Self-Esteem, Body Image, Social Influences, and Negative Eating Habits

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Honors Project Proposal

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Review of Literature

Introduction

Over the decades, the prevalence of diagnosed eating disorders has risen (Green, Scott, Diykankova, Gasser, & Pederson, 2005). Researchers have been evaluating many different variables and their effects on the development of an eating disorder. Many studies have shown that body image, self-esteem, and sociocultural influences have become the leading factors in developing an eating disorder. The intent of this study is to see the relationship of sociocultural influences, body image, and self-esteem on the risk level for developing an eating disorder in college students. For the purpose of this study, the focus will be on females attending East Texas Baptist University in relation to eating disorders, body image, self-esteem, and sociocultural influences.

Eating Disorders

Definition and Description

Eating disorders represent severe disruptions in normal eating patterns. The two main diagnoses of eating disorders are anorexia nervosa and bulimia nervosa. Obesity is not mentioned as a disorder. Individuals with anorexia nervosa have a fear of gaining weight, becoming fat, and refuse to maintain a normal weight. Those suffering from bulimia nervosa engage in over-eating episodes, binge eating, and perform acts that rid the food from their system, purging (American Psychiatric Association, 2000). Some anorexics or bulimics will use laxatives or vomit to counter their over-eating (Keel & Klump, 2003). Individuals with eating disorders are very restrictive about their diet and weight, while desiring the approval of others (Cohen & Petrie, 2005).
According to Tylka (2004), the number of women that are able to be classified as having an eating disorder is very small, “.5% for anorexia, 1-3% for bulimia, and 2-5% for eating disorder not otherwise specified” (p. 178). Even though these numbers are so small there are many women who participate in other unhealthy, negative habits. These negative eating habits can include a number of actions. Individuals could be excessive dieters, using diuretics/laxatives, participate in strenuous work-out activities multiple times a week, eliminating important food groups, extensive fasting, skipping meals, suffer from over-eating, or vomit after eating (Irving, 1990; Tylka, 2004). A few researchers have found a strong correlation between dieting and developing an eating disorder (Jarry, Polivy, Herman, Arrowood, & Pliner, 2006; Polivy & Herman, 1985; Stice & Agras, 1998; Ghaderi & Scott, 2001).

**At Risk Individuals**

Eating disorders are more common in women than men (Woodside et. al, 2001; Carney & Louw, 2006). More men have started entering treatment centers for eating disorders now than in the past (Braun, Sunday, Huang, & Halmi, 1999; Lewinsohn, Seeley, Moerk, & Striegel-Moore, 2002). Research has shown that college students have a higher risk of developing an eating disorder, and female students are at an even higher risk for developing this. While competing to do well in class, they may also be in competition to be the most attractive (Striegel-Moore, Silberstein, Frensch, & Rodin, 1989; Trautmann, Worthy, & Lokken, 2007; Drewnowski, Yee, & Krahn, 1988). Other studies have shown that white women are more likely to be anorexic and diet than black women. Both are equally likely to be bulimic (Bardone-Cone & Boyd, 2007; Grabe & Hyde, 2006; Striegel-Moore et al., 2003; Mulholland & Mintz, 2001; Smith, Marcus,
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Lewis, Fitzgibbon, & Schreiner, 1998; White & Grilo, 2005; O’Neill, 2003). Other ethnicities have been studied, but the results were not statistically significant (Keel & Klump, 2003).

Body Image

Definition and Description

Researchers have found that eating disorders spring from a number of sources. One source that plays a major role in contributing to acquiring an eating disorder is body image (Tylka, 2004; Cooley & Toray, 1996; Davis, Claridge, & Fox, 1998; Rudd & Lennon, 2000; Cohen & Petrie, 2005; Stice & Shaw, 1994; Willinge, Touyz, & Charles, 2006; Trautmann, Worthy, & Lokken, 2007; Lin & Kulik, 2002; Krones, Stice, Batres, & Orjada, 2005; Wertheim, Koerner, & Paxton, 2001; Striegel-Moore et al., 2004; Heinberg & Thompson, 1995; Ghaderi & Scott, 2001; Thompson & Stice, 2001; Wade & Lowes, 2002; Evans & Stukas, 2007).

According to Rudd and Lennon (2003), body image is defined as “the mental image we hold of our bodies including both perceptions and attitudes” (p.153). Having a negative body image can take many forms through cognitive, behavioral, perceptual, and affective manifestations (Thompson, Heinberg, Altabe, & Tantleff-Dunn). Stice and Shaw (1994) found that exposure to images of thin models can lead to feelings of “depression, unhappiness, shame, guilt, and stress,” which can all lower women’s body image (Stice & Shaw, 1994, p.301-302). Body cathexis is the amount of satisfaction individuals have with their body as a whole and as separate parts. Researchers have found this to be an essential part of self-esteem and body image. This is also related to self-concept (Secord & Jourard, 1953; Trautmann, Worthy, Lokken, 2007; Mahoney & Finch,
1976). Some will compare themselves with others around them, which may have an effect on their body image and possibly cause them to excessively diet or exercise (Rudd & Lennon, 2000). This possible change could even cause them to alter their clothing choices, continuing the cycle of lowering their body image (Dubler & Gurel, 1984).

**At Risk Individuals**

College-aged women tend to suffer more often from lower body images as well (Tylka, 2004; Lin & Kulik, 2002; Stice & Shaw, 1994; Cohen & Petrie, 2005; Rudd & Lennon, 2000; Cooley & Toray, 1996; Willinge, Touyz, & Charles, 2006; Carney & Louw, 2006). One study showed that 61% of college women were participating in severe or subtle actions to manage their weight (Mintz & Betz, 1988). Other researchers report that a woman’s body image may be a more vital factor in developing an eating disorder than her actual weight (Cooley & Toray, 1996; Patton, Johnson-Sabine, Wood, Mann, & Wakeling, 1990; Thompson, Coovert, Richards, Johnson, & Cattarin, 1995; Lawrence & Thelen, 1995).

**Other Aspects**

*Objectified body consciousness* is the extent to which a woman focuses more on her appearance rather than her internal characteristics. This type of consciousness has three different categories: “body surveillance, internalization of cultural body standards, and beliefs about appearance control” (McKinley & Hyde, 1996, p.183-184; Tylka, 2004). *Body surveillance* is the main factor in objectified body consciousness, which involves the idea that a woman’s body is to be desired by men. Therefore, women will constantly survey their bodies to confirm their adherence to cultural norms. Women begin to see their bodies as outside onlookers (Spitzack, 1990; McKinley & Hyde, 1996;
Tylka, 2004). Surveying one’s body constantly can lead to a lowered body image and possibly becoming vulnerable enough to develop an eating disorder (Carver & Scheier, 1981). Internalization of cultural standards occurs when the social standards seem to be coming from within rather than as external pressures. The standards have been integrated and now are part of their lives. This makes one extremely vulnerable and more willing to abide by them. As previously addressed women are experiencing societal pressures constantly. This can lead to the experiencing of multiple negative emotions. Finally, responsibility for appearance is the belief that women are responsible for how their bodies look. They have the power to make their bodies beautiful or unattractive. This leads to the constant judgment of their bodies. Judging one’s body also can lead to a lowering of body image and becoming at risk for developing an eating disorder. (Spitzack, 1990; McKinley & Hyde, 1996; Fredrickson & Roberts, 1997). One study found that the more negative a woman’s objectified body consciousness is, the higher the eating disorder symptoms (Tylka, 2004).

Research has shown that to have a successful treatment for individuals participating in any form of negative eating habits, their personal body image must be taken into account (Cooley & Toray, 1996; Loewe et. al, 2001; Towell, Woodford, Reid, Rooney, & Towell, 2001). This monitoring and judgment is not only affecting objectified body consciousness; this is directly affecting their body image (Rudd, 1997; Rudd & Lennon, 2000).

Thin-ideal internalization is how much individuals believe what is said or seen around them about being thin and apply it to their own life (Hohlstein, Smith, & Atlas, 1998; Thompson & Stice, 2001; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999).
One study suggested that this leads almost directly to body dissatisfaction, because that ultra-thin physique is quite impossible for most women to achieve (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). After a woman has internalized this thin-ideal she relates happiness and desirability to it, but if she is unable to attain that ideal her body image begins to lower (Tiggemann, 2002).

Self-Esteem

Definition and Description

Another important aspect of a person’s being that could lead to negative eating habits is self-esteem (Newns, Bell, & Thomas, 2003; Bardone, Perez, Abramson, & Joiner, Jr., 2003; Surgenor, Maguire, Russell, & Touyz, 2007; Wade & Lowes, 2002). A study presented the idea that individuals’ perception of their self-worth is based upon their outer appearance (e.g. weight, shape) (Slade, 1982). Because self-esteem is such a large factor in the likelihood of developing negative eating habits, some researchers have focused only on heightening self-esteem for treatment (Newns, Bell, & Thomas, 2003; Surgenor, Maguire, Russell, & Touyz, 2007; Crocker & Park, 2004). Two aspects of self-esteem that have received much research in multiple studies are self-liking and self-competence (Tafarodi & Swann, 1995; Bardone, Perez, Abramson, & Joiner, Jr., 2003; Surgenor, Maguire, Russell, & Touyz, 2007).

Self-liking

Silvera et al. (1998) described self-liking as more reliant upon self-esteem, which includes social likeability. Cooley (1902/1964) used the metaphor of a looking glass to describe self-liking; what is seen in the glass is how we perceive the perceptions of others. These reactions then become internalized, which leads to the judgment of one’s
body in accordance to what is believed to be the societal standard (Damon & Hart, 1982). Another way to define this would be “one’s feelings of being loved, likeable, and socially worthy” (Bardone, Perez, Abramson, & Joiner, Jr., 2003, p.362). According to one study, self-liking has more of an effect on individuals suffering from anorexia nervosa. Those that use laxatives often also had a lower self-liking score. This study also found that those with lower self-liking scores were also dealing with issues (e.g. perfectionism, ineffectiveness, etc) that could have led them to have lower self-competence scores. Low self-liking has been more strongly correlated with anorexia nervosa than low self-competence (Surgenor, Maguire, Russell, & Touyz, 2007).

*Self-competence*

Self-competence is more closely related to personal worth. The level of self-competence determines how one would view their capability, effectiveness, and control. Self-competence is more autonomous than self-liking (Tafarodi & Swann, 1995). Along with the previous definitions for self-competence is the sense of efficacy. This allows the individual to be confident in his or her abilities. One researcher found a correlation between self-competence and the ability to cope with stress (White, 1959). Self-competence and self-liking were found to have a significant correlation with bulimia nervosa, but self-competence was more directly related to the disorder. Having a low self-competence puts the individual at the risk of becoming vulnerable to anxiety and depression (Tafarodi & Swann, 1995). Both of these aspects of self-esteem reflect the other one. Self-competence may lead the individual to believe that they cannot change, and self-liking may lead to thinking that they are not worthy of change (Surgenor, Maguire, Russell, & Touyz, 2007).
Other Information

Another study used negative thinking to predict self-esteem issues among the participants. The study used the Habit Index of Negative Thinking to measure the level of habit one’s negative thinking had taken. Researchers found that frequency of negative thinking was correlated with self-esteem (Verplanken, 2006). Other research found that women and men who are more secure in their body image have a higher self-esteem (Boyes, Fletcher, & Latner, 2007).

Sociocultural Influences

Definition and Description

Society today is promoting a thinner woman as beautiful. The ideal size for women has drastically dropped throughout the decades, now leaning toward a thinner, less curvy, tubular shaped woman. A major problem with this ideal woman is that it is difficult if not impossible for women to achieve (Lin & Kulik, 2002; Carney & Louw, 2006). The idea that women should dislike and change their figures is a Western concept. Because this idea is portrayed all around, possessing a negative body image is beginning earlier. Results from one study provided information that girls around age nine begin showing signs of a negative body image. If older girls are expressing concern about their body, the younger ones will do the same (Wardle & Watters, 2004). The media has become one of the strongest vessels in which these ideals are being communicated (Stice & Shaw, 1994; Willinge, Touyz, & Charles, 2006; Irving, 1990; Carney, & Louw, 2006; Rudd & Lennon, 2000). Studies have shown that exposing individuals to thin models has a negative effect on their body image (Heinberg & Thompson, 1995). In Irving’s 1990 study, she showed images of thin models to college aged women. These women reported
a lower self-esteem and lower satisfaction with their bodies after viewing the pictures. Her study also found that the experimental group’s post-test scores were very similar to the control group’s scores, which suggests that outside media exposure plays a very large part in the body and self-satisfaction of women. This study has been referenced multiple times in other articles (Krones, Stice, Batres, & Orjada, 2005; Heinberg & Thompson, 1995; Lin & Kulik, 2002; Stice & Shaw, 1994). Studies are also showing that females are more affected by the images in the media than males (Lawrie, Sullivan, Davies, & Hill, 2006).

*Other Venues of Media Exposure*

One study found that women who are regular subscribers to popular women’s magazines (e.g. Elle, Vogue, Cosmopolitan, etc) are negatively affected by the multiple images of very thin women (Stice, Schupak-Neuberg, Shaw, & Stein, 1994). Other studies found that exposure to television, music videos, soap operas, and movies can have an impact on the body image and/or self-esteem of women (Lin & Kulik, 2002; Tiggemann & Pickering, 1996). These studies agreed that watching any one these reinforces the present disturbed habits. Researchers have also found that individuals with a television in the house are three times more likely to develop anorexia nervosa than those without it (Carney & Louw, 2006). The Internet has now begun to play a role in media influence. This form of sociocultural influence is very aggressive compared to the other forms previously addressed. In the other influences, companies are passively promoting the thinner body type, but multiple websites have been discovered that overtly promote eating disorders. Creators and managers for the websites post tips for how to continue becoming thinner, and some even have creeds by which to live. Viewing these
websites promoting bulimia or anorexia has been correlated with immediate negative eating habits along with a lowered self-esteem and body image (Carney & Louw, 2006; Bardone-Cone & Cass, 2007).

*Social Comparisons*

*Social comparisons* among peers can also affect self-esteem and body image. “An important quality of human interaction is that we engage in social comparisons with others to understand how and where we fit in the world” (Krones, Stice, Batres, & Orjada, 2005, p.134). Because people compare themselves to others, societal pressures have become a major problem. If photographs of thin models are posted, not only will people compare themselves to those models, there will also be comparisons made about other individuals (Krones, Stice, Batres, & Orjada, 2005; Levine & Smolack, 1996; Striegel-Moore, Silberstein, & Rodin, 1986). Another study showed images of thin, average, and oversized models to college women. Those that saw the photos of the thin models reported a lower self-esteem, whereas the other groups did not report that significant of a change (Irving, 1990). This can lead to negative eating habits like excessive dieting or even the development of an eating disorder (Lin & Kulik, 2002; Stice, 2001; Krones, Stice, Batres, & Orjada, 2005; Stormer & Thompson, 1996).

*Celebrity Comparisons*

Some studies have been produced that examine individuals’ opinions of the bodies of female and male celebrities. The hypothesis was that females who are dissatisfied with their bodies will have unreasonable attitudes toward the extreme body types of celebrities. The results showed the individuals with a more negative body image judged the celebrities inaccurately. They viewed the celebrities as thinner than they truly
are. Those participants that possessed a healthy self-esteem and body image judged the celebrities accurately (Willinge, Touyz, & Charles, 2006; King, Touyz, & Charles, 2000; Hargreaves & Tiggemann, 2003; Polivy & Herman, 2004).

Proposed Study

Hypothesis

The experiment is testing to see if college females are more susceptible to develop an eating disorder after being exposed to pictures of women’s bodies.

Participants

The current study will use female ETBU participants from the introductory Psychology and Sociology classes. This will involve speaking to introductory Psychology and Sociology classes and asking if any female students are interested in participating in the study. The ideal number for this study would be 50 participants, 25 in Experimental Group 1 and 25 in Experimental Group 2. The minimum number of participants must be 30. If I encounter trouble acquiring the participants from the introductory classes I will go to other classes and ask them for their participation. As compensation for their participation I will ask their professors to provide them with extra credit points on an exam.

Measures

For this study the participants will take a survey that is a combination of five different scales and view a PowerPoint presentation of female bodies. I will be using each scale in its entirety.

1.) Rosenberg Self-Esteem Scale
This is a ten item scale that measures the individual’s global self-esteem. The internal validity for this scale is 0.85 (Rosenberg, 1965; Wade & Lowes, 2002). Completing this scale will take approximately two minutes.

2.) Ideal Body Stereotype Scale-Revised

Thin-ideal internalization is measured by this six item scale. This scale has an internal consistency of alpha=0.89 to 0.91. Cronbach’s alpha measured 0.83. Also the test-retest reliability is r=0.80 (Stice, 2001). Completing this scale will approximately take two minutes.

3.) Perceived Sociocultural Pressure Scale

This ten item scale measures the amount of pressure people receive about being thin. Internal consistency: alpha=0.88. The test-retest reliability is r=0.93 (Stice & Agras, 1998). Completing this scale will take approximately two minutes.

4.) Body Image Satisfaction

A group of researchers created this scale to have for their study in addition to another scale they used. This is a 31 item scale that has three subscales: Body Image Satisfaction, Dieting Attitudes and Behaviors, and Preoccupation with Thinness (Turner, Hamilton, Jacobs, Angood, & Dwyer, 1997). Completing this scale will take approximately five minutes.

5.) Eating Disorder Inventory

This is a 63 item scale that consists of eight subscales: drive for thinness, bulimia, body dissatisfaction, ineffectiveness, perfectionism, interpersonal distrust, interoceptive awareness, and maturity fears. All of the correlations are significant at p<0.001 level, and
the total correlation of the subscales is \( r=0.63 \). Completing this scale will take between fifteen and twenty-five minutes (Garner, Olmstead, Polivy, 1983).

**PowerPoint Presentation**

The presentation will have between twenty and forty pictures of female bodies gathered from prominent women’s magazines (e.g. Cosmopolitan, Lane Bryant, Glamour, and Ladies Home Journal). Images chosen will portray body figures of all different shapes and sizes. Experimental Group 1 will be viewing pictures of average-sized body types, and Experimental Group 2 will be viewing pictures of thin body types. While viewing the slide show, the participants will be asked to think about the body types. This will not be statistically measured.

**Procedure**

After acquiring the number of participants they will be randomly assigned to Experimental Group 1 or Experimental Group 2. Both of these groups will be studied on separate days as a convenience to me, but participation will only be separated by one day. I will reserve a room on campus for both groups to be studied. Experimental Group 1 will be the first to be studied. This group will view a PowerPoint presentation of average-sized female bodies. At each table/desk there will be a large envelope with their survey inside it. On top of the envelope will be an informed consent for them to read, sign, and return to me before beginning the PowerPoint presentation. The survey will be completely anonymous, but the surveys will be numbered in order to organize the data. There will not be any form of connection between the individual’s personal information and their documents. After collecting all of the informed consents they will be given simple instructions on viewing the PowerPoint presentation. The pictures will be on a
timer and will change after approximately six seconds. After viewing all of the images, they will be asked to complete the survey. I will give them simple directions for the survey, but they will also be printed on the survey. After completing the survey I will ask them to place the survey inside the envelope and seal it. When everyone has completed it, I will collect the envelopes and dismiss everyone to their reception. The participants will be aware that the survey is a part of the study, but they will not know that the reception after is part of it as well. To them the reception will be a way of thanking them for their participation. In all actuality I will be discretely observing their eating habits after taking the survey, along with two other assistants that will act like hostesses. Different types of food will be set out for them to eat, and I will be interested to see if they eat at all and if they do what they eat. I will make a note of how much food was provided for the reception, and after it I will measure how much has been left. The purpose of this is to see if there is a possible relationship between being faced with the issues in this study and participant eating habits. In order to conceal the true reason for the reception, I will be eating with the participants. I will not be statistically measuring this element of the study. This will mainly be for my benefit and to provide more ideas for future research. During the reception, they will be asked to leave comments about any aspect of this study if they so choose. After the reception, I will debrief the students on the actual focus of the study and the purpose for the reception. I will also ask them to not repeat what we discussed with anyone else, and if they must it needs to wait until Experimental Group 2 has been studied.

The following day I will focus on Experimental Group 2, and they will view a PowerPoint presentation of thin female body types. At each table/desk there will be a
large envelope with their worksheet and survey inside it. On top of the envelope will be an informed consent for them to read, sign, and return to me before beginning the presentation. The survey will be completely anonymous and will only have a number to organize the data. There will not be any form of connection between the individual’s personal information and their documents. After collecting all of the informed consents they will be given simple instructions on viewing the PowerPoint presentation. This too will be on a timer and will change after six seconds. After viewing all of the images, they will be asked to complete the survey. I will give them simple directions for the survey, but they will also be printed on the survey. After completing the survey I will ask them to place the survey inside the envelope and seal it. When everyone has completed it, I will collect the envelopes and dismiss everyone to their reception. The reception will be exactly the same as with the control group. I will again be discretely observing their eating habits, along with the mock hostesses. The food will be exactly same as for Group 1, and I will eat the same food. Again they will be asked to leave comments. After the reception, I will debrief them about the study and its components, including the reception.

Conclusion

As previously stated, three main factors play a role in the development of an eating disorder: sociocultural influences, body image, and self-esteem. This study will test the strength of those factors together on female ETBU students.
References


treatment for eating disorders. *International Journal of Eating Disorders, 25*, 415-
424.

Psychiatry and Psychiatric Epidemiology, 41*, 957-966.


(Original work published 1902).


and perfectionism in the risk for eating disorders. *International Journal of Eating
Disorders, 27*, 67-73.


