A special thank you to Dr Patricia Frazer my assigned research project supervisor for the guidance and assistance with this study. I would also like to say thank you to all who participated in the present study and fill in the questionnaire.
ABSTRACT

The present study examines the relationship between age, self-esteem, body esteem and social anxiety, separately for male and female sample. Research used cross-sectional correlational design. 128 individuals participated in the study, those were divided on a male sample (60) and a female sample (68) in order to obtain a better understanding of male body image and female body image. Majority of the participants were between the age 18 and 25. Independent sample t-test found significant gender difference on BMI scale indicating that females had lower BMI than males. Moreover, Pearson R correlation coefficient found significant positive correlation between in upper body strength, physical condition and self-esteem in a male sample. Correspondingly, sexual attractiveness and weight concerns were positively associated with self-esteem in a female sample. Moreover, standard multiple linear regression found that age, self-esteem and sexual attractiveness predict social anxiety in a female sample, with the sexual attractiveness as the strongest predictor. Although, the body esteem, age and self-esteem did not predict social anxiety in a male sample. Thus suggesting that, body image influence on social anxiety is more complicated then it was predicted.
1. Introduction

Over the years there has been a noticeable increase in the interest in body image. Grogan (1999) suggests that the significant rise in cosmetic surgery operations, concerns about healthy diets, increase in use of drugs designed to make women thinner and men more muscular have inspired researchers to understand the motivations behind these behaviours. Researchers have been looking at factors that affect individual’s body perception as well as at the impact of body image on individual’s behaviour and psychological well-being. According to Cash and Pruzinksy (1999) from early childhood on, body image affects individual, their emotions, thoughts, behaviour and even relationships.

A review of the literature (Pope, Olivardia, Borowiecki and Cohane, 2004) show that an evaluative aspect of body image, body dissatisfaction has been found to be associated with range of adverse psychological consequences, including: poor self-esteem, depression and eating disorders. The emphasis on a slim physique and the prevalence of eating disorders in Western cultures indicate negative attitudes toward eating and preoccupation with weight and dieting (Lake, Staiger, Glowinski, 2000). Interestingly, studies reveal that body image may even affect individual social interactions, suggesting that high dissatisfaction with own body result in social anxiety (Cash, Thierault and Milkiewicz Annis, 2004).

Thus, the ability to appreciate the depth of body perception enables scientists not only to help individuals to enhance their quality of life, but mainly to prevent many psychological disorders such as: depression, anorexia, bulimia nervosa or muscle dysmorphia.

1.1 Body image

Body image is defined as a multidimensional construct that comprises perceptual, affective, cognitive, behavioural and attitudinal components (Cash & Brown, 1989). According to a definition, body image is flexible continually constructed phenomenon,
shaped by perception, physical sensations, and emotions (Cash and Brown, 1989; Grogan, 2010). Moreover it can change in relation to mood, physical experience, and environment (Myers and Biocca, 1992). Slade (1994) describes body image as a mental representation of an individual’s body that incorporates size, shape and its form; as well as feelings towards all these elements. In other words body image is a complex construct which refers to individuals’ perception of and attitudes about their own bodies, especially physical appearance of the body. Body image is also conceptualized as a subjective experience, where no outside observer can comprehend how individual feels about it (Grogan, 1999). Body image subjectivity is especially observable in anorexic women, where individuals with eating disorder believe that they are much heavier than in reality, due to their body size distortion (Williamson, Cubic, Gleaves, 1993).

1.2 Social and cultural factors affecting body image.

Body image is a “psychological phenomenon which is significantly affected by social factors” (Grogan, 1999, p.2). Meyers and Biocca (1992) suggest that body image elasticity and ability to change over time enables advertising and programming to provide some of the social cues in the construction of the self, influencing the most important traits in individual’s self-schema. They hypothesised that individuals internalize social model of the ideal body image where an individual absorbs cultural representations of ideals of physical beauty and incorporates it with own representation of body version. Thus the internalized body construct consists of perceived body shape and socially represented ideal body. Studies demonstrate that the mental representation an individual has of their own body is greatly influenced by social experience (Cash, Theriault, Milkiewicz, 2004). Strong social and cultural forces have been found not only to influence but often even for many individuals. From childhood to
adulthood, television, billboards, movies, music videos, video games, computer games, toys, the Internet, and magazines transmit images of ideal attractiveness, beauty, shape, size, strength and weight (Dohnt and Tiggemann, 2006; Groesz, Levine, Murnen, 2001; Hobza, Walker, Yakushko and Peugh, 2007).

Today, Western societies promote idyllic body images, emphasising thin, lean and astonishing body shapes without place for any defects (Grogan, 1999). Western society generates a perception of slenderness of female body, whereas the male body according to standards set up by society has to be tall, lean and muscular (Cash and Brown, 1989; Pope, Olivardia, Gruber, Borowiecki, 1999; Frederick et al., 2007). Body ideals generated by western society are often criticised for the ongoing exposure to the ‘unrealistic’ beauty standards as they are generally thought to be important factors responsible for the high level of body dissatisfaction and eating disturbances among individuals (Hargreaves and Tiggemann, 2003).

In order to illustrate how perceptions of the human body have changed over the years, Pope, Olivardia, Gruber and Borowiecki (1999) physically measured and compared action toys of different periods of time. They proposed that action toys illustrate evolving ideals of male body image, indicating that as years were passing the toys became bigger and more muscular. Some of the modern figures illustrate the levels of masculinity exceeding the outer limits of possible human achievement. Similarly, Dittmar, Halliwell and Ive (2006) have documented the increase in thinness of modern female dolls, where figures display unrealistic body proportions. In their study, Dittmar, Halliwell and Ive (2006) found that dolls, especially Barbie doll had negative impact on young girls. Girls exposed to Barbie doll reported greater desire for thinner body and lower body esteem. Those simple measures have demonstrated that trends in Western culture indicate growing importance of masculinity of male figures and slenderness in female figures. Pope, Olivardia, Gruber and Borowiecki
(1999) argued that current technology gives many options for males to build their body, including protein shakes and steroids. They also point that bodybuilders from presteroid era would not be able to compete against steroid – using bodybuilders today, as the bodybuilders grow to the enormous size, incomparable to those more naturally achieved bodies from previous years.

1.3 Social comparison

Social comparisons is known to be the fundamental psychological mechanism influencing people’s judgement, experiences and behaviour. It can be simply described as comparison between self and others (Corcoran, Crusius and Mussweiler, 2011). According to the social comparison theory people tend to look for and to know how they are, thus they compare their characteristics, fortunes and weaknesses to those of others. According to Festinger (1954) one of the reasons people engage in social comparisons is the need to maintain stable and accurate views of themselves. A line of empirical studies highlighted the role of interpersonal experiences in the development of body image attitudes, suggesting that in the context of sociocultural norms and values, and social feedback plays a key role in the evolution of body image (McCabe, Mavoa, Ricciardelli, Waqa, Fotu, & Goundar, 2011) The body ideal is transmitted and reinforced by family, peers, schools, athletics, businesses and even health care professionals (Thompson and Stice, 2001; Dohnt and Tiggemann, 2006). Social influences encourage males to desire stronger and more developed body, while females are put under pressure to become skinner and more beautiful (Grogan, 1999). For example, Warren et al., (2010) research shows that both: Latino boys and girls were found to make use of social comparisons; however girls were found to make more social comparisons with media and be more dissatisfied with their physical appearance than Latino boys. Moreover Latino girls were also found to display greater eating pathology than boys.
Furthermore, teasing and negative feedback have been reported as strong correlates and predictors of body dissatisfaction, disordered eating and psychological distress (Hayes and Tantleff—Dunn, 2010). Although, social comparison has been found to be a double-edged sword, in the manner that; even though, social pressure may contribute to heightened body image concerns, research shows that body satisfaction can be increased through evaluative conditioning, using social stimuli (Martijn, Vanderlinden, Roefs, Huijding, Jansen, 2010). Particularly, research found that after individuals learn to associate their appearance with positive stimuli, especially those stimuli that represent social acceptance, their body satisfaction increases significantly (Martijn, Vanderlinden, Roefs, Huijding, Jansen, 2010).

As the societal perception of body image is prejudiced by the thin ideal promoted by social and cultural standards, individuals not only evaluate themselves in relation to set up standards, but also judge other people’s appearance. In relation to the meaning attached to sociocultural body ideals, review of the literature indicates that overweight individuals suffer discrimination and become subject to numerous negative attitudes and stereotypes (Crocker, Cornwell and Major, 1993). According to Grogan (1999) firm and muscled bodies are associated with sacrifice, physical exercise, high willpower and success in western society; while the overweight is linked with laziness, low self-control and low morality. Moreover, “The obese are frequently stereotyped as aesthetically displeasing, morally and emotionally impaired, and socially handicapped” (Crocker, Cornwell and Major, 1993). According to Sartore and Cunningham (2007) weight discrimination has been identified in many areas including: fitness, health care professions, educational environments and sales positions. In relation to the work context, studies indicate that due to the discrimination, overweight individuals have lower chances of getting a job when competing with slim individuals (Sartore and Cunningham, 2007).
Despite constantly expanding literature on the prevalence on body image concerns, there is little known of whether a disturbance in body image is relevant to social functioning (Davison and McCabe, 2005). However, there have been preliminary indications that body image influences individual social interactions. According to Cash, Thierault and Milkiewicz Annis, (2004) body image is not only socially constructed, it also has an impact on how people experience their relations with others. Their study showed that body image dissatisfaction, dysfunctional investment in appearance and body dysphoria were all associated with higher levels of social anxiety. Both males and females who reported negative body image indicated also greater discomfort in social interactions. Moreover, Cash, Maikkula and Yamamiya (2004) suggest that body dissatisfaction and excessive psychological investment in one’s physical appearance may lead to physical self-consciousness and body exposure avoidance during sexual relations, which in turn may impair sexual desire, enjoyment, and performance. Respectively, women who experienced greater degree of body image self-consciousness during physical intimacy with partner were found to report greater avoidance of sexual activity (Wiederman, 2000). Moreover, despite seeking self-verification, women who received negative feedback from their partner about their body appearance reported low satisfaction with their romantic relationship (Evans and Stuka, 2007). Cash and Fleming (2002) explains that body image concerns are affected by the physical appearance assessments, whether perceived or received, highlighting the importance of social cues. Correspondingly, Nezlek (1999) suggests that individuals who perceive their bodies as attractive and who believe that other people perceive them as attractive, display greater intimacy interactions than those who feel less attractive. For example, Ackard, Kearney-Cooke, and Peterson (2000) study found that woman satisfied with their body image reported high overall satisfaction with self. Furthermore, those women reported being more comfortable in their sexual interactions with partner, including: greater comfort undressing in
front of their partner, initiating sex, having sex with lights on and trying new sexual behaviours.

1.4 Media influence on body image

Studies found that media significantly influence self-perception (Dohnt and Tiggemann, 2006). According to Groesz, Levine & Murnen (2002) mass media are the loudest and the most aggressive supplier of the ideal body images, bombarding society with: pictures, magazines, movies, video clips and ads that depict beautiful, tall, lean and perfectly shaped models. In that manner, media create vision of world that involves glorification of slenderness accompanied with weight loss, smudging the boundaries between glorified fiction and reality.

A comprehensive body of research demonstrates that media consumption may increase body dissatisfaction. For instance, Groesz, Levine & Murnen (2002) found that women exposure to thin media images had significantly influenced their perception, decreasing their body satisfaction. Moreover studies indicate that not only females exposed to slender beauty felt badly, it also increased the frequency of negative emotions and negative feelings about themselves. Moreover, women exposed to thin ideal images showed decrease in self-esteem and increases in depression, stress, guilt, shame and insecurity (Stice, Spangler, Agras, 2001; Fouts and Vaughan, 2002)

Alarmingly, Dohnt and Tiggemann (2006) indicate that concept of being thin promoted by media has been found to have a great impact on 6 years old girls. They found that 42% of surveyed girls between the age 5 and 8 desired to have thinner body. Those young girls were not only dissatisfied with their bodies but some of them displayed attempts to diet. Dohnt and Tiggemann (2006) examined the role of peers and media in the development of body image in young girls, and found that even though during school years
children often engage in greater peer interaction, girls reported only limited discussion about appearance related topic with other children. Consequently, Dohnt and Tiggemann (2005) state that media play an important role in influencing the development of body image and dieting awareness among those young girls, highlighting the importance of watching television and viewing magazines; suggesting that individual perception of body image is significantly affected by television and magazines due to their high focus on appearance and presentation of thin ideals. Basically, they found that 84% of examined girls claimed to watch television. Girls who watched more music videos were found to have greater body awareness than those who watched cartoons and children’s television. Furthermore, despite the fact that most of the girls could not yet read at this age, 69% viewed magazines, which predicted increased dieting awareness and higher dissatisfaction with the body.

On the other hand, Posavac, Posavac, Posavac, (1998) argue that experimental studies have not shown that media exposure affects females’ body image, suggesting that not all women are equally affected by the exposure to media. Posava, Posavac, Posavac (1998) found that some women are not affected by media. Thus they put forward few hypotheses why some women are not influenced by media. Particularly, they posit that those women might have great sense of sense-worth based on the skills and abilities rather than physical attractiveness or some of them might have stable satisfaction with their own body shape, because their body highly resembles those of models depicted in media.

Although, there is a substantial body of research of the effects of media on body image in women, there is only a paucity of research on this topic in men. Research indicate that repeated exposure to idealized media images of men’s bodies has been found to be significantly related to men feeling worse about their own bodies and lead to greater body dissatisfaction (Barlett, Vowels and Saucier, 2008). However research note that some individuals are disproportionately affected by the media. For example Michaels, Parent and
Moradi (2012) recent study found that exposure to muscularity idealizing images on males
did not have an impact on their body image. However, study indicates differences in body
image between heterosexual males and sexual minority men; suggesting that the sexual
minority men are more sensitive to the idealized muscular images, as they displayed greater
dissatisfaction with body image than heterosexual men.

Despite the fact that literature offers a great number of research stating that exposure
to the body ideals created by media lead to increase in body dissatisfaction (Dohnt and
Tiggemann, 2006; Groesz, Levine and Murnen, 2001; Stice, Spangler, Agras, 2001),
Thompson and Heinberg (1999) points that the majority of studies examining the influence of
media on individual’s body image are correlational in nature, which indicates to the
significant limitations of those findings.

1.5 Gender and body image

Review of the literature indicates that the field of body image has been dominated by
research focused on females (Cafri & Thompson, 2004; Hobza, Walker, Yakushko and
Peugh, 2007; Michaels, Parent and Moradi, 2012). However, since the male body image
becomes more apparent in popular culture the interest in the effects of the visibility on men’s
image increased (Grogan, 1999; Pope, Olivardia, Borowiecki, and Cohane, 2004 ).

According to Cash and Brown (1989) men and women are assumed to differ
extensively on how they think, behave, feel and act toward their bodies. Thus, as body image
ideals differ between sexes, its influence and outcomes are different for men and women. In
relation to gender differences, a comprehensive body of research (Grogan, 1999) found
discrepancies in the importance of body image between men and women. Namely, despite the
fact that men were found to exhibit significant concerns about their body image, women were
found to demonstrate greater apprehension about physical appearance than man (Lou, Parish,
Laumann, 2005; Kashubek-West, Mintz and Weigold, 2005). However, the most marked difference in dissatisfaction with body image between the sexes is the dissatisfaction with weight (Drewnoski and Yee, 1987; Kashubek-West, Mintz and Weigold, 2005). Specifically, men are more likely to want to be heavier, while most of the women would like to be skinnier. Moreover, it is argued that women’s preoccupation with the appearance and dissatisfaction with body is common and it is often defined as “normative discontent” (Rodin, Silberstein, & Striegel-Moore, 1985). Research indicates that female dissatisfaction with body image is associated with low self-esteem, poor mental health and eating pathologies (Kashubek-West, Mintz and Weigold, 2005; Grogan, 1999). Lake, Staiger and Glowinski (2000) suggest that western society encourages women to feel uncomfortable about their figures, which in consequence leads them to development of discredited body image and constant concerns about their look. “Through the ages, women have undergone pain to attempt to conform to the current ideal. This is clearest in relation to practices such as foot binding and the wearing of restrictive corsets, whereby women suffered discomfort and immobility in the name of particular fashions. In Western society today, we have replaced these practices with strict diets (which weaken and debilitate) and cosmetic surgery (in which women undergo painful and potentially dangerous procedures) to try to attain culturally defined, attractive, slender body shapes” (Grogan, 1999, p. 41).

Fredrickson and Roberts (1997) points that human bodies are not only product of biology; they are also constructed through sociocultural practices and discourse, which place human body into existence within social and cultural context. However, it has been found that social pressure differs for men and women. Studies suggest that pressure on men is less extreme than that on women (Tiggeman and Lynch, 2001), as men tend to be evaluated more in terms of achievement than looks. According to the objectification theory the female body is constructed by society as an object to be looked at and to be evaluated (Fredrickson and
Roberts, 1997). In addition, theory suggest that women’s body is sexually objectified, for example through male gaze. Thus women perceive their bodies as objects (often as sexual objects) and constantly monitor their appearance. Focusing more on outward appearance leaves women questioning their own body and their concerns with weight issues, which often leads to the development of eating disturbances, low body perception and low self-esteem (Tiggemann and Lynch, 2001). Research indicates that the most popular techniques used by women in reducing weight are dieting, physical fitness and cosmetic surgeries (Grogan, 1999; Hesse-Biver, Leavy, Quinn and Zoino, 2006). However, Kashubek-West, Mintz and Weigold (2005) study indicate that women mainly use dieting approach, using three strategies for achieving the thin ideal: eating low- calorie foods, eating according to special diet and counting calories. Thus, studies suggest that questioning own image is often associated with the outbreak of eating disturbances in women (Hesse-Biver, Leavy, Quinn and Zoino, 2006).

On the other hand, men desire for a shape change rather than a weight loss as opposed to women (Furnham, Badmin, Sneade, 2002). Studies indicate that generally, men would like to increase their body weight (Drewnoski & Yee, 1987). Researchers suggest that the reason behind men looking for a more muscular shape is the increase in valuation of the muscular male body in the visual media of Western cultures (Grogan, 1999; Pope, Phillips, & Olivardia, 2000). Media in western society promote lean and V-shaped muscular male body image, with the emphasis on shoulders and chest. Not only advertisement that uses male body increased over the years, male body became an object of advertising products unrelated to human body (Pope, Olivardia, Borowiecki, and Cohane, 2004). Thus, Pope, Olivardia, Borowiecki, and Cohane (2004) suggest that trends in commercial advertising, which depict muscular male body as a mark of masculinity put men under pressure of standing up to the standards sets by the society and to achieve body ideal. Review of literature suggest that in relation to the direction of men’s dissatisfaction with weigh, men display both dieting to lose
weight and dieting to gain weight, with predominance for the enhancement of muscula-

Cafri et al., (2005) suggest that men, in order to enhance muscula-

behaviours: steroid use, ephedrine use and dieting.

Men dissatisfaction with body image has been associated with several forms of

psychological distress (Hobza, Walker, Yakushko and Peugh, 2007; Pope, Olivardia,

Borowiecki, and Cohane, 2004). Specifically, poor male body image has been linked anxiety,

depression, muscle dysmorphia, shame, and low self – esteem, and negative behaviours such

as compulsive exercise, eating pathologies, and use of performance enhancing drugs.

1.6 Body image across the life span

Development of human body across the life span is accompanied by multiple changes

in the appearance of the body. For example during the stage of puberty, both males and

females experience bodily changes which involve increase in weight, height, strength,

maturation of sexual organs, growth of breast for girls and appearance of pubic hair (Kipke,

1999). Later in life individuals usually face the changes that occur due to ageing processes

such as experiences of grey hair, changes in skin elasticity, appearance of wrinkles and

stooping posture (Whitbourne, 2002). Bodily changes are present in every stage of human

development, which puts forward few important questions: Does body image change across

the lifespan? Do the bodily changes associated with aging process increase body

dissatisfaction?

The development of “glorified” thin body ideal and body size dissatisfaction is

common among preadolescent children in Western countries (Humenikova and Gates, 2008).

It has been reported that as early as 5 years old girls display dissatisfaction with own body

children’s body dissatisfaction and weight concerns are posited to be due to sociocultural influences, especially: role of parents, peers and media (Hayes and Tantleff – Dunn, 2010). Studies show that parental beliefs about current body size of their child may have a strong impact on the child’s body image perception, because pre-adolescent children are particularly vulnerable to parental evaluation about their bodies (Mitchell, Wake, Canterford and Williams, 2008). Children’s body dissatisfaction was found to be significantly related to higher levels of family history in eating disturbances, peer influence on eating concerns and perceptions of teasing (Phares, Steinberg, Thompson, 2004). Moreover, gender differences were found in relation to the drive for thinness; girls displayed greater drive for thinness and greater dissatisfaction with body than boys (Phares, Steinberg, Thompson, 2004).

Furthermore, Dittmar, Ive and Halliwell (2006) found that toys representing body ideal may also have an impact on children’s body perception. They found that the unrealistic body style of Barbie doll has negative impact on girls’ body image. Girls exposed to this ultra-thin body ideal not only in the form of dolls but also in cartoons, fairytales and advertising reported lower body esteem and greater desire for thinner body shape (Dittmar, Ive and Halliwell, 2006; Dohnt and Tiggemann, 2006).

Seidah and Bouffiard (2007) study shows that self-esteem during adolescence is greatly influenced by perceived physical appearance, where lower satisfaction with physical appearance is associated with poor self-esteem and low competence in social domains. Moreover, according to Cooke and Sawyer (2004) the majority of eating disorders begin in adolescence, with 85 % of them starting before 20 years of age. Although eating disturbances were mostly reported among girls rather than boys.

Even though only few studies have been conducted with boys, the recent data shows that body dissatisfaction for boys is of the twofold nature (Grogan, 1999), as some of the studies indicate that boys do exhibit body dissatisfaction (Drewnowski and Yee, 1987), while
others (Rosenblum and Lewis, 1999) indicate that they do not exhibit dissatisfaction with own body.

Despite the fact that, most of the research referring to body image was conducted on young adults who tend to be in their late teens and 20s (Grogan, 1999), theorists (Grogan, 1999; Tiggemann and Lynch, 2001) propose that body dissatisfaction remains relatively stable across the lifespan. Particularly, according to Tiggemann and Lynch (2001) levels of satisfaction or dissatisfaction with the body seem to be stable. Although, they point that the importance of the body image decreases as individuals get older. Despite the fact that the aging process is commonly seen as a threat to physical attractiveness (Thompson et al., 1998), Tiggemann and Lynch (2001) found that some psychological aspects of body image such as: self-objectification, body monitoring, appearance anxiety, dietary restrains and disordered eating decline with age. Thompson et al., (1998) posit that as individuals get older they display a “secondary control”, which they characterized by greater acceptance of age-related changes in the experience of body.

1.7 Body image and self-esteem

Cash and Pruzinsky (2002) argue that body image is a central aspect to self-esteem and has important implications for multiple areas of psychological well being.

The concept of self-esteem can be defined as individuals’ belief about their worth accompanied by affect. Self-esteem can be described as a positive or negative attitude that one has toward self. Self-esteem can vary from high to low. High self-esteem is accompanied by positive affect, where an individual considers himself as a person of worth, which he/she accepts, values, respects and is satisfied with. On the other hand, low self-esteem is associated with negative affect where an individual considers himself an deficient person that lacks respect for self and feels unworthy, which basically individual does not approve own
traits and has negative opinion about self (Rosenberg, 1965). Moreover, it has been assumed that each person has typical level of self-esteem; although it can vary depending on situation and time. Moreover, self-esteem has been found to often be contingent, which means that feelings of self-worth of an individual or the level of self-esteem may depend on achieving some set up standards or expectation, in which success or failure lead to increases or decreases in self-esteem, respectively (Crocker, 2002). For instance the contingency of self-worth can be concerned with standards of physical appearance or acceptance by others.

It has been suggested that self-esteem is significantly related to one’s perception of physical attractiveness (Grogan, 1999). Studies suggest that both men and women with high body satisfaction tend to have a higher self-esteem, while those who display great dissatisfaction with body image tend to have low self-esteem (Abell & Richards, 1994). Theorists posit that whilst individual places high value on certain characteristics of appearance such as being skinny, his or her self-esteem will be strongly influenced by body-esteem. Thus individuals satisfied with own body have higher level of self-esteem compared to those dissatisfied with own body.

According to Festinger’s (1954) theory of social comparison, people seek to gain accurate views of themselves thus they constantly compare themselves with others. Nowadays society, through placing great importance on physical appearance and body image constitutes the standards of beauty, in the same time generating boundaries of appearance that is accepted and rejected by others. For example, Principe and Langlois (2011) propose that attractive people are treated better than unattractive, suggesting that attractive individuals are often evaluated as more intelligent, healthy and sociable. Furthermore, review of the literature indicates that societal promotion of the thin ideal may lead to prejudicial treatment of overweight individuals or teasing based on weight and shape, especially among youth (Tiggemann & Rothblum, 1988). Thus, individuals with excess of tissue are thought to be
lazy, unattractive and have poor self control (Crocker, Cornwell, Major, 1993). Since the appearance and popularity determine social acceptance; social comparison, perceived relation of self to other and evaluation of others was found to influence individual’s self-esteem (Greenwald and Banaji, 1995).

Sociometer theory explains that social acceptance and rejection are determining factors for the self-esteem. According to the theory, self-esteem system functions as sociometer, which evolved as monitor of social influence, in the manner that; feelings of acceptance produce higher levels of self-esteem, while feelings of rejection results in decreased self- esteem (Leary, 1999). Thus, number of studies have shown that social comparison especially to thin ideals for women and muscular for men can have disadvantageous effects on self-esteem (Dohnt amd Tiggemann, 2006; Chen and Jackson, 2009).

Research shows that the consequences of low self-esteem are detrimental for an individual, indicating that individuals with low self-esteem compared to those of high self-esteem display poorer mental and physical health, worse economic prospects, and higher levels of criminal behaviour during adulthood (Trzesniewski, Donnellan, Moffitt, Robins, Poulton and Caspi, 2006). Moreover, research (Orth, Robins and Roberts, 2008) found that low levels of self-esteem in both males and females aged 15 to 21 predict subsequent levels of depression.
1.8 Purpose of the research

Upon reviewing the literature, the linkage between body image and self-esteem has been found. Particularly, research indicate that person’s evaluation of own life and self can be greatly influenced by the perception of own body (Abell and Richards, 1994; Cash and Fleming, 2002; Tiggemann and Stevens, 1999; Pope, Olivardia, Borowiecki and Cohane, 2004). Studies suggest that the greater the body satisfaction the higher is the self-esteem (Frost & McKeelvie, 2004).

Nowadays, societal standards, especially in Western culture promote glorified and faultless body images that are unobtainable for many individuals (Groesz, Levine, Murnen, 2002). The issues associated with the pressure to attain and maintain societal standards of beauty and attractiveness have been well documented (Grogan, 1999). However, research indicate discrepancies between the age and gender in relation to the body ideal (Mellor, Tyszkiewicz, McCabe, Ricciardelli, 2010). Research on gender differences in body image importance found that women tend to report greater concerns about physical appearance than man (Kashubek-West, Mintz and Weigold, 2005). Although it does not deny the fact that men are also preoccupied with own look (Olivardia, Pope, Borowiecki and Cohane, 2004).

Even though literature on the prevalence on body image concerns is constantly expanding, there is only little known of whether a disturbance in body image influences social functioning (Davison and McCabe, 2005). However, the preliminary research indicate that body image affects individual social interactions (Cash, Thierault and Milkiewicz Annis, 2004), in the way that individuals with high levels of body dissatisfaction display greater social anxiety. Upon reviewing the literature, only paucity of the research looked at the body satisfaction and its relationship with social anxiety and social interactions (Davison & McCabe, 2005). Moreover, even though Cash and Brown (1989) suggest that men and women differ extensively on how they think, behave, feel and act toward their bodies, most
of the research concerned about gender differences in body esteem focused mostly on gender differences in the drive for thinness, ignoring important gender differences in body image. Therefore, considering body esteem, the present study will regard it as two models: female and male model. Consequently, the purpose of this research is to achieve more comprehensive understanding of the relationship between age, body image, self-esteem, BMI and social anxiety within male sample as well as within female sample. Particularly, the aim of the current study is to examine to what extend age, self-esteem and different dimensions of body esteem predict social anxiety. Furthermore, present study aims to find differences between males and females in the levels of self-esteem, BMI and social anxiety.

With emphasis on previous research on gender related differences in body image concerns, it is hypothesised that there will be a significant difference in BMI levels between male and female. First hypothesis predicts that women are going to score lower than male on BMI scale.

Second hypothesis states that men will display higher level of self-esteem than women.

Third hypothesis claims that there will be significant difference in social anxiety between male and female, predicting that female will display higher social anxiety than male.

Fourth hypothesis suggest that the dissatisfaction with own body will elicit low level of self-esteem and higher levels of social anxiety in male sample.

Similarly, fifth hypothesis suggest that dissatisfaction with own body will correlate with low levels of self-esteem and high score on social anxiety in female sample.

Sixth hypothesis claims that age, self-esteem, physical attractiveness, physical condition and upper body strength will predict social anxiety in the male sample.
Correspondingly, the seventh hypothesis claims that age, self-esteem, sexual attractiveness, weight concern and physical attractiveness will predict social anxiety in the female sample.
2. Methodology

2.1 Participants

The overall number of individuals who participated in the research study was one hundred and twenty eight (N=128), including sixty eight females (n=68) and sixty males (n=60). The age ranged from 18 to 48 years, with the average M=24.42 (SD=6.63). The most common age group in this study was 18-24 for both males and females, and was comprised of 69.5% of the sample. The rest of the individuals were allocated as follow: 25-29 years old (14.1%), 30-35 years old (7%), and 36-48 years old (9.4%). Almost half of the participants were single (48.4%), 45.3% were in relationship and 6.3% were dating.

The sample was one of convenience, recruited on the premises of Dublin Business School in Dublin. Population was normally distributed within multi – cultural society. There was no one excluded from the research.

Table 2.1
Bar Chart Displaying Breakdown of Participants Across Different Age Groups
2.2 Materials

Participants were instructed to fill in booklet of questionnaires, including: Self-Esteem Scale (Rosenberg, 1965), The Body-Esteem Scale (Franzoi & Shields, 1984) and The Liebowitz Social Anxiety Scale. In addition participants were asked to provide information about their age, gender, height, weight and relationship status.

a) The Self-Esteem Scale (Rosenberg, 1965) has been administered in order to measure global self-esteem. The scale comprises of ten self-worth statements, ranging from statements that are approved by person with low self-esteem to statements that are endorsed only by person with high self-esteem. Every question is presented with four response choices: “strongly agree”, “agree”, disagree” and “strongly disagree”. Scores range from 10 to 40, the higher the individual score the higher the level of self- esteem. In this study Cronbach’s alpha for The Self-Esteem Scale was .83.

b) The Body-Esteem Scale (Franzoi & Shields, 1984) was developed to measure different dimensions of body satisfaction. The scale lists thirty five items of body part and its functions. Every question is rated in accordance with the 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. BES identifies three different factors comprising body esteem for both sexes. For females, body esteem is obtained from the attitudes toward sexual attractiveness, weight concern and physical attractiveness, whereas for males, body esteem is constituted of attitudes toward physical attractiveness, upper body strength and physical condition. Cronbach’s alpha for the Body Esteem Scale was .90.
c) Liebowitz Social Anxiety Scale (Liebowitz, 1987) is a twenty-four item questionnaire that measures fear and avoidance in a range of social situations. All twenty-four items are rated on 4-point type scale, once for the intensity of fear (0=none, 1=mild, 2=moderate, 3=severe) and once for frequency of avoidance of the situation (0=Never; 1=Occasionally; 2=Often; 3=Usually). Items of the Liebowitz Social Anxiety Scale that refer to social ad performance situations, scores for fear and scores for avoidance are summed separately. A global score is also proposed, summing all items. The global scores range from 0 to 144. The scoring scale indicates that individuals who scored 55-65 indicate moderate social phobia, 65-80 marked social phobia, 80 – 95 severe social phobia and those who score more than 95 display very severe social phobia. In the present study Cronbach’s alpha for Liebowitz Social Anxiety Scale was .94.

d) Body Mass Index (BMI) was designed to give the approximate percentage of body fat, based on simple height and weight measurements. BMI can be simply calculated by dividing weight in kilograms by the square of height in meters (kg/m²). In accordance with international classification adapted by WHO (2004) scores suppose to be divided in three groups: underweight (scores below 18.5), normal weight (range of scores: 18.5 – 24.99) and overweight (25 or more).

2.3 Design

The present research used cross-sectional correlational design. The predictor variable within this study is gender, while the criterion variables are body image, self-esteem and social anxiety.
2.4 Procedure

Permission was sought and granted via e-mail to gain the access to Dublin Business School, Dublin. Research was conducted within different environments depending on the situation and participants’ free time including classrooms, school cafeteria and corridors. Every participant was informed about the purpose of the study, its voluntary nature and confidentiality prior to the completion of the questionnaire. In addition, all necessary information including the right to withdraw at any time and the assurance of the confidentiality were explained on the first page of the booklet of the questionnaire. Moreover, in case of any considerations pertain to the present study, researcher’s e-mail address was provided. Each questionnaire was accompanied by the instruction sheet (see Appendix 1). In addition, on the final page of the questionnaire, participants were able to find website, e-mail address and telephone number of the Bodywhys national support group for those concerned with body image.

Filling in the questionnaire took approximately 7-13 minutes. Once the questionnaire was completed, researcher collected it and put aside in specially provided box.

2.5 Ethical consideration

Ethical consideration was enforced during the whole research project. The main ethical consideration involved the age of participants, as the questionnaire involved very sensitive and personal questions such as weigh, height and satisfaction with different body parts including sex organs. For this reason, research was conducted only on individuals above the age of eighteen years old. Moreover, to ensure professional help for those individuals concerned with their body image the final page of the questionnaire included the contact details of Bodywhys organisation.
3. Results

Collected data was analyzed using SPSS 17.0 for Windows. Both, descriptive and inferential statistics were conducted. Descriptive statistics: mean, standard deviations, minimum and maximum scores, were calculated on all continuous variables.

3.1 Body Mass Index

Body Mass Index (BMI) defined as the weight in kilograms divided by the square of height in meters (kg/m²) was calculated for all participants. In accordance with international classification adapted by WHO (2004) scores were divided in three groups: underweight (scores below 18.5), normal weight (range of scores: 18.5 – 24.99) and overweight (25 or more). The overall number of individuals that were underweight amount 6.25%, in that group 3.91% were women and 2.34% were men. The most common weight group was the normal weight group (67.19%), whereas overweight group (26.56%) indicated gender differences; as more males (20.31%) than females (6.25%) were overweight.

The first hypothesis of the present study was investigated by conducting independent samples t-test in order to explore gender differences on the BMI scale. The results obtained suggest that female scores on BMI scale were significantly lower than male scores on BMI scale, which supports the first hypothesis. An independent sample t-test found significant difference between males and females in BMI levels (t(126) = 4.69, p < .01, 2-tailed). BMI differed significantly between females (M = 21.70, SD = 2.90) and males (M = 25.32, SD = 5.32). The magnitude of the differences in the means (mean difference = 3.62, 95% CI: 2.09 to 5.15) was large (eta squared = .15) according to Cohen’s (1988) indications (Table 3.1).
3.2 Gender differences in the levels of self-esteem

With regard to the second hypothesis, differences in self-esteem between males and females were examined using independent sample t-test. An independent sample t-test did not found a significant difference between males and females in the levels of self-esteem (t(126) = .79, p > .05, 2-tailed). Levels of self esteem did not differ significantly between females (M = 29.47, SD = 5.41) and males (M = 30.21, SD = 5.13) (see Table 3.1). Therefore, second hypothesis was rejected.

3.3 Gender differences on the levels of social anxiety

According to the Liebowitz Social Anxiety Scores, score were dived into five groups: individuals with no social anxiety, those with moderate social phobia, those with marked social phobia, those with severe social phobia and those with very severe social phobia. As presented in Figure 3.1, most of the participant did not display social anxiety 70.40%, although 9% displayed moderate social phobia, 11.20% indicated marked social phobia and 7.20% displayed severe social phobia. Moreover, only 1.60 % indicated very severe social phobia, interestingly those were only women (Figure 3.2), no men indicated very severe social phobia (Figure 3.3).
Although, only females were found to display very severe social anxiety (1.60%) statistical analysis of data rejected third hypothesis. Particularly, an independent t-test was used in order to examine gender difference on the levels of social anxiety. An independent sample t-test did not found significant differences between males and females in the levels of social anxiety ($t(123) = -.28, p > .05, 2$-tailed). Levels of social anxiety between females (M = 43.91, SD = 26.55) and males (M = 42.74, SD = 20.45) (Table 3.1).
Table 3.1
*Descriptive Statistics and Gender Differences in Self-Esteem, BMI and Social Anxiety*

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Esteem</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>30.22</td>
<td>5.14</td>
<td>.79</td>
<td>.43</td>
</tr>
<tr>
<td>Female</td>
<td>29.47</td>
<td>5.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BMI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>25.32</td>
<td>5.32</td>
<td>4.69</td>
<td>.01**</td>
</tr>
<tr>
<td>Female</td>
<td>21.70</td>
<td>2.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Anxiety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>42.74</td>
<td>20.45</td>
<td>-.28</td>
<td>.78</td>
</tr>
<tr>
<td>Female</td>
<td>43.91</td>
<td>26.55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: p significant at .01** level.*

3.4 Male body esteem and its relationship with age, self-esteem and social anxiety

With regards to fourth hypothesis, a Pearson’s Correlation Coefficient was carried out to examine the possible relationships age, self-esteem, social anxiety, physical attractiveness, physical condition and upper body strength within male sample. The mean scores for self-esteem was 30.20 (SD = 5.20); age 24.53 (SD = 7.51); social anxiety 42.74 (SD = 20.45); physical attractiveness 40.95 (SD = 7.64); upper body strength 32.79 (SD = 5.91) and physical condition 46.41 (SD = 8.84). Results indicate that the strongest relationship between body esteem and self-esteem among males according to the Pearson R correlational was the relationship between upper body strength and self-esteem. Pearson R correlation coefficient found moderate positive significant relationship between self-esteem and upper body strength (r = .35, p < .01, 2-tailed), suggesting that those individual who had favourable view about their upper body strength display higher level of self-esteem. Similarly, results indicated that males with higher satisfaction with physical condition had high level of self-esteem (r = .32,
$p < .01$, 2-tailed). Pearson R correlation coefficient found also weak positive significant relationship between self-esteem and physical attractiveness ($r = .25, p < 0.05$, 2-tailed).

On the subject of the relationship between body esteem and social anxiety, Pearson R correlation found that social anxiety was weakly correlated, although significantly with; upper body strength ($r = .25, p < .05$, 2-tailed), physical condition ($r = .24, p < .05$, 2-tailed) and self-esteem ($r = .24, p < .05$, 2-tailed). Results supported fourth hypothesis. All results regarding the relationship between male body esteem, age, self-esteem and social anxiety are displayed in Table 3.2 on the next page.
Table 3.2

*Correlations Between the Age, Self-Esteem, Physical Attractiveness, Upper Body Strength, Physical Condition and Social Anxiety Among Males (n = 60)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social Anxiety</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Age</td>
<td>-.12</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Self-Esteem</td>
<td>-.24*</td>
<td>.11</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Physical condition</td>
<td>-.24*</td>
<td>.14</td>
<td>.31**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Physical attractiveness</td>
<td>-.11</td>
<td>.09</td>
<td>.25*</td>
<td>.47**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>6. Upper body strength</td>
<td>-.25*</td>
<td>.16</td>
<td>.35**</td>
<td>.79**</td>
<td>.57**</td>
<td>-</td>
</tr>
<tr>
<td>Mean</td>
<td>42.74</td>
<td>24.53</td>
<td>30.19</td>
<td>46.41</td>
<td>40.95</td>
<td>32.79</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>20.45</td>
<td>7.51</td>
<td>5.20</td>
<td>8.84</td>
<td>7.64</td>
<td>5.91</td>
</tr>
</tbody>
</table>

Note: ** Correlation is significant at the .01 level (2-tailed).
* Correlation is significant at the .05 level (2-tailed).

3.5 Correlations and multiple regression analysis for males

Standard multiple linear regression was employed to help determine which of the set of variables (age, self-esteem, physical attractiveness, upper body strength, physical condition) could be used to predict social anxiety among male sample. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity. The suggested model was not statistically significant for current sample (F (5, 52) = 1.22, p > .05) (Table 3.3), thus rejecting sixth hypothesis.
Table 3.3

*Standard Multiple Regression of Age, Self-Esteem, Physical Attractiveness, Upper Body Strength, Physical Condition Predicting Social Anxiety Among Males*

<table>
<thead>
<tr>
<th>Model</th>
<th>$R^2$</th>
<th>$adjR^2$</th>
<th>$\beta$</th>
<th>$p$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.11</td>
<td>.02</td>
<td>-.08</td>
<td>.58</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td></td>
<td></td>
<td>-.17</td>
<td>.22</td>
</tr>
<tr>
<td>Physical condition</td>
<td></td>
<td></td>
<td>-.10</td>
<td>.66</td>
</tr>
<tr>
<td>Physical attractiveness</td>
<td></td>
<td></td>
<td>.07</td>
<td>.65</td>
</tr>
<tr>
<td>Upper body strength</td>
<td></td>
<td></td>
<td>-.15</td>
<td>.52</td>
</tr>
</tbody>
</table>

3.6 Female body esteem and its relationship with age, self-esteem and social anxiety

With regards to the fifth hypothesis a Pearson R Correlation Coefficient was carried out to examine the possible relationships age, self-esteem, social anxiety, sexual attractiveness, weight concern and physical attractiveness within female sample. The mean scores for self-esteem was 29.61 (SD = 5.67); social anxiety 43.91 (SD = 26.55); age 24.06 (SD = 5.67); sexual attractiveness 49.00 (SD = 8.47); weight concern 29.69 (SD = 8.53); physical attractiveness 29.51 (SD = 6.61).

As displayed in Table 3.4 statistical analysis of data supported the fifth research hypothesis which claimed that dissatisfaction with own body would significantly correlate with self-esteem and social anxiety. The strongest correlation in terms of relationship between self-esteem and body esteem among female sample was that of the self-esteem and weight concerns. Pearson R correlation coefficient found moderate positive significant
relationship between the self-esteem and weight concern among females \((r = .45, p < .01, 2\text{-tailed})\). In other words, those females who were satisfied with own weight indicated high level of self-esteem. Correspondingly, results indicate that women who perceived themselves as physically and sexually attractive were found to have high self-esteem. Pearson R correlation coefficient found moderate positive significant relationship between self-esteem and physical attractiveness \((r = .41, p < .01, 2\text{-tailed})\), as well as moderate positive relationship between self-esteem and sexual attractiveness \((r = .37, p < .01, 2\text{-tailed})\).

With reference to the relationship between social anxiety, self-esteem, age and body esteem among females, analysis of data indicate that self-esteem was negatively, yet significantly related to social anxiety \((r = -.36, p < .01, 2\text{-tailed})\), suggesting that those with low self-esteem scored high in social anxiety scale. Moreover, Pearson R correlation found significant relationship between social anxiety and weight concerns \((r = -.22, p < .05, 2\text{-tailed})\) as well as negative significant relationship between social anxiety and sexual attractiveness \((r = -.26, p < .05, 2\text{-tailed})\). In addition, Pearson R correlation coefficient found weak negative significant correlation between age and social anxiety \((r = -.29, p < .01, 2\text{-tailed})\), suggesting that younger females scored higher on social anxiety scale.
Table 3.4

_Correlations Between the Age, Self-Esteem, Sexual Attractiveness, Weight Concern, Physical Attractiveness and Social Anxiety Among Females (n = 68)_

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social Anxiety</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Age</td>
<td>-.29**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Self-Esteem</td>
<td>-.36**</td>
<td>.21*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sexual Attractiveness</td>
<td>-.26*</td>
<td>-.08</td>
<td>.37**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Weight Concern</td>
<td>-.22*</td>
<td>.12</td>
<td>.45**</td>
<td>.73**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>6. Physical Attractiveness</td>
<td>-.09</td>
<td>.05</td>
<td>.41**</td>
<td>.72**</td>
<td>.73**</td>
<td>-</td>
</tr>
</tbody>
</table>

_Mean_  

43.91  24.06  29.61  49.00  29.69  29.51

_Standard Deviation_  

26.55  5.67  5.33  8.47  8.53  6.61

Note: ** Correlation is significant at the .01 level (2-tailed).  
* Correlation is significant at the .05 level (2-tailed).

3.7 Correlations and multiple regression analysis for females

Standard multiple linear regression was employed to help determine which of the set of variables (age, self-esteem, sexual attractiveness, weight concern, physical attractiveness) could be used to predict the social anxiety among female sample. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity.
The empirical model including all predictor variables explained 19% of the variance in social anxiety among females (F (5, 61) = 4.15, p < .01). In the tested model, only three predictor variables were statistically significant, with Sexual Attractiveness recording a higher beta value (β = -.42, p < .05), than Age (β = -.28, p < .05) and Self-Esteem (β = -.28, p < .05) (Table 3.5). These results support seventh hypothesis, in addition those result suggest that the best predictor of social anxiety among females is Sexual Attractiveness.

Table 3.5

<table>
<thead>
<tr>
<th>Model</th>
<th>$R^2$</th>
<th>adj$R^2$</th>
<th>β</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.25</td>
<td>.19</td>
<td>-28</td>
<td>.02*</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>-28</td>
<td>.03*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Attractiveness</td>
<td>-41</td>
<td>.03*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Concern</td>
<td>-01</td>
<td>.97</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Attractiveness</td>
<td>.33</td>
<td>.07</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ** significant at the .01 level
* significant at the .05 level
4. Discussion

4.1 Introduction

The research was carried out in order to achieve more comprehensive understanding of the relationship between the age, body image, self-esteem and social anxiety within male model and female model. The principal aim of the present study was to examine if the age, self-esteem and different dimensions of body esteem influence social anxiety within male and female sample.

The dissatisfaction with own body within both models was hypothesised to elicit low level of self-esteem. Similarly, it was expected that greater dissatisfaction with own physicality would produce greater social anxiety. Additional objectives of the current study were to examine difference in the levels of self-esteem, BMI and social anxiety between men and women.

These are discussed below.

4.2 Discussion of the Results

Hypothesis I

“First hypothesis predicts that women are going to score lower than male on BMI scale.”

Obtained results found statistically significant difference between male and female score on BMI scale, indicating that women scored lower on the BMI scale than males, supporting the first hypothesis. These results were in the agreement with previous research results (Furnham, Badmin and Sneade, 2002; Kuan, Ho, Shuhaili, Siti, & Gudum, 2011; Bookwala and Boyar, 2008). Kuan, Ho, Shuhaili, Siti, & Gudum (2011) study reported that
more females than males were underweight, and in the same time more males than females were overweight. Correspondingly, in Furnham, Badmin and Sneade (2002) study, boys as compared to girls were more likely to want to be heavier than lighter, whereas most of girls wanted to be lighter. Moreover in a number of studies women when compared to men were found to be more likely to perceive themselves heavier than they really are. That in consequence was found to lead women to engage in disordered eating behaviours (Drewnoski and Yee, 1987). On the other hand, men when dissatisfied with own body were found to perceive themselves as underweight while being of normal weight or even slightly overweight (Mintz and Betz, 1986). In addition, Bookwala and Boyar (2008) findings indicate that BMI scores not only differ between males and females, those have an impact on psychological well-being, although only among females. Essentially, they found that higher BMI among women was associated with poorer psychological well-being; however they did not found such an association among males.

Furnham, Badmin and Sneade (2002) explain those outcomes in the light of sociocultural influences on body image, suggesting that neither men nor women can escape the sociocultural pressure that promotes faultless body image, theorizing that difference for shape change in males as opposed to weight loss in females may be due to different female and male body ideals. Following Fredrickson and Roberts (1997) ideology which highlight the importance of social and cultural context in formation of the body image, other researchers (Grogan, 1999; Halliwell and Ive, 2006; Groesz, Murnen and Levine, 2002) suggest that nowadays sociocultural norms relevant to physical appearance are not only glorified by the society and culture but are also ubiquitous, which puts many individuals under pressure of achieving the ideal body image. Groesz, Levine and Murnen (2002) points that today society creates faultless and glorified body images promoting firm and slender bodies, where women bodies are represented by ultra thin models and males are represented
as v-shaped muscular body, with emphasis on chest, shoulders and biceps (Furnham, Badmin and Sneade, 2002).

**Hypothesis II**

“Second hypothesis states that men will display higher level of self-esteem than women”

Results obtained indicate no significant difference between males and females in self-esteem, thus rejecting second hypothesis. Those results did not replicate previous research, (Feingold, 1994; Pilafova, Angelone and Bledsoe, 2007) which suggested that males display slightly higher self-esteem than females. Although, Feingold (1994) points that even though the gender differences in self-esteem were found to be relatively constant across generation, the effect size was very small. On the other hand, Marčič & Grum (2011) study did not found a significant gender difference in self-esteem. Although, Marčič & Grum (2011) specify that their results show a tendency for females to have more unstable self-esteem than males. They also posit that the lack of significant results regarding gender difference in self-esteem can be attributed to gender equality; suggesting that both males and females have equal opportunities, which enables them to reach their personal goals, and therefore have similar views and attitudes toward oneself and the world. Another possible, explanation for the results obtained in the present study might be an argument that many factors influence self-esteem (Pilafova, Angelone and Bledsoe, 2007), including time and situation.

**Hypothesis III**

“Third hypothesis claims that there will be significant difference in social anxiety between male and female, predicting that female will display higher social anxiety than males”
Statistical tests applied to data did not show significant difference between males and females in social anxiety, thus previously observed demographic characteristics associated with social phobia (Al-Ali, Singh & Smekal, 2011; Furmark et al., 1999) were not observed in the present study.

Although it is important to acknowledge, that even though most of the participant in the preset study did not indicate social anxiety (70.4%), those individuals who revealed very severe social phobia were only females, no men exhibit such high level of social phobia.

**Hypothesis IV**

“Fourth hypothesis suggest that the dissatisfaction with own body will elicit low level of self-esteem and higher levels of social anxiety in male sample”

Statistical results supported fourth hypothesis, suggesting that upper body strength, physical condition and physical attractiveness were positively, yet significantly correlated with self-esteem in a male sample. In other words, males who were satisfied with own body displayed high self-esteem. Moreover, results obtained indicate negative significant, although weak correlation between male body esteem and social anxiety, which means that men who were dissatisfied with upper body strength and physical condition have higher scores on the social anxiety scale. Current results replicated previous research (Pope, Olivardia, Borowiecki and Cohane, 2004) where male dissatisfaction with body image was found to be significantly associated with low self-esteem. Moreover, the present study emphasises that the main concerns associated with self-esteem among men in relation to the body esteem was the upper body strength, as well as physical condition. In relation to the results obtained, Franzoi and Shields (1984) suggest that in their scale assessing body-esteem, upper body strength is composed of male body parts that can be enhanced by exercise, thus it is possible
to suggest that the male self-esteem can be negatively affected by those physical characteristics that are changeable. Research suggest that reasons behind men's concerns about own body can be related to the evaluation of the muscular male body in Western cultures (Grogan, 1999; Pope, Phillips, & Olivardia, 2000). For example, Pope, Olivardia, Borowiecki, and Cohane (2004) point that advertisement that uses ideal male body increased over the years, to the extent that nowadays male body has become an object of advertising products unrelated to human body. Furthermore, the emphasis of the sociocultural norms on muscularity among males was noted by physically measuring male action toys from different decades (Pope, Olivardia, Gruber, Borowiecki, 1999), which suggested that emphasis on muscularity of male body increased significantly over the years. Pope, Olivardia, Gruber and Borowiecki (1999) suggest that nowadays there are many opportunities to increase muscularity, for example by steroid use, thus raising the pressure on men to achieve socially desirable lean, muscular and V-shaped body (Furnham, Badr, and Sneade, 2002). Those suggestions seem to be supported by many studies (Cafri, Thompson, Ricciardelli, McCabe, Smolak and Yesalis, 2005) which indicate that emphasis on muscle pursuit among males is prevalent and often leads to dysfunctional body change behaviours, which in consequence may even result in clinical disorder such as muscle dysmorphia. Therefore, results of the present research seem to also point into directions of the importance that muscle pursuit have on male's health.

Concerning the relationship between social anxiety and body esteem, present findings suggest that men who displayed low self-esteem and were dissatisfied with body parts reflecting their upper body strengths score high on the social anxiety scale. Those findings support the paucity of research (Cash, Thierault and Milkiewicz, 2004) suggesting that body image dissatisfaction is associated with greater discomfort in social interactions. Cash and Fleming (2002) explain that occurrence, highlighting the importance of physical appearance
assessments, as they suggest physical assessments whether perceived or received greatly influence body image concerns. Thus, even though disputable, it can be hypothesised: that internalizing societal messages, which Fredrickson and Roberts (1997) defined as self-objectification may lead to body dissatisfaction which in consequence might increase social anxiety. Although, the present research did not found a significant results indicating that social anxiety is influenced by body dissatisfaction among males, which is further discussed under Hypothesis VI.

**Hypothesis V**

“Similarly, fifth hypothesis suggest that dissatisfaction with own body will correlate with low levels of self-esteem and high score on social anxiety in female sample”

Statistical analysis of data supported the fifth research hypothesis indicating that female body esteem was positively correlated with self-esteem. Obtained results suggests that the strongest correlation in terms of relationship between self-esteem and body esteem among female sample was that of the self-esteem and weight concerns, which means that women who have higher body esteem have also higher self-esteem. Those findings were consistent with other studies (Abell & Richards, 1994; Kashubek-West, Mintz and Weigold, 2005; Seidah and Bouffard, 2007) claiming that body dissatisfaction is associated with low self-esteem. Upon reviewing a literature, strong social and cultural forces have been blamed not only for the influencing but also for dictating the ideal body image (Grogan, 1999; Groesz, Levine, Murnen, 2001; Dohnt and Tiggemann, 2006; Hobza, Walker, Yakushko and Peugh, 2007). Research on media influence on body image, found that as young as six year old girls were affected by the exposure of ultra-thin models represented by media and reported desire to be thinner (Dohnt and Tiggemann, 2006). Hence theorists argue that the mental
representation an individual has of their own body is greatly determined by social experience (Cash, Theriault, Milkiewicz Annis, 2004).

According to Meyers and Biocca (1992) due to elasticity of body image, social cues concerned with ideal body influence individual self-schema; in a manner that individual absorbs those cues and combines them with own body ideal. Hence, individual body image consists of perceived body shape and socially represented ideal body. Thus suggesting that body image can be greatly influenced by the affected by cultural messages and societal standards of appearance of attractiveness. Thus Meyers and Biocca (1992) theory goes along with Leary (1999) sociometer theory which posits that self-esteem system evolved as a monitor of social acceptance, where social acceptance leads to high self-esteem and rejection to low self-esteem.

**Hypothesis VI**

“Sixth hypothesis claims that age, self-esteem, physical attractiveness, physical condition and upper body strength will predict social anxiety in the male sample”

Statistical calculations did not support Hypothesis VI, suggesting that within the male model the age, self-esteem, physical attractiveness, physical condition and upper body strength did not predict social anxiety. In that manner, result did not replicate previous research (Cash, Thierault and Milkiewicz, 2004) which suggest that body image dissatisfaction for men and women alike influences social interactions; in the way that negative body image leads to greater discomfort in social interactions. Although it is important to notice that: even though multiple regression analysis indicated that neither age, self-esteem nor any of the male body esteem dimensions will predict social anxiety; correlational test found weak positive correlation between upper body strength, physical
condition and self-esteem with social anxiety. However, Davison and McCabe (2005) argue that due to the absence of research on the relationship between body image and anxiety among men the importance of body image in the interpersonal functioning among men is very ambiguous. Another possible explanation refers to the notion that men appear to be less liable than women to report their body dissatisfaction (Davison, 2002), which may contribute to inaccuracies in assessing male body esteem and social anxiety.

**Hypothesis VII**

“Correspondingly, the seventh hypothesis claims that age, self-esteem, sexual attractiveness, weight concern and physical attractiveness will predict social anxiety in a female sample”

Results obtained were in consistency with previous research, (Davison and McCabe, 2005; Cash, Thierault and Milkiewicz, 2004; Nezlek, 1999) suggesting that body dissatisfaction predicts social anxiety. In addition, present findings suggest that dissatisfaction with own body, especially body parts related to sexuality; as well as age and self-esteem predict social anxiety. In particular, results indicate that younger women, as well as women with low self-esteem tend to exhibit high social anxiety.

Despite small number of research in this particular area, findings suggest that body image is not only influenced by sociocultural norms, it also have an impact on interpersonal relations (Cash, Thierault and Milkiewicz, 2004).

One possible explanation might presented by objectification theory, which proposes that: “The common thread running through all forms of sexual objectification is the experience of being treated as a body (or collection of body parts) valued predominantly for its use to (or consumption by) others” (Fredrickson and Roberts, 1997, p. 174). Construct of
the female body as an object that is looked and evaluated by others, according to a theory, may lead to psychological consequences such as body dissatisfaction (Fredrickson and Roberts, 1997), which in consequence may influence social interactions (Nezlek, 1999). Research suggests that individuals constantly seek to compare themselves in order to maintain accurate views of themselves (Corcoran, Crusius and Mussweiler, 2011). Moreover studies propose that fear of negative evaluation becomes is an important factor in social anxiety (Weeks, Jakatdar, Heimberg, 2010); in the manner that physical unacceptability may lead to insecurity and in consequence it may result in anxiety of social and intimate relations (Cash, Thierault and Milkiewicz, 2004). Correspondingly, that view provides clarification of why low self-esteem was found to predict social anxiety, pointing towards sociometer theory (Leary, 1995).

4.3 Limitations to the present study

Even though correlational research helps to describe and predict the relationship between variables, it does not give an explicit understanding of the nature of the relationship between variables. Thus it leads to significant limitations to the study. Moreover, in regard to the present study, correlational nature of the research result in inability to declare the existence of any intervening variables that might influence direction and relationship of measured variables.

Another limitation to the study was finding measures that would that would be brief and easy in completion, in order to encourage individuals to participate.

The age of participants was yet another limitation, as most of them (69.5%), fell into the first age group 18-25 year olds, which in consequence make it impossible to compare
different age groups. However, research was conducted on individuals over the 18 years old, due sensitivity of questions and ethical considerations.

It can be also argued that a bigger sample size could predict better results.

4.4 Future Research

Upon reviewing a literature, only small number of research has looked at the influence between body image and social anxiety (Davison & McCabe, 2005). Therefore, continued research is needed to examine how age, self-esteem and particular dimension of body image influence social cognition within, cultures, sexual minorities and different ethnic groups. Moreover, as pointed by Cash and Brown (1989) men and women differ extensively on how they think, behave, feel and act toward their bodies. Therefore gender difference in relation to body image needs to be maintained in future research. Furthermore, it has been argued that men appear to be less liable than women to report their body dissatisfaction (Davison, 2002), though they were more likely to report a motivation to improve their body appearance. Thus it would be recommended to apply questionnaires that require answers concerned with motivation in the enhancement of male body rather than answers concerned with body dissatisfaction.

4.5 Conclusion

Considerable rise in the cosmetic surgeries, concerns about healthy diet, increase in use of drugs enhancing muscularity and promoting slender bodies encouraged researchers to understand the motivations behind these behaviours (Grogan, 1999). Research found that from early childhood on, individuals are affected by their body image (Cash and Pruzinsky, 1999). Body image has been found to influence individuals’ emotions, mood, behaviour, self-
esteem and even social interactions (Cash and Brown, 1989; Abell and Richards, 1994; Cash, Thierault and Milkiewicz, 2004). In particular, body dissatisfaction was found to be associated with numerous negative outcomes, including low self-esteem (Tiggemann and Stevens, 1999); outbreak of eating pathologies (Hesse-Biber, Leavy, Quinn, & Zoino, 2006); depression, muscle dysmorphia (Pope, Olivardia, Borowiecki and Cohane, 2004); and social anxiety (Feingold, 1994).

The reason behind body dissatisfaction is placed mostly upon sociocultural norms and values concerning body image (Grogan, 1999). Western culture has been criticised for promoting body emphasising slenderness and beauty in females and muscularity in males that impossible for many to achieve; perfect to the point that smudge the boundaries between fiction and reality (Groesz, Levine and Murnen, 2002). Images of ideal attractiveness has been transmitted by television, billboards, movies, music videos, video games, computer games, toys, the Internet, encouraging women to lose weight and men to enhance muscularity (Dohnt and Tiggemann, 2006; Groesz, Levine, Murnen, 2001; Hobza, Walker, Yakushko and Peugh, 2007).

Despite the fact that most research concerning body image was focused on females (Cafri & Thompson, 2004) male dissatisfaction with body was well documented (Pope, Olivardia, Borowiecki and Cohane, 2004). Review of literature suggest gender differences in body image perception (Cash and Brown, 1989), pointing that women display a drive for thinness, while men are looking to enhance their muscularity (Drewnoski and Yee, 1987; Kashubek-West, Mintz and Weigold, 2005).

According to Davison and McCabe (2005) in constantly expanding literature on body image there is only a little known of how body dissatisfaction refers to social anxiety. Although preliminary research indicates that body dissatisfaction may have an impact on how people experience their relations with others (Cash, Thierault and Milkiewicz, 2004). It has
even been found that women satisfied with own body reported being more comfortable in their sexual interactions with partner (Ackard, Kearney-Cooke, and Peterson, 2000).

Present study aimed to achieve more comprehensive understanding of the relationship between age, body image, self-esteem, BMI and social anxiety within male sample and within female sample. Results obtained in the present study, suggested significant difference in BMI between males and females, indicating lower BMI for women and higher for men. Moreover current study supported previous notion that body esteem significantly relates to self-esteem in both males and females. However, the most important result indicates that female body esteem, self-esteem and age significantly influence social anxiety. In addition sexual attractiveness has been found to be the best predictor of social anxiety among females. Interestingly, current study did not find that relationship in male sample.
REFERENCES


Hesse-Biber, S., Leavy, P., Quinn, C. E., & Zoino, J. (2006). The mass marketing of disordered eating and Eating Disorders: The social psychology of women, thinness

doi:10.1016/j.wsif.2006.03.007


doi:10.1080/15298860701398808


Appendix 1

My name is Karolina Krzempek, and this questionnaire is a part of my final year project. My project aims to examine the relationship between perceived body image, psychological well-being and social anxiety. Participation is anonymous and voluntary, you are not required to write your name anywhere in this survey. You may find some of the questions personal, however all your responses will be held in strict confidence.

All participants have the right to withdraw at any time.
Your careful attention and accuracy is highly appreciated.

I would like to thank you in advance for your time and co-operation.

If you require any further information concerning this research, please contact me; Karolina at the address below:
1) Age: __  2) Height: __  3) Weight: __

*Circle:
4) Gender:  male  /  female

5) Relationship status:  single  dating  in relationship

6) Instructions:
Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

<table>
<thead>
<tr>
<th>Statement</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On the whole, I am satisfied with myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. At times, I think I am no good at all.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I feel that I have a number of good qualities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I certainly feel useless at times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I feel that I’m a person of worth, at least on an equal plane with others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I wish I could have more respect for myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. All in all, I am inclined to feel that I am a failure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I take a positive attitude toward myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7) **Instructions:**

On the next 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:

<table>
<thead>
<tr>
<th></th>
<th>1 = Have strong negative feelings</th>
<th>2 = Have moderate negative feelings</th>
<th>3 = Have no feeling one way or the other</th>
<th>4 = Have moderate positive feelings</th>
<th>5 = Have strong positive feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. body scent</td>
<td></td>
<td>18. width of shoulders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. appetite</td>
<td></td>
<td>19. arms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. nose</td>
<td></td>
<td>20. chest or breasts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. physical stamina</td>
<td></td>
<td>21. appearance of eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. reflexes</td>
<td></td>
<td>22. cheeks/cheekbones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. lips</td>
<td></td>
<td>23. hips</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. muscular strength</td>
<td></td>
<td>24. legs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. waist</td>
<td></td>
<td>25. figure or physique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. energy level</td>
<td></td>
<td>26. sex drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. thighs</td>
<td></td>
<td>27. feet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. ears</td>
<td></td>
<td>28. sex organs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. biceps</td>
<td></td>
<td>29. appearance of stomach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. chin</td>
<td></td>
<td>30. health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. body build</td>
<td></td>
<td>31. sex activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. physical coordination</td>
<td></td>
<td>32. body hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. buttocks</td>
<td></td>
<td>33. physical condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. agility</td>
<td></td>
<td>34. face</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>35. weight</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8) Instructions:

The first question asks how anxious or fearful you feel in the situation and the second question asks how often you avoid the situation.

If you come across a situation that you ordinarily do not experience, I ask that you imagine "what if you were faced with that situation," and then rate the degree to which you would fear this hypothetical situation and how often you would tend to avoid it.

* Please read each situation carefully and answer 2 questions about that situation using the following scale:

<table>
<thead>
<tr>
<th>Fear or Anxiety</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>0 = Never (0%)</td>
</tr>
<tr>
<td>1 = Mild</td>
<td>1 = Occasionally (1—33%)</td>
</tr>
<tr>
<td>2 = Moderate</td>
<td>2 = Often (33—67%)</td>
</tr>
<tr>
<td>3 = Severe</td>
<td>3 = Severe 3 = Usually (67—100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Situation</th>
<th>Fear</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Using a telephone in public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Participating in a small group activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Eating in public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Drinking with others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Talking to someone in authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Acting, performing, or speaking in front of an audience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Going to a party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Working while being observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Writing while being observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Calling someone you don't know very well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Talking face to face with someone you don't know very well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Meeting strangers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Urinating in a public bathroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Entering a room when others are already seated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Being the center of attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Speaking up at a meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Taking a test of your ability, skill, or knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Expressing disagreement or disapproval to someone you don't know very well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Looking someone who you don't know very well straight in the eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Giving a prepared oral talk to a group</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
21. Trying to make someone's acquaintance for the purpose of a romantic/sexual relationship
22. Returning goods to a store for a refund
23. Giving a party
24. Resisting a high pressure sales person

Thank You.

If you are concerned with or affected by any of the raised issues, please do not hesitate to contact the following organisation:

http://www.bodywhys.ie/
info@bodywhys.ie
Helpline: 1890 200 444