

BODY DISCREPANCY AND BODY SATISFACTION: INFLUENCE ON
APPROACH AND AVOIDANCE BEHAVIORS AND EMOTIONS

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BODY DISCREPANCY AND BODY SATISFACTION: INFLUENCE ON
APPROACH AND AVOIDANCE BEHAVIORS AND EMOTIONS

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EMOTIONS AND APPROACH AND AVOIDANCE BEHAVIORS

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Sarah Helm, the youngest daughter of Dr. Steven and Kathy Helm, was born November 9, 1982, in Fort Worth, Texas. She graduated from Central High School East in May 2001. She attended Auburn University in Auburn, Alabama, and graduated Magna Cum Laude with a Bachelor of Science degree in the College of Human Sciences in August of 2005.

THESIS ABSTRACT

BODY DISCREPANCY AND BODY SATISFACTION: INFLUENCE ON
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Western culture's concept of the ideal body is unattainable for the majority of women, yet it is constantly being projected to women as the goal for which to strive. However, this unattainable ideal creates a discrepancy between the body that women have and the one they wish to have or feel they ought to have, which leads to certain experienced emotions and behaviors. The objective of this study was to examine the influence of body discrepancies, specifically the actual/ideal and actual/ought from both the self standpoint and the significant other standpoint, and body satisfaction and their influence on depression, anxiety, and approach and avoidance behaviors. Higgins (1987) Self-Discrepancy Theory provided the framework for the hypotheses. It was hypothesized that actual/ideal discrepancies would influence depression and approach

behaviors and actual/ought discrepancies would influence anxiety and avoidance behaviors. Research questions explored the influence of body satisfaction on both depression and anxiety as well as approach and avoidance behaviors.

A pilot and main study were conducted. For the main study, a survey invitation and link were emailed to a sample consisting of 2250 randomly selected Auburn University undergraduate females. The response rate was 7% resulting in 144 usable responses. Respondents to the questionnaire remained anonymous. The instruments used for the questionnaire consisted of the Center for Epidemiological Studies Depression Scale (CES-D), Social Physique Anxiety Scale (SPAS), Body Image Coping Strategies Inventory (BICSI), Body Satisfaction Scale (BSS), and altered version of the Body Image ideals Questionnaire (BIQ).

Simple linear regression analysis was used to test each hypothesis and additional analyses were done using multiple regression analysis. The results show that all the hypotheses were supported. Actual/ideal body discrepancies from both the self standpoint and the significant other standpoint positively influenced depression and approach behaviors. Actual/ought body discrepancies from the self standpoint and the significant other standpoint positively influenced anxiety and avoidance behaviors. Results also show that body satisfaction negatively influenced both anxiety and depression and negatively influenced approach and avoidance behaviors.

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CHAPTER I. INTRODUCTION

Body image is a construct that is complicated to grasp, yet as previous statistics have shown, can have an enormous impact on the everyday life of individuals. Body image can be defined as “a person’s perceptions, thoughts, and feelings about his or her body” (Grogan, 1999, p. 1). An individual’s body image is constantly evolving due to many circumstances, such as changes in the actual physical attributes of the body as in the case of aging or weight gain, evolving cultural standards of beauty, media exposure, as well as many other influences. Hence, it needs constant research. One important aspect of body image is body satisfaction. Body satisfaction is the satisfaction that an individual has with an aspect of the body, whether it be a part of the body or the whole body in general (Thompson, Heinberg, Altabe, & Tantleff-Duff, 1999). Body image and body satisfaction affect every individual and can have a huge impact on their emotional well-being, coping behaviors, and quality of life, particularly within the American culture.

Western culture places a great deal of focus on the body as evidenced in the body focus represented in the media, consumer spending patterns, and constant obsession with diets. The American public is exposed to hundreds of advertisements on a daily basis, many of which feature models, who exemplify the cultural ideal of beauty. In fact, in the cosmetics industry alone, an industry solely focused on the body, \$2.2 billion was spent on advertising in 2005, according to an article by Chura (2006) in the New York Times.

The large amounts of dollars are well worth it for the companies because it was also reported in the same article that sales in the cosmetics industry total \$40 to \$50 billion a year (Chura, 2006). From these figures, it can be seen that media can have a great effect on consumer purchasing and that consumers are greatly concerned with improving their appearance. The drive to improve one's appearance can also be seen in the dollars spent on cosmetic plastic surgery. According to the American Society of Plastic surgeons, \$12 million was spent in cosmetic plastic surgery procedures performed in 2007, which is a 59% increase from 2000 (American Society of Plastic Surgeons, 2008). Minimally invasive procedures such as Botox totaled \$10 million in 2007 (American Society of Plastic Surgeons, 2008). These numbers are rising yearly, illustrating America's growing focus on the body and its enhancement. The dieting industry is also earning millions of dollars a year. According to a CBS evening News report in 2006, Americans spend approximately \$35 billion on weight-loss products a year. What does all this mean? Why are consumers spending so much on cosmetics, cosmetic plastic surgery, weight-loss products, and other body-focused products and services? Low body image and body dissatisfaction emerge as being chiefly responsible for these trends.

Although body image and body dissatisfaction do affect men, the effect on women and girls has been claimed to be greater (Ambwani & Strauss, 2007). It has become a common occurrence to hear women discuss their unhappiness with their bodies and this has not gone unnoticed by researchers. In fact Rodin, Silberstein, and Striegel-Moore (1984), termed this common level of unhappiness among females with their

bodies a *normative discontent*. Current statistics illustrate the prevalence of normative discontent in our society. In a study conducted by the Dove company, interviews with 3000 women revealed that only 2% of these women described themselves as beautiful, about 72% of the women rated their body as only average, and about half of the women thought that their weight was too high (Dove, 2008; Etcoff, Orbach, Scott, & D'Agostino, 2004). In a 1997 study by *Psychology Today*, it was found that body dissatisfaction was increasing at a faster rate than had ever been seen before (Garner, 1997). It was also found in this study that 15% of women said they would sacrifice more than five years of their life just to be their ideal weight (Garner, 1997) and that 62% of females ages 13-19 were dissatisfied with their weight (Garner, 1997). This figure jumps to 67% of women who are age 30 or above (Garner, 1997).

In this context, it is also important to examine the current body types and health of our nation. In 2002, approximately 127 million Americans were overweight, 60 million were obese, and 9 million were severely obese (American Obesity Association, 2002). It was also reported in 2004 that over the past 30 years, the childhood obesity rate for children ages 2-5 has more than doubled (Institute of Medicine for the National Academies, 2004). In 2004, over nine million children over the age of six were considered obese (Institute of Medicine for the National Academies, 2004). These figures show that people in our nation are consistently growing larger and that it is filtering down to our children, which will impact generations to come. In contradiction to this trend, research has shown that the average model weighs 15% less than the average-sized woman (Hawkins, Richards, Granley, & Stein, 2004; Johnson, Tobin, & Steinberg,

1989). If weight gain and obesity are increasing in our nation, and yet the ideal body portrayed in the media is significantly thinner than the average, it would help to explain why there is an increasing body-related discontent among American women.

Purpose

The purpose of this study is to further understanding of how body image can affect everyday life of average women by examining the influence of body discrepancy and body satisfaction on emotions and behaviors. Higgins (1987) self-discrepancy theory provides a useful framework for understanding this issue because it posits that certain discrepancies between self-guides will result in specific emotions and behaviors.

According to the theory, there are three domains of the self: the actual self, the ideal self, and the ought self. The actual self is a representation of the attributes a person actually possesses; the ideal self is a representation of the attributes a person wishes to possess; and the ought self is a representation of the attributes a person feels they are obligated to possess (Higgins, 1987). The theory focuses on discrepancies between the selves and the specific emotions and behaviors that result from certain discrepancies (Higgins, 1987).

The study will focus on the emotions of anxiety and depression, which are mentioned often in the theory and can be tied to certain discrepancies. The theory also ties certain discrepancies to approach and avoidance behaviors. An important aspect of the theory is that it examines discrepancies from both the standpoint of one's own self and the standpoint of a significant other. This study will also examine these standpoints so that there is a better understanding of the source of any discontent. Therefore, the theory will

provide the framework for examining body discrepancies arising from own and other standpoints and their effect on emotions and behaviors including anxiety, depression, and approach and avoidance behaviors.

Problem Statement

There is a considerable amount of research that examines body discrepancies and body satisfaction, but there is little research surrounding body discrepancy and body dissatisfaction in relation to the types of emotions and the behaviors that might result from these discrepancies and dissatisfactions. Furthermore, much of the existing research examines severe body image concerns such as eating disorders. However, there is little research on less severe cases of body image concerns such negative emotions and behaviors which affect the every day lives of the general population. Although research exploring body image within the realm of the self-discrepancy theory does exist, much of this research only studies one type of discrepancy which is usually the discrepancy between the actual and ideal self. The knowledge gained from these studies is significant, but further specifications by applying additional aspects of the theory would be beneficial because insight could be gained into the mechanisms behind the behaviors and emotions experienced by those suffering from body image concerns.

Significance of the Study

Since body image is a construct that has a widespread effect on the average American woman, it is important to examine its everyday incidence, beyond the focus on

cases of extreme body image disturbance or even unique cases such as disfigurement, which only target a select few individuals. It is also important that the discoveries from the research have theoretical support. The current study aims to fill this important gap in the research. Existing research has been able to link self-discrepancy theory with body image issues, but the complete theory has not been examined. This research will examine all aspects of the theory so that there is a complete understanding of how body discrepancies impact body-related emotions and behaviors.

There are many ways in which this research can be beneficial. First, numerous studies have investigated the influence of advertisements portraying the female cultural ideal on women, and it was found that these advertisements have a negative impact on the body image of women. The existing research mostly focuses on the discrepancy between the actual and the ideal selves, however, the discrepancy between the actual and the ought selves is not measured. Therefore, little is known about whether this cultural ideal has actually transferred from the ideal self of the women studied and become the ought self. For instance, if research shows that American females not only wish to look a certain way, but also feel obligated to do so due to a cultural standard and it is having a negative impact on their life, companies might start to take notice and will change their advertising strategies. Further research needs to be conducted to understand the differences between the actual/ideal and the actual/ought discrepancies so that the role of advertising on women can fully be understood. Therefore, this investigation can create a better understanding of how culture is changing and the potential risks involved in advertising.

This research can also be beneficial to clinical psychologists in treating patients with body image issues. This study will help further the understanding of the causes of certain emotions and behaviors which will help psychologists be able to better target the cause through appropriate interventions. For instance, it will help a psychologist to know if the cause of the social physique anxiety experienced by their patient is due to the patient feeling that they ought to look a certain way or the patient thinking that a significant other such a mother or father feels they ought to look a certain way. These are two separate issues because the source of the anxiety is different. This research will be able to help psychologists gain a better understanding of the types of emotions and behaviors that result from specific discrepancies from different standpoints and this will help them to clarify the underlying issues behind their patients' behavior and emotions.

The current study has the potential to benefit parents. Although this study is sampling college females, body image issues can begin long before the student enters college. Research has shown that females as young as five have body image concerns (Dohnt & Tiggemann, 2006) making these concerns an issue for parents. Research has also shown that a mother can have a significant influence on her daughter's body image (Cooley, Toray, Wang, & Valdez, 2008; McCabe, Ricciardelli, Stanford, Holt, Keegan, & Miller, 2007). A better understanding of the source of an individual's body image concern with respect to body discrepancies will enable parents to be more aware of the influence they have on their child's body image and what types of emotions and behaviors can stem from this influence. This research will aid parents in being able to

understand why their child is behaving or feeling a certain way, so that they can make a better assessment of how to handle the problem.

Definition of Terms

Actual Body: what one feels is the actual appearance of his/her body

Actual Self: a “representation of the attributes that someone (yourself or another) believes you actually possess” (Higgins, 1987, p. 320)

Body Discrepancy: The discrepancy between the actual body and either the ought or the ideal body

Body Image: a person’s perceptions, thoughts, and feelings about his or her body (Grogan, 1999, p. 1)

Body Image Coping Mechanisms: strategies used by individuals to manage their thoughts and feelings associated with threats or challenges to their body image (Cash, Santos, & Williams, 2005)

Body Image Disturbance: “a person’s negative thoughts and feelings about his or her body” (Grogan, 1999, p. 2)

Body Satisfaction: How satisfied or dissatisfied a person is with their appearance

Ideal Body: the body that an individual or a significant other to that individual wishes he/she had

Ideal Self: a “representation of the attributes that someone (yourself or another) would like you, ideally, to possess” (Higgins, 1987, p. 320)

Ought Body: the body that an individual or a significant other to that individual feels is his/her duty or obligation to obtain

Ought Self: a “representation of the attributes that someone (yourself or another) believes you should or ought to possess” (Higgins, 1987)

Significant Other: anyone who is close to a person and has a significant impact on their life such as a parent, sibling, spouse, boyfriend, close friend, etc. or the culture or society in which they live

Social Physique Anxiety: “anxiety that people experience in response to others’ evaluations of their physiques” (Hart, Leary, & Rejeski, 1989)

CHAPTER II. THEORETICAL FRAMEWORK AND LITERATURE REVIEW

This chapter will provide an overview of the self-discrepancy theory that will be used as a framework for this research. It will also explain how this theory relates to the body image and satisfaction, body related emotions and behaviors. This chapter will also review a large portion of the existing research in terms of body discrepancy and body satisfaction as well as common emotions and approach and avoidance behaviors that have been observed in previous studies related to body image.

Self-Discrepancy Theory

There are many theories that can be applied to the study of body image; however, for the purpose of this study self-discrepancy theory will provide the theoretical framework for the investigation of discrepancies in body image and the consequent emotions and coping strategy of the individual. An important aspect of self-discrepancy theory is that, unlike previous theories of belief incompatibility, self-discrepancy theory goes further into this examination to the extent that it links certain kinds of discomfort and emotions with distinct belief incompatibilities (Higgins, 1987). Self-discrepancy is beneficial to the study of body image because it provides an explanation for the emotions produced as a result of incompatible beliefs in relation to the body. These emotions can in turn be used to predict behavior in individuals

Self-discrepancy theory proposed by Higgins states that there are three basic domains of the self: the *actual* self, the *ideal* self, and the *ought* self (Higgins, 1987). The actual self can be described as an individual's "representation of the attributes that someone (yourself or another) believes you actually possess" (Higgins, 1987, p. 320). The ideal self is an individual's "representation of the attributes that someone (yourself or another) would like you, ideally, to possess" (Higgins, 1987, p. 320). The ought self is one's "representation of the attributes that someone (yourself or another) believes you should or ought to possess" (Higgins, 1987, p.320). It is important to note that Higgins clarifies the definition of the ideal self and ought self by adding that the ideal self is a representation of a person's hopes, aspirations, or wishes for themselves and the ought self is a representation of a person's sense of duty, responsibilities, or obligations (Higgins, 1987). Self-discrepancy theory also poses that there are two different standpoints for looking at the self: an individual's own standpoint or the standpoint of a significant other (Higgins, 1987). It is worth noting that according to the theory, not all people are motivated to meet every self guide (Higgins, 1987). For example, some individuals might be seeking to meet only ideal self guides whereas others aim only to meet the demands of ought self guides.

An important aspect of Higgins' self-discrepancy theory is that it breaks down each discrepancy between the selves and provides a list of emotions that will most likely result from the type of discrepancy. In Higgins later work with Roney, Crowe, and Hymes (1994), self-discrepancy theory is used not only to predict emotions, but also the

types of behavior that will occur as a result of certain discrepancies. In order to fully understand the theory, each discrepancy must be examined individually.

Actual/Own vs. Ideal/Own and Ideal/Other

The first discrepancy between the selves that will be discussed is the discrepancy between the actual/own versus the ideal/own. This discrepancy results when there is a difference between an individual's actual attributes and the ideal attributes that they wish or desire to possess (Higgins, 1987). A discrepancy between the actual and ideal self-states focuses on the presence or absence of positive outcomes (Higgins et al., 1994). Self-discrepancy theory proposes that when this type of discrepancy between the actual self and the ideal self-guide occurs, an individual is likely to experience feelings of disappointment, dissatisfaction, and possible frustration due to the realization that their wishes have remained unfulfilled. These feelings come from the idea that an individual feels they will never reach or obtain a certain goal, which in this case, the goal would be the ideal self. This inability to achieve the goal would mean that there is a lack of positive outcomes (which would be the achievement of the ideal self) and as a result, it is likely that the individual will experience dejection-related emotions, such as the sadness and depression (Higgins, 1987).

Self-discrepancies can also be used to examine motivation and behavior. Carver and Scheier (1990) explore the issue of comparison between an existing condition or self and a reference point or a desired self in their work in a chapter of the *Handbook of Motivation and Cognition: Foundations of Social Behavior*. In this chapter, the authors

discuss the concept that an existing condition is compared to some sort of reference point, and if a difference between the two is observed, the individual will choose an output function which will be aimed at reducing the discovered discrepancy. The authors specifically mention input functions as consisting of present activities, states, or personal qualities, and individuals will compare these input functions with a reference point. The output function is, therefore, the behavior that results when a discrepancy is found between the input function or functions and the reference point. In essence, a person will change their behavior if their current behavior gives way to a significant discrepancy between their present state and the end result they wish to achieve which was assessed through comparison. Carver and Scheier (1990) provide a clear picture of the motivation behind human behavior and how it is tied to a need for comparison when they state “human life is viewed as a continual process of establishing goals and intentions, and adjusting current patterns of behavior so as to match these values more closely, using informational feedback as a guide to feedback” (p. 8).

When relating this concept to self-discrepancy theory, one will be likely to alter their behavior if their actual self differs from their ideal/ought self, or the ideal/ought self that a significant other wishes for them to possess. The ideal self and the ought self from either standpoint are the informational guides that individuals will use as a means of comparison for their actual self. An individual’s view of the ideal or ought self and their perception for another’s view of the ideal and ought self for them will be created through observation, behaviors, and communication which will serve as informational guides that direct the individual in closing the discrepancy between the selves. Therefore, since

human behavior is driven by the attainment of goals (Carver & Scheier, 1990), if the goal is, for example, to achieve the ideal self state, the individual will change their behavior accordingly to fit this ideal state.

Researchers have predicted and discovered that approach and avoidance behaviors are carefully tied to certain self-discrepancies (Carver & Scheier, 1990; Higgins, et. al., 1994). Specifically, individuals inclined to use ideal self-guides as reference points, are more likely to actively participate in approach behaviors and individuals who are more oriented towards an ought self-guide will be partial to avoidance behaviors (Higgins, et. al., 1994; Carver & Scheier, 1990). In self-discrepancy theory only the desired end state (either ideal or ought) is used as the reference point for comparison (Higgins, et. al., 1994). Persons desiring an ideal state will seek to approach matches to the desired end state and persons regulating the self by comparison to an ought self-guide will most likely act in a way that avoids a mismatch to a desired end state (Higgins, et. al., 1994).

The second discrepancy that needs to be acknowledged is one that exists when there is a difference between the actual self from the individual's perspective and ideal self from the perspective of a significant other. According to Higgins' theory (1987), if this type of discrepancy exists, the emotions that are likely to result are shame, embarrassment, or feeling downcast because there was a failure to meet others expectations resulting in a lowered standing in the eyes of the significant individual or society (Higgins, 1987). Since this discrepancy deals with the mismatch between the actual self and ideal self, it is likely that the individual will engage in approach behaviors

(Higgins, et. al., 1994; Carver & Scheier, 1990). These behaviors will be an effort to achieve or grow closer to the ideal end state defined by others. A good illustration of the behavior that might result from the discrepancy between one's actual self and another's ideal self for that person would be between a parent and child. For instance, perhaps the child is an average student and makes average grades in school; however, from the child's perspective, he or she sees the parents as wishing them to be an ideal straight "A" student. In an attempt to close this gap between the type of student the child actually is and the type of student the child sees his/her parents as wishing them to be, the child might study harder or get extra help through tutoring in some classes. These would be examples of approach behaviors.

Actual/Own vs. Ought/Own and Ought/Other

Although it is important to study the effects of discrepancies between the actual and the ideal, it is also important to study the effects of a discrepancy between the actual self and the ought self. One of the major differences between the ideal and ought self is that the ideal self is the self that a person wishes to be, but the ought self is the self that an individual believes it is their duty or obligation to be (Higgins, 1987). Like the actual/ideal discrepancies, the viewpoints for this discrepancy include that of the individual and that of a significant other or of society. Discrepancies resulting from both viewpoints will also produce different negative emotions in an individual, so it is again important to point out the variations in each one.

The first discrepancy dealing with the ought self is one that occurs when there is a disparity between an individual's view of their actual self and their view of the self that they feel they ought to be or is their duty to be (Higgins, 1987). The theory makes the point that a person dealing with this type of discrepancy between the selves will most likely be subjected to agitation-related emotions (Higgins, 1987). These agitation-related emotions occur due to the existence (whether they are actually there or expected to be there) of negative outcomes (Higgins, 1987). On a more specific level, it is thought that the individual will most likely experience feelings of guilt, self-contempt, and uneasiness (Higgins, 1987). The theory also notes that due to the motivational aspect of this discrepancy, it may also be associated with "feelings of moral worthlessness or weakness" (Higgins, 1987, p. 323).

In discussing the reasons for these feelings associated with a discrepancy between the actual and ought self from the individual standpoint, Higgins (1987) makes a point of stating that these feelings of guilt are different than the feelings of shame associated with a discrepancy between the actual self from the individual standpoint and the ideal self from the standpoint of a significant other or society. Higgins (1987) writes and provides support that feelings of shame are often associated with the other's standpoint because it results from a failure to accomplish another's desires for one's self leading to disappointment in the eyes of the other and shame for the individual due to feelings of lowered standing in the other's opinion. Guilt will result when there is a failure to live up to "one's own rules concerning how one ought to conduct one's life" (Higgins, 1987, p. 323). Hence, guilt will be more associated with the standpoint of the individual. This is

not to say that shame is never connected to the standpoint of the individual or that guilt is never related to the standpoint of the significant other or society, but it is consistently associated with the previously discussed standpoints. Also, Higgins (1987) notes that depression can result from discrepancies between the actual and ought selves, but that it is an agitated depression as opposed to the dejected depression produced by the actual self and ideal self discrepancies.

The final discrepancy that will be addressed is the discrepancy between the actual self from the standpoint of the individual and the ought self from the standpoint of a significant other or society. This discrepancy occurs when one possesses a view of one's actual self that does not match the self the individual believes a significant other or society deems to be the self that is the individual's duty or obligation to obtain (Higgins, 1987). Following the self-discrepancy theory, emotions that might result from this discrepancy are feelings of fear and feeling threatened (Higgins, 1987). The theory notes that the reason for these feelings is that not meeting the duties or goals of others will produce negative outcomes such as punishment for the individual (Higgins, 1987).

In general, the discrepancy between the actual self and ought self from both standpoints, that of the individual and that of a significant other, can be associated with punishment and the avoidance of that punishment (Carver & Scheier, 1990, Higgins, 1987). These discrepancies will also result in experienced anxiety due to a failure to avoid punishment by not meeting the desired ought state (Carver & Scheier, 1990).

According to Carver and Scheier (1990) and Higgins' in her later works with Roney, Crowe, and Hymes (1994), like the discrepancies between the actual self and the

ideal self guides, avoidance behaviors are expected to result from a discrepancy between the actual self and the ought self, specifically avoidance behaviors. When guided by the ought self, the individual will supposedly seek to avoid matching an undesired end state (Higgins, et. al., 1994). Therefore, their behavior will be directed at avoiding any type of action, behavior, or situation that will lead them toward an undesired self and away from the ought self they feel they should be. However, if one is studying the behavior resulting from a discrepancy between an actual self and an ought self in terms of desired end states, persons will avoid mismatches to a desired end state (Higgins, et. al., 1994).

Other Research on Emotion and Approach/Avoidance Behavior

Some researchers have studied Gray's (1982) motivational behavioral systems, which share many commonalities to self-discrepancy theory, to examine emotions and approach or avoidance behaviors. Gray (1982) addressed two specific behavioral systems humans possess in the face of certain stimuli. The first is the behavior inhibition system, which relates more to the ought self, and is seen when individuals are faced with punishment or non-reward, especially when the stimuli is new to the person (Gray, 1982). The result of this system being activated is that individuals will inhibit their current behavior (Gray, 1982). Individuals who are more likely to be driven by the behavioral inhibition system will choose avoidance behaviors (Gray, 1982). This concept closely relates to self-discrepancy theory because the behavioral inhibition system will become activated when individuals are not meeting the expectations of themselves or others when pursuing the obtainment of their ought self and the fear of punishment or lack of reward

will drive them to avoid certain behaviors. Gray (1982) also discussed another type of system which is called the behavioral activation system. The behavioral activation system, which relates more to the ideal self, is a system that responds to reward or non-punishment (Gray, 1982). This again relates closely to self-discrepancy theory because in the behavior activation system, individuals respond to reward and a lack of punishment, so without fear driving their actions, their behavior is much more approach oriented. As mentioned earlier, discrepancies between the actual and ideal self should be seen by individuals as potentially being rewarded if achieved, which will trigger the behavioral activation system. The discrepancy between the actual and ought selves would be seen by individuals as punishable if not achieved, which would activate the behavior inhibition system.

Dickson and Macleod (2004) used Gray's behavioral systems to examine approach and avoidance behaviors in relation to the emotion of anxiety and depression. In their study of adolescents, they found some surprising results. First, as the authors expected, anxiety was linked with more avoidance related goals as well as being able to see more avoidance related consequences connected with the achievement of goals (Dickson & Macleod, 2004). This means that anxious individuals had a heightened sense of awareness of threats and that they chose behaviors that would avoid those threatening situations. In self-discrepancy theory, individuals seeking their ought self would be very aware of possible threats to the attainment of that self and would, therefore, avoid those situations or behaviors that would lead the individual closer to the undesired self that they are trying to avoid. Interestingly, Dickson and Macleod (2004) also found that depression

was connected to having fewer approach goals and fewer approach related consequences, but not related at all to any form of avoidance goal measures. One reason for this finding is that the authors did not distinguish between agitation-related depression and dejection-related depression because according to self-discrepancy theory, these emotions would produce different results in relation to behavior. However, these findings are very significant because they show that the emotion of anxiety which is felt when a discrepancy between the actual self and the ought self exists, will result in avoidance behaviors. Also, although the authors could not make a connection between depression and an increase in approach behaviors, they did still show that depression is completely unrelated to avoidance behaviors.

Self-discrepancy theory links emotions and certain behaviors to specific discrepancies among the selves. There are many theories on motivation and the push for goal attainment, but the driving factor in most cases will be the resulting end state and the punishment or rewards that the individual perceives when getting there or not getting there. Self-discrepancy theory will be used in this study to specifically examine body image and body satisfaction and its relation to approach and avoidance behaviors.

Review of literature

Standpoints of the Self and Body Image

Body image is considered to be a multidimensional phenomenon that incorporates one's attitudes, perceptions, and experiences pertaining to one's own physical appearance (Cash & Pruzinsky, 2002). There are many aspects of body image; however, to define

body image in a more understandable and perhaps easier to grasp way. Grogan (1999) defines body image as “a person’s perceptions, thoughts, and feelings about his or her body” (p. 1). This definition does not cover all aspects of body image, but makes body image a more tangible concept.

In understanding body image and the reasons for different body image concerns, it is important to observe where influences as to what constitutes attractiveness are coming from and why some individuals might internalize these messages more than others. Self-discrepancy theory focuses on two standpoints that guide the individual which are that of the own and other, but there have also been studies in relation to body image that expanded on the standpoint of the significant other to include the standpoint of society (Bessenoff & Snow, 2006). The societal standpoint or cultural standpoint can be particularly important when studying body image because much of what people base their ideal body image from is the result of the prevalent cultural standard of beauty. This can especially be seen in mass media such as advertising and entertainment, which will be discussed in further detail. The sociocultural perspective on body image sums up this standpoint by articulating that the values of the culture will influence an individual’s values and their behavior (Jackson, 2002). Jackson (2002) gives the illustration of physical attractiveness valued by the Western culture and how it influences the members of the culture to think and behave when they are faced with different levels or variability of attractiveness in other individuals. A study by Spreadbury and Reeves (1979) where women had to rate themselves based on their perceived attractiveness to men revealed that women who perceived themselves to be less physically attractive to men dated less

frequently than women who believed men found them to be more attractive. Another study found that when requesting aid, more time was spent helping physically attractive females than those who were less physically attractive (Harrell, 1978).

Both perspectives, that of a significant other and that of society, are applicable to body image because it is possible for people to draw their conclusions as to what constitutes an ideal body or the body that an individual ought to have from the media and cultural influences as well as from individuals who are significant in a person's life. Discrepancies between the person's actual body and the ideal or ought body from society means that there is a difference between a person's view of their actual body and an important individual's view or society's view of the ideal or ought body that they wish for the individual to have or obtain. In essence, a discrepancy of this nature leaves an individual to feel as if their actual body does not equal the ideal body expectations of others.

There have been numerous studies on the influence of mass media on body image and body satisfaction (Dohnt & Tiggemann 2006; Hawkins, et. al., 2004; Tiggemann, Verri, & Scaravaggi, 2005; Turner & Hamilton, 1997). The majority of research on the topic of body image has focused on women, and studies dealing with media influence on body satisfaction are generally focused on women as well. Many studies on media influence and body image or body satisfaction have discovered that media plays a vital role in how a woman or girl feels about her body image. These media influences might come in the form of television commercials or shows, movies, magazines, advertisements, etc. The findings of these studies show that the cultural standpoint or in

self-discrepancy theory this would be the standpoint of the significant other, is important in developing and confirming an individual's body image.

Another influence on body image from the standpoint of the other comes from a romantic partner. The romantic partner is a very significant other in a relationship and their viewpoint has proven to be very influential in how the other partner perceives their own body image and how satisfied they are with their body (Halliwell & Dittmar, 2006; Markey, Markey, & Birch, 2004). This is especially the case for women because women have grown up being more aware than men of the perspectives of others (Halliwell & Dittmar, 2006; Moretti & Higgins, 1999) especially in relation to appearance which makes the standpoint of another individual particularly important. It has also been shown that men place a stronger emphasis on the appearance of women when choosing a potential partner than women place on men (Halliwell & Dittmar, 2006; Weiderman, 2002). Also, in examining weight in particular, more reports have been made by women that their romantic partner's judgments about their weight is troublesome to them (Markey, et. al. 2004; Murray, Touyz, & Beaumont, 1995) and that they would be more likely than would men to change their eating behaviors and feelings about their body image to match the expectations of their romantic partners (Markey, et. al., 2004; Tantleff-Dunn & Thompson, 1995). Due to these findings as well as other previous studies, it is expected that women will be more affected and more likely to alter their behavior than men when discrepancies in appearance are the focus (Halliwell & Dittmar, 2006).

Body image is a very complex construct to understand, but it is very important to study this construct with the different standpoints in mind. Despite the own body image of an individual, there are cultural influences and significant other influences that are constantly being thrown into the path of the individual. These influences are constantly affecting the individual's actual, ideal, and ought body image and whether or not the influences and the individual's own perception are in agreement or disagreement.

Self-Discrepancy, Body Discrepancy and Body Satisfaction

One major field of study when examining body image is the area of body satisfaction. Body dissatisfaction can occur when the perceived actual body does not match the perceived ideal or ought body whether this is from an individual, cultural or significant other's standpoint. Studies have shown that women are more susceptible than men to body dissatisfaction (Feingold & Mazzella, 1998; Rozin, Trachtenberg, & Cohen, 2001) and think of themselves as being less good-looking in comparison to other females than men think of themselves in comparison to other males (Feingold and Mazella, 1998). One possible reason for women's greater body dissatisfaction is that they have been socialized to place importance on appearance and are pressured more than men to meet greater cultural demands for physical attractiveness (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998). Even girls as young as kindergarten and elementary school place importance on physical attractiveness when it comes to achieving popularity (Adler, Kless, & Adler, 1992). Also, it has been noted that for the majority of women, the standpoint of a significant other on the self plays a more significant part in their

management of self than this standpoint does for males (Moretti and Higgins, 1999). In fact, one study found that women who believed that others found them attractive were more confident and influential when involved in social encounters than women who thought that others viewed them as less attractive; however, social perception of attractiveness did not have any effect for men (Nezlek, 1999). It was also suggested from results of a study by Cash, Thériault, and Annis (2004) that women might be more influenced by gender-based cultural drives associated with body image than are men. This would make them more susceptible to the value that the culture places on the ideal body image for women which would also make them susceptible to the emotions that result from body discrepancies and body dissatisfaction. These results show the importance of the significant other standpoint for women and also that this standpoint might be tied to body satisfaction or behavior in social settings or interactions.

The cultural or societal perception of the ideal body can greatly impact a woman's standards for her own body. Media images, television, and advertisements everywhere show women what the culture perceives as attractive and sets guidelines for how women should look. Celebrities are also a source for women to compare themselves and to regulate their own appearance. In Western culture, the ideal body type depicted in the media is thin and studies have shown that this ideal has been getting increasingly thinner over the last few decades (Hawkins, et. al., 2004). The thin ideal portrayed to women is accepted by most women, but is also often unattainable (Tiggeman, et. al., 2005) and most celebrities or models in the media are normally about 15% smaller in weight than the average-sized woman (Hawkins, et. al., 2004; Johnson, et. al, 1989). The fact that

these media images are so far below the national average illustrates that for the average woman there is an increased discrepancy between the actual and the ideal self from the other standpoint, leaving women to strive for a body that for most women can never be had (Hawkins, et. al., 2004). However, research has shown a significant relationship between cultural ideals of beauty and personal beauty ideals (Bessenoff & Snow, 2006). Bessenoff and Snow (2006) found that personal beauty ideals in regards to thinness were directly related to cultural beauty ideals which means that as the perception of the cultural standard of thinness increased, so did the personal standard of thinness. These examples of previous research show that women's view of the ideal body is often out of reach, but they still might base their beauty ideals on these unobtainable cultural ideals. This research also shows that because women are basing their own standard of beauty off of the cultural ideals, there is the possibility that the ideals have changed into the ought self. Since the ought self is seen as obtainable, it would make sense that these women used these ideal media images to set goals for their body that they see as attainable.

Although these media images of the ideal body are not an achievable goal for most women, it does not mean that women are able to separate themselves from this unrealistic goal. In a study of female adolescents ages 13-18, where qualitative data was gathered and assessed, it was discovered that many teenage girls recognize themselves as being a target of the media and that media images have most likely been altered and convey an unrealistic body to the public. However, the girls still reported wanting and striving to obtain the media's ideal body (Sabiston, Sedgwick, Crocker, Kowalski, & Mack, 2007).

Self-discrepancy, Body Discrepancy, Body Satisfaction and Emotions

When using self-discrepancy theory to study body image, most researchers have chosen to examine the discrepancy between the actual self and the ideal self as opposed to the actual self and the ought self. The reason for this being that the majority of study results have supported relationships involving actual/ideal discrepancies in a nonclinical sample, but relationships involving actual/ought discrepancies have produced mixed results (Halliwell & Dittmar, 2006). As mentioned earlier, self-discrepancy theory poses that a difference between the actual self and the ideal self will occur if an individual perceives their actual self does not meet the standards of the self that is desired by them or a significant other (Higgins, 1987). When applying self-discrepancy theory to body image, this means that an individual is likely to be disappointed with him or her self if their actual body is greatly different from the ideal body that they have in their mind or that they think some significant other has for them in his or her mind. Furthermore, the individual is likely to also feel more dissatisfaction with their body the larger the discrepancy between the actual and ideal body (Jackson, 2002).

The strong influence of the media on the ideal body has been shown to be an important source of comparison for women resulting in discrepancies between the actual and ideal self. Researchers have been able to link the discrepancies caused by media exposure to specific emotions (Kalodner, 1997; Shaw & Waller 1995; Thompson, et. al., 1999). Some of the current research has examined the results of exposing average, normal weight female college students without any form of eating disorder to printed photographs featuring models (Kalodner, 1997; Shaw & Waller, 1995; Thompson, et. al.,

1999) and found significant results in regards to emotions resulting from this exposure. In a study by Shaw and Waller (1995), the exposure to pictures in magazines of models with the ideal body resulted in the participants feeling higher levels of depression, stress, guilt, shame, insecurity, and body image dissatisfaction than when they were exposed to average-size models (Shaw & Waller, 1995; Thompson, et. al. 1999). In a similar study by Kalodner (1997), results showed that exposure to body ideals of thinness in popular fashion magazines resulted in more private body self-consciousness, body competence, and state anxiety for college women, but not men (Kalodner, 1997; Thompson, et. al., 1999). The results of these studies show that the exposure to the media's ideal body resulted in some emotions that according to self-discrepancy theory should be experienced when there is a discrepancy between the actual and ought selves. One possible reason for these results is that the ought body image was not addressed or measured so there is no way of knowing whether the participants from the study viewed the photographs as being an ideal body or an ought body that is realistically attainable. Therefore, a more in-depth study with a focus on the type of body image discrepancy should be conducted to see if these emotional results could be linked to the specific type of discrepancy. Although most research in this field has only examined the actual/ideal discrepancy, there have been some studies to also include the ought self. Bessenoff and Snow (2006) found that body shame was related to both the actual/ideal discrepancy from the own standpoint as well as the actual/ought self from the other/societal standpoint.

Other current research on body image discrepancy and emotions has produced conflicting results in regards to the emotions resulting from body image discrepancies

and the thin-ideal of the media. Stice and Shaw (1994) found that exposure to the Western ideal of thinness was mildly tied to feelings of depression, but not to feelings of anxiety. However, Hawkins, et. al. (2004) found results in their study showing that women feel depression, anxiety, anger and confusion after viewing images of models portraying the ideal of thinness. Other studies have found similar results. Some researchers have found that women who were more inclined to internalize the thin-ideal of western culture experienced an increase in body-focused anxiety when they were exposed to images of thin models (Brown & Dittmar, 2005; Halliwell & Dittmar, 2004). Also, when measuring levels of attention and the results of thin-ideal media exposure, it was found that women who paid full attention to the media images experienced higher levels of body-focused anxiety (Brown & Dittmar, 2005). Finally, in this same study, it was found that women who internalized at any level the thin images shown, felt weight-related anxiety even if the image was only shown for a short time (Brown & Dittmar, 2005). Again, with these studies, the conflicting emotional results might be due to the fact that the ideal body image shown to the participants was the ideal image of the culture, but that is not to say that it is the ideal image of the participant. After the image has been internalized by the individual, it might have changed from an ideal body to an ought body that the individual believes he or she should have. In another study involving mostly women participants in college including those with eating disorders and those without, results from exposure to models in magazines portraying the thin-ideal indicated a higher level of body dissatisfaction than the women who were only exposed to magazine pictures that did not contain images of women (Hawkins, et. al. 2004).

In a longitudinal study of the effects of exposure to the thin-ideal in the media, no main effect was found for body satisfaction or for negative affect over time; however, the results did show that adolescents might be more susceptible to negative affect from this exposure (Stice, Spangler, & Agras, 2001). This might mean that during adolescence, a woman's body image and perception of what the media displays as the cultural ideal of thinness is still being formed. Therefore, emotions would be more fleeting and body satisfaction would have greater variance given that their standard of comparison as well as their own body is still developing. Another study of adolescents showed that over a period of a year, there was little or no change in body image or drive for thinness even though media exposure in the form of fashion magazines remained the same (Tiggemann, 2006). In a five year study of adolescents body satisfaction, it was found that body satisfaction decreased over the time period in every group except the oldest group of adolescents studied (Eisenberg, Neumark-Sztainer, & Paxton, 2006). This goes along with the idea that younger childrens' perception of the ideal body is still developing and, therefore, their body satisfaction is still fluctuating because their source of comparison is not solidified. In contrast to these studies, other research has shown changes in levels of body satisfaction depending on the situation (Haimovitz, Lansky, & O'Reilly, 1993).

One emotion that has been linked specifically to the discrepancy between the actual and the ideal body is depression. Forston and Stanton (1992), studied undergraduate females and found that depression resulted from actual/ideal discrepancies both from the own standpoint and from the standpoint of the mother which would be a significant other to these females. The researchers also found that distress was higher for

those females in the study who scored higher on measures of bulimic symptoms (Forston and Stanton, 1992). In another study which measured body discrepancy between the actual and the ideal body and the effects of exposure to the thin ideal body type in advertisements using a sample of college females who had high and low levels of body discrepancy, it was found that the women with high levels of body discrepancy experienced increased depressive thoughts after viewing the advertisements (Bessenoff, 2006). It was also found that these women with high actual/ideal body discrepancy experienced both dejection-related and agitation-related mood (Bessenoff, 2006), but again, the ought discrepancy was not measured so there is no way of making a further distinction between the discrepancy and the type of mood it influences. Based on the literature reviewed above and the propositions of the self-discrepancy theory regarding the emotions resulting from the actual/ideal discrepancy, the following hypotheses were formulated:

Hypothesis 1a: The extent of the discrepancy between the actual and ideal body from the standpoint of the self will influence the extent of depression felt by the individual.

Hypothesis 1b: The extent of the discrepancy between the actual and ideal body from the standpoint of a significant other will influence the extent of depression felt by the individual

In Higgins' self-discrepancy theory (1987), the ought self is described more in terms of an individual's moral standards and obligations and/or life goals; however, the idea of an ought self can also be applied to body image. In terms of body image, the

ought body would be the body that a person believes he or she should obtain and that it is their duty to obtain. Unlike the ideal body image which is the ideal image that an individual wishes to be and which might not be realistically attainable, the ought image is the image that they believe that they should look like and that it is their job to make sure that they do. Therefore, the ought body image is an image that is believed to be realistically obtainable. In order to better visualize the difference between the actual, ideal, and ought self in terms of body image, one can think about the example of weight. For instance, a person who is dieting or exercising might know their actual weight, which is the weight that could be read on a scale if they were to stand on it at that second, but they might have in their mind an ideal weight that they wish they were if they could be any weight they wanted. For some, this weight might be attainable, but for others, this weight might be unrealistic; however, there is still a weight that these individuals are working to achieve or to maintain which is why they are exercising or dieting. This is their ought weight, the weight that they believe it is their duty to be. Another example that illustrates the difference between the actual, ideal and ought selves is some cases of plastic surgery. For example, a young woman seeking cosmetic surgery for something such as breast enhancement will most likely be doing so because she feels that the culture values larger breasts or that it is important for women to have larger breasts because it is an ideal for the gender. This is an example of behavior that approaches an ideal body. However, not all plastic surgery is used to approach an ideal. For example, a middle-aged woman seeking a face lift to make her self look younger has a mental picture in her mind of what she actually looks like in the mirror. She might also have an image of herself in

her mind of the younger face she believes she ought to have. This will be the image that she sees as practically obtainable through plastic surgery and the image that she feels is her obligation to achieve and maintain. Her motivation for getting plastic surgery is to avoid the older self that she sees her body becoming. Through these examples, the difference between actual, ideal, and ought images can better be visualized and understood.

Discrepancies between the actual and ought self are said to result in agitation-related emotions (Higgins, 1987). Anxiety is especially tied to the ought self, and although the studies mentioned earlier have found anxiety to be a result of exposure to the ideal body image, the type of body image discrepancy was never measured, and still needs further exploring. Some studies have examined social physique anxiety which is “anxiety that people experience in response to others’ evaluations of their physiques” (Hart, et. al., 1989) and found that people who do not see themselves as being physically attractive or are unhappy with their body will be likely to experience social anxiety (Amorose & Hollembeak, 2005). Again, the type of discrepancy was not measured, but this study is significant because it shows that body dissatisfaction might result in body focused anxiety. Cash, et. al., (2004) also found that anxiety related to romantic intimacy is related to body dissatisfaction.

People who fail to meet the goals for obtaining the ought self will most likely possess a fear that negative outcomes will ensue (Higgins, 1987). In body image, an example of this would be a person who is working with a personal trainer and fails to meet the weight loss or exercise goals of the trainer for that week. They will likely feel

fear at their next training session because they might believe that they will have to do extra work to make up for their lack of obedience or success. There is one study that examined the ought self and found results consistent with the theory. In this study, discrepancies between the actual and the ought self from the standpoint of the father were examined in undergraduate females and a link to anxiety was found (Forston & Stanton, 1992). The following hypotheses are proposed to examine the influence of the actual/ought body discrepancy on emotion:

Hypothesis 2a: The extent of the discrepancy between the actual and ought body from the standpoint of the self will influence the extent of anxiety felt by the individual.

Hypothesis 2b: The extent of the discrepancy between the actual and ought body from the standpoint of a significant other will influence the extent of anxiety felt by the individual.

Since there is a lack of sufficient literature examining the linkages between body satisfaction and depression- and anxiety-related emotions, an exploratory research question is proposed to investigate this relationship.

RQ 1: Will either depression or anxiety result from varying levels of body satisfaction?

Self-Discrepancy, Body Discrepancy, Body Satisfaction, and Behavior

When studying body image it is not enough just to examine the emotions that might result from discrepancies between the actual self and a particular self-guide. For a

better understanding of the effects of discrepancies between the selves, one must also examine the possible behaviors that might result from these disparities. Specifically, this study will examine approach and avoidance behaviors associated with the achievement of a desired self-state, known as an end-state. According to Higgins, et. al., (1994), individuals are motivated to reduce discrepancies between the selves by changing the actual self to resemble as closely as possible the end-state that the person wishes to possess. According to these authors, there are two ways of reducing the discrepancy between the actual self and the desired end-state: “approach self-states that match the desired end state or avoid self-states that mismatch the desired end-state” (Higgins, et. al., 1994, p. 276). For example, when examining body image and behavior, individuals who are unhappy with their current body weight might exercise in order to lose weight and come closer to their ideal weight. Also, individuals wishing to be thinner might choose to avoid fattening foods that would make them gain weight and bring them closer to an undesired end state. Another example of reducing the discrepancy between the actual self and the desired end state deals with body image and clothing. For instance, individuals who would ideally like to look unique and express their individuality might be attracted to small boutiques that sell one-of-a-kind clothing which would be approaching the desired unique self-state. However, individuals who want to blend in with the crowd might be more likely to avoid these boutiques that sell unique clothing and shop somewhere that sells more merchandise aimed towards a mass market. Therefore, these individuals are conforming to the fashions worn by the majority of the public and avoiding the undesired end-state of looking out of the ordinary.

Cash, et. al., (2005) grouped coping strategies in relation to body image into three categories: avoidance, appearance fixing, and positive rational acceptance. The two categories of appearance fixing and avoidance represent a category of approach behaviors and a category of avoidance behaviors. Some of the types of behaviors that these authors found represent approach behaviors of individuals are spending extra time fixing undesirable things about their appearance, spending time in front of the mirror, and doing things to look more attractive (Cash, et. al. 2005). The authors found that specific avoidance behaviors related to body image were avoiding looking in a mirror, interacting less with others, and tuning out thoughts and feelings (Cash, et. al., 2005).

The majority of research examining behaviors resulting from a discrepancy between the actual self and the ideal self have looked at extreme cases of discrepancies and not at the average person. In a study of undergraduates, Strauman, Vookles, Berenstein, Chaiken, and Higgins (1991) found that bulimic-related behaviors were associated with types of discrepancies between the actual and ideal (Strauman, et. al., 1991). To measure feelings and behaviors, these authors used the EAT scale (Garner & Garfinkel, 1979) which measures eating attitudes and symptoms of anorexia nervosa and the Binge Eating Scale (Hawkins & Clement, 1980) which measures items related to binge eating (Strauman, et. al., 1991). However, in contrast to these results, Forston and Stanton (1992), in studying undergraduate females, found that actual/ideal discrepancies were only related to bulimic-related behaviors when it pertained to appearance related attributes (Forston & Stanton, 1992). They also found that actual/ideal discrepancies from the mother's standpoint, but not from the own standpoint were specifically related to

bulimic-related behaviors (Forston & Stanton, 1992). Although both studies looked at tendencies to behave in ways congruent with an eating disorder, they both showed that discrepancies between the selves specifically in regards to body image can result in certain types of behaviors involving weight maintenance and eating behaviors. Based on the above discussion and the postulates of the self-discrepancy theory, the following hypotheses are proposed:

Hypothesis 3a: The extent of the discrepancy between the actual and ideal body from the standpoint of the self will influence the extent of approach behaviors experienced by the individual.

Hypothesis 3b: The extent of the discrepancy between the actual and ideal body from the standpoint of a significant other will influence the extent of approach behaviors experienced by the individual.

When studying the behavioral aspect resulting from discrepancies between the actual and ought self, people who have a significant discrepancy of this nature will most likely participate in avoidance behaviors according to self-discrepancy theory (Higgins, et. al., 1994). This can also be applied to body image. The same study of undergraduates by Strauman, et. al., (1991) that looked at the discrepancy between the actual and ideal and bulimic behaviors also examined the ought self and found that discrepancies between the actual and ought self resulted in anorexic-related behaviors (Strauman, et. al., 1991).

Many researchers have chosen to study severe cases of body image disturbance which can be simply defined as “a person’s negative thoughts and feelings about his or

her body” (Grogan, 1999, p. 2) instead of looking at body image cases with the average woman, but the data has produced interesting results. Body image disturbance can result in avoidance behaviors which can be characterized by “a refusal to enter certain situations or seek environments that might accent the appraisal of one’s body by others” (Thompson, et. al, 1999). A qualitative study revealed one woman’s avoidance behaviors due to body image disturbance when she reported spending all day in the house, having someone else buy her clothes and food, avoiding contact with others, and having anxiety attacks (Thompson, et. al., 1999). These behaviors would be consistent with a discrepancy between the actual and the ought self, but there is no way of knowing since the nature of the discrepancy was not addressed. In another study which gathered qualitative data and examined reasons for undergoing cosmetic surgery, some participants reported their reason for undergoing cosmetic surgery was to basically defy the aging process and to look more youthful (Thorpe, Ahmed, & Steer, 2004). This research shows that these women were willing to participate in an extreme approach behavior such as cosmetic surgery to more closely resemble a desired end state. Another study found that women with greater body satisfaction were more likely to participate in appearance fixing behaviors (Cash, et. al., 2004), but further research needs to be conducted to support these results.

As mentioned previously, most studies to date have looked at behaviors resulting from extreme cases of body image disturbance or behaviors that might predict an instance of disordered eating resulting from body dissatisfaction or a large discrepancy between the actual/ideal or the actual/ought self from either the own or the significant other

standpoint. Sabiston, et. al., (2007) performed a study with average adolescent females to examine how social physique anxiety affects coping strategies and health behaviors. The researchers divided the qualitative results into two categories which included behavioral and cognitive coping strategies. The results of this qualitative research show that there are many ways to cope with anxieties related to the body. The researchers subdivided these categories into behavior avoidance, appearance management, eating, social support, substance use, physical activity, seeking sexual attention, cognitive avoidance, reappraisal, and deflection and comparison to others (Sabiston, et. al., 2007). Categories such as behavior avoidance contained specific items such as avoiding certain clothing stores, gym classes, time at the beach with peers, and muscle enhancing activities. (Sabiston, et. al., 2007). Avoidance behaviors also included wearing oversized clothing which hid the body instead of wearing clothing that fit or was revealing (Sabiston, et. al., 2007). Approach oriented categories such as appearance management included using makeup, whitening teeth, self-tanning, wearing tight or revealing clothing (Sabiston, et. al., 2007). This study did not examine body discrepancies, so it cannot be certain that all of these behaviors, although dealing with anxiety, result from a discrepancy between the actual and ought self as the theory would predict. In fact, many of the appearance management behaviors would be considered approach behaviors which according to Higgins, et. al. (1994), would fall under the category of discrepancies between the actual and the ideal self. More research needs to be conducted to gather more specific data measuring discrepancies and the behaviors that might result which is what this study aims to do.

Hypothesis 4a: The extent of the discrepancy between the actual and ought body from the standpoint of the self will influence the extent of avoidance behaviors experienced by the individual.

Hypothesis 4b: The extent of the discrepancy between the actual and ought body from the standpoint of the significant other will influence the extent of avoidance behaviors experienced by the individual.

Although there is a significant amount of research on extreme cases of body dissatisfaction and behaviors such as eating disorders, there is not a great deal of research that focuses on the effects of average body satisfaction or dissatisfaction and everyday behaviors of individuals. Therefore, the current study aims explore this issue further to see if there is any affect between an average level of body satisfaction or dissatisfaction and behaviors

Many researchers have focused on body satisfaction in romantic or intimate relationships (Haliwell & Dittmar, 2006; Markey, Markey, & Birch, 2004; Nezlek, 1999) and found that for women the role of a romantic partner can have a significant affect on the level of body satisfaction (Markey, Markey, & Birch, 2004) and for college women, the perception of a significant other's perception of the ideal body can have an influence on body satisfaction (Miller, 2001; Tanteleff-Dunn & Thompson, 1995; as cited in Markey, Markey, & Birch, 2004). Results of one study found that women who perceived their husbands as being satisfied with their bodies had higher levels of body satisfaction (Markey, Markey, & Birch, 2004). Another study by Nezlek (1999) found that individuals who believe their body is attractive in the eyes of others might be more likely

to relate to others in ways that maintains intimacy or bring forth intimacy into the relationship as opposed to individuals who do not perceive their body as attractive to others. This indicates that there is a possible behavioral change in individuals who think of themselves as attractive in their eyes and others'. In essence, individuals who do not believe others see them as attractive, are likely to avoid intimate encounters and individuals who do believe himself or herself to be seen as attractive will likely approach intimate encounters because they help to confirm the attractiveness of the individual. In the case of women, who we have already established are more aware of others' perceptions, intimate relationships involve an interaction that might possibly be avoided in order that an undesired self-state might not be confirmed. This would mean that women who are more satisfied with their bodies are more likely to approach intimate encounters which would show that body satisfaction can affect behavior depending on the situation.

Due to the lack of significant research in this field, an exploratory research question is proposed instead of a directional hypothesis:

RQ 2: Will approach or avoidance behaviors result from varying levels of body satisfaction?

CHAPTER III. METHODOLOGY

There are two independent variables in this study. The first is body discrepancy and the second is body satisfaction. There are several dependent variables in this study. First, emotion will be measured in two different ways. Since certain discrepancies can be tied to certain emotions according to the theory, anxiety and depression will be examined using two separate scales. These two emotions stand out the most as representative of the possible emotions resulting from discrepancies between the actual/ideal and the actual/ought body. Behavior, specifically coping strategies, will also be assessed using a scale that will examine both approach and avoidance behaviors. The hypotheses and research questions proposed in this study will be investigated using survey research and quantitative data analysis.

Pilot Study

In order to test the reliability of the various independent and dependent variable scales, a pretest was conducted using a convenience sample of Auburn University female students age 19 or older. The participants for the pretest were recruited from the College of Human Sciences and were enrolled in classes offered in the summer of 2008. Students who participated in the study received extra credit. A desired sample of 60 respondents was needed to test the reliability of the measures. In order to maintain anonymity with the pretest, students were contacted in their classes and informed of the website link that they

could visit if they wished to participate. The professors in these classes then sent out an email to the class as a whole so that those who wished to participate could visit the survey website. Therefore, when the questionnaires were completed and submitted, the respondents remained completely anonymous. This pretest used existing scales that have already been validated and proven reliable; however, some of the scales were modified to the purposes of this study (described subsequently). The pilot study questionnaire is, therefore, to be a shorter version of the main study questionnaire because it only includes the scales that examine coping strategies, body discrepancy and body satisfaction. The pilot study was used to assess the reliability of the modified scales using the Cronbach's alpha coefficient (see Appendix A for the pilot study questionnaire).

Main Study

Sample

The pretest and the main study were conducted, after permission was received from the Institutional Review Board (Protocol # 08-153 EP 0807) to study human subjects (see Appendix C). A random sample of female undergraduate students who were 19 or older and enrolled at Auburn University was recruited for this study. A list of such students was procured from the Office of Institutional Research and Assessment at Auburn University. The link to the questionnaires was sent by email to 2250 randomly selected female students. It was decided to ask only females to participate in this study due to the previous research which showed women are more sensitive than men with regards to body satisfaction and awareness of body image. Due to the fact that the

participants were selected from a random university sample, the participants were likely to be from a variety of majors.

Procedure

The sample of respondents was obtained by sending the link to the questionnaire through a recruitment letter sent via email. As an incentive to participate, students were offered the opportunity to be included in a random drawing for one of two gift certificates for \$25 dollars to a local Auburn, Alabama eatery. Participant anonymity was maintained by providing the respondents with a link for the questionnaire and then at the end of the survey, a separate link for entering the random drawing so that their answers to the questionnaire were not tied to any personal information needed for the gift certificate drawing. The emails were sent out in three waves of 750 emails at a time over a period of about a month.

Instruments

Scale to Measure Body Discrepancy

The Body Image Ideals Questionnaire (BIQ) created by Cash and Szymanski (1995) was used as a measure of body discrepancy. The questionnaire measures self-perceived discrepancies from internalized body ideals as well as the importance of these ideals (Cash & Szymanski, 1995). The purpose of the current study pertains directly to body discrepancies so the importance factor and the items measuring importance were deleted. The questionnaire focuses on ten attributes of the body including height, skin

complexion, hair texture and thickness, facial features, muscle tone and definition, body proportions, weight, chest size, physical strength, and physical coordination (Cash & Szymanski, 1995). There is also an additional item measuring overall physical appearance (Cash & Szymanski, 1995). For the purpose of the current study, the attributes of hair texture and thickness as well as physical strength and physical coordination were deleted since they do not apply as directly to the current study. Also, there was a need to reduce the number of items in the questionnaire to avoid fatigue.

In order to complete the questionnaire, participants are asked to think about how their perceived actual body resembles their ideal body (see Appendix B, Part C). For the purpose of this study, items were added to this questionnaire to measure the standpoint of a significant other and the ought self. Hence, participants were also asked to think about their ought body (the body that they feel is their duty or obligation to have) as well as a significant other's ideal and ought body for them. On the original scale by Cash and Szymanski (1995), two questions were asked about each attribute: one that measured the discrepancy between the actual and ideal, one that measured the importance of the ideal. This totaled 22 items. For the current study, four questions were asked about each attribute: the original question about the discrepancy between the actual and ideal, a question measuring the participant's perception of a significant other's ideal body for the participant, a question measuring the discrepancy between the actual and the ought self, and a question measuring the participant's perception of a significant other's ought self for the individual (See Appendix B, Part C). In total, there were 32 questions in this part of the questionnaire which used the BIQ as a starting point and measured body

discrepancies between the actual and ideal as well as the actual and ought from the standpoints of both the own and other. The original questionnaire by Cash and Szymanski (1995) is a four-point Likert-type scale labeled as follows: 0= *Exactly As I Am*, 1= *Almost As I Am*, 2= *Fairly Unlike Me*, 3= *Very Unlike Me*. This same Likert-type scale was used in the current study.

Cash and Szymanski (1995) tested the reliability and the validity of the questionnaire using two-hundred eighty-four undergraduate females. The authors used Cronbach's coefficient alpha and although they did not state what they considered to be an acceptable coefficient, the results show α values of .82 (discrepancy score), .75 (importance score), and .77 (weighted discrepancy score) which indicate adequate reliability for the scales (Cash & Szymanski, 1995).

Cash and Szymanski (1995) also examined the convergent validity of the scale against multiple measures. Correlations between the three BIQ summative scales (Discrepancy, Importance and Weighted Discrepancy) and measures of body-image attitudes and ideals were examined with the significance level set at $p < .01$ (Cash & Szymanski, 1995). Results of the analyses showed that the BIQ discrepancy scales were significantly related to body satisfaction (.71) and appearance evaluation (.60). The researchers also examined the correlations between the summative scales of the BIQ and the measures of personality and psychosocial functioning and found significant correlations with social-evaluative anxiety (.38), depression (.38), and eating disturbance (.41) (Cash & Szymanski, 1995).

Scale to Measure Body Satisfaction

The Body Satisfaction Scale (BSS) developed by Slade, Dewey, Newton, Brodie, and Kiemle (1990) was used in the current study to measure body satisfaction. Although some studies measure satisfaction using the Body Ideals Questionnaire which measures discrepancies, it was decided that further measures of satisfaction are needed. The Body Cathexis Scale developed by Secord and Jourard (1953) was used as a basis for the development of the BSS (Slade et al., 1990). The Body Cathexis Scale consisted of 46 items, but these were reduced to 16 items for the BSS because it was a more general measure of satisfaction (Slade, et. al., 1990). For the BSS, eight items pertain to satisfaction with individual upper body parts and eight items pertain to satisfaction with individual lower body parts. The scale asks participants to rate the degree of satisfaction with body parts on a 7-point Likert-type scale anchored by 1= *very satisfied* and 7= *very unsatisfied* (see Appendix B, Part F). Cronbach's alpha coefficient, calculated on the three summative scales including general dissatisfaction, head dissatisfaction, and body dissatisfaction using three of the samples (student sample, nursing sample, and eating disorder sample) indicated adequate reliability for the scales (Slade, et. al., 1990). The summative scales had an α -value of .80 or higher except for the body dissatisfaction category which had results of .785 for the college student sample and .789 for the eating disorder sample (Slade, et. al., 1990).

To test the validity, the BSS was tested against the Body Shape Questionnaire (BSQ) (Cooper, et. al. 1987). A significant positive correlation was shown between all the factors of the BSS scores and the BSQ scores (Slade, et. al., 1990). Correlations for

the factors were as follows: general factor (.44), head factor (.26), and the body factor (.52) (Slade, et. al., 1990).

Scale to Measure Anxiety

The Social Physique Anxiety Scale (SPAS) was developed by Hart, Leary, and Rejeski (1989) and was in the current study to measure anxiety. This scale is particularly applicable because it measures anxiety specifically related to the body. There are 12 items in the scale and for each item participants were asked to “indicate the degree to which the statement is characteristic or true of [them]” (Hart, et. al., 1989, p. 99). The scale is a 5-point Likert-type scale anchored by 1= *not at all*, and 5= *extremely* (see Appendix B, Part B). Cronbach’s coefficient alpha was .90 demonstrating the reliability of the scale and the test-retest reliability was .82 (Hart, et. al. 1989)

Construct validity tests for the scale showed that SPAS correlated highly with measures of body cathexis ($r=.58$ on the Secord and Jourard, 1953 scale and $r=.79$ on the Langston, 1979, scale) and body esteem, especially in the areas of weight concern/physical attractiveness ($r=.82$). Also dealing with body esteem, results showed a correlation of .36 between SPAS and sexual attractiveness, and .43 between SPAS and physical condition (Hart, et. al., 1989). This shows that the SPAS scale definitely relates to the body. To further validate the scale, the researchers performed a study using participants who scored in the upper third on anxiety on the SPAS and the lower third on anxiety on the SPAS and asked them to participate in an actual physical evaluation of their physiques (Hart, et. al. 1989). As predicted, the women who scored high on the

SPAS reported being significantly more stressed in the actual physical evaluations of their body than the women who scored low on the SPAS (Hart, et. al., 1989).

Scale to Measure Depression

The Center for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1977) was used in the current study to measure depression. This scale consists of 20 items which are designed to measure the symptoms of depression in the general population. Each item on this scale is a statement which expresses a feeling or behavior and respondents are asked to answer each statement based on how often they have felt or behaved that way during the last week. The scale is a 5-point Likert-type scale anchored by 1= *Rarely or none of the time (less than 1 day)* and 5= *Most or all of the time (5-7 days)* (see Appendix B, Part A) (Radloff, 1977).

The authors tested the internal consistency of the scale using Cronbach's alpha, split-halves reliability, and Spearman Brown reliability measures. The scale was tested with a few samples: a few general population samples and a patient sample of people admitted to outpatient treatment who had been diagnosed with severe depression. For the general population samples Cronbach's coefficient alpha was about .85, split-halves reliability was about .77, and Spearman Brown reliability was about .87 (Radloff, 1977). The reliability of the scale was also tested for test-retest reliability. All test retest correlations were in the moderate range (.45 and .70) except for one which was .32 (Radloff, 1977).

The validity of the scale was measured by testing the scale against other self-report measures of depression and psychopathology such as the Lubin, Bradburn Negative Affect, Bradburn Balance, Langer, and the Central Ladder. All of the general population samples were not used for every correlation, but the majority of the correlations involved two or more of the general samples and the patient sample was always used. The results of the correlations with other self-report measures of depression show that the CES-D positively correlated with other self report measures of depression ranged from .43 to .63 with the general population samples and .55 to .74 with the patient sample.

Scale to Measure Approach and Avoidance Behaviors

The Body Image Coping Strategies Inventory (BICSI) was developed by Cash, et. al., (2005) and was used in the current study to measure approach and avoidance behaviors. This scale consists of 29 items that can be broken down into three categories of behavior: appearance fixing, avoidance, and positive rational acceptance. The authors define each of the three categories. Appearance fixing is considered “altering the appearance by covering, camouflaging, or correcting the perceived defect” (Cash, et. al., 2005, p. 192). Avoidance is considered “an attempt to escape or avert stressful body-image situations” (Cash, et. al., 2005, p. 192). Positive rational acceptance is considered to be “strategies emphasizing acceptance of the challenging event and positive self-care or rational self-talk about one’s appearance” (Cash, et. al., 2005, p. 192). The factor of positive rational acceptance does not apply to this study, so the items measuring this

factor will be eliminated from the questionnaire. In total, 11 items were eliminated from the original questionnaire and the 18 remaining items included the avoidance items which relate to avoidance behaviors and the appearance fixing items which relate to approach behaviors (see Appendix B, Part D). The items on the BICSI scale are measured on a 4-point Likert-type scale anchored by 0= *definitely not like me*, and 3= *definitely like me* (Cash, et. al., 2005, p. 192).

The validity of the BICSI scale was tested by Cash, et. al., (2005) using 603 participants from a public university. Pearson correlations run between the BICSI scale and related scales showed that avoidance and appearance-fixing were significantly related to all of the body image measures which included body dissatisfaction, body image dysphoria, greater self-evaluative and motivational salience of appearance, and lower levels of body-image quality of life (Cash, et. al., 2005). To test the reliability of the scale the researchers used Cronbach's alpha coefficient and found that all items were beneficial to the scale. For the sample of women, the avoidance factor also had a coefficient of .74, the appearance-fixing factor had a coefficient of .90 (Cash, et. al., 2005).

Data Analysis

After the responses to the questionnaires were received, the results were analyzed. The independent variables in this research are body discrepancy and body satisfaction. The dependent variables are anxiety, depression, and approach and avoidance behaviors. When analyzing the results in Chapter 4, descriptive statistics were calculated first for the demographic characteristics of the respondents. Principle component analysis was then

conducted to test the internal consistency of all the scales and respective sub-scales.

Hypotheses 1a and 1b pertain to the discrepancy between the actual/ideal self from both the own and the other standpoints. The independent variable in these hypotheses is body discrepancy. The dependent variable for Hypotheses 1a and 1b is depression. These hypotheses were tested using simple linear regression analyses to see if a significant predictive relationship exists and what is the strength of that relationship. Hypothesis 2a and 2b pertain to the actual/ought body discrepancy from both the standpoint of the self and the standpoint of a significant other. The independent variable for these hypotheses is body discrepancy and the dependent variable is anxiety. Hypothesis 2a and 2b were tested using simple linear regression analyses to see if a relationship exists between these two variables and if so, the strength of that relationship. Hypotheses 3a and 3b examine the actual/ideal body discrepancies from both standpoints and their influence on approach behaviors. The independent variable of these hypotheses is body discrepancy and the dependent variable is approach behaviors. Simple linear regression analyses were used to test both of these hypotheses to see if actual/ideal body discrepancy from either standpoint influences approach behaviors. Hypothesis 4a and 4b explore the actual/ought body discrepancies from both standpoints and their influence on avoidance behaviors. The independent variable of these hypotheses is body discrepancy and the dependent variable is avoidance behaviors. Hypothesis 4a and 4b were tested using simple linear regression analyses to see if actual/ought body discrepancy does influence avoidance behaviors. Next, a research question examines a possible relationship between body satisfaction and either anxiety or depression. Another research question examines the

relationship between body satisfaction and affect. Both of these research questions have body satisfaction as the independent variable. For RQ1, the dependent variables are anxiety and depression. For RQ2, the dependent variable will be approach and avoidance behaviors. Both of these research questions were examined using simple linear regression analyses to see if a relationship exists and to assess the strength of that relationship.

CHAPTER IV. RESULTS

The main objective of this research was to explore the relationship between body discrepancies and body satisfaction and their influence on emotions and coping strategies. The data collection portion of this study consisted of both a pilot study and a main study. The pilot study was conducted to check the reliabilities of each measure being used to collect data. For the main study, descriptive statistics were first run on the collected data in order to examine frequencies and then the reliabilities of each scale were tested. Simple regression analyses were used to test each hypothesis. For further analysis of the collected data, multiple regression analyses were used in order to obtain more insight into the relationships. In this chapter, the results of the pilot study will first be discussed, followed by the main study data. In the main study section, the descriptive statistics will be stated first and then the results of each hypothesis which were found using simple linear regression. Finally, the chapter will conclude with a section devoted to additional analyses.

Pilot Study

A pilot study was conducted to check the reliability of the body discrepancy scales being used in the data collection. A convenience sample of respondents was recruited by visiting classrooms within the College of Human Sciences and offering extra credit in the class for participating in the study. Students were given the website address

of the questionnaire and told that their responses would remain anonymous. Students not wishing to participate in the study were offered another form of extra credit chosen by the professor.

In total, 77 respondents completed the pilot study. Due to insufficient item responses (50% or more of the questionnaire was not completed), five of the responses were omitted, resulting in 72 total responses. The pilot study confirmed that the reliability of each scale was higher than .70. All of the body discrepancy scales proved to be reliable. Table 1 shows the results of the reliability tests.

Table 1

Pilot Study Scale Reliabilities

Measure and variable	<i>N</i>	Cronbach's alpha (all items)	Number of items
BD Actual/Ideal Self	72	.846	8
BD Actual/Ideal Other	72	.870	8
BD Actual/Ought Self	72	.879	8
BD Actual/Ought Other	72	.877	8

Note. BD = Body Discrepancy

Main Study

A total of 2250 emails were sent to a random sample of Auburn University female undergraduate students and 158 respondents completed the online study. The emails were sent out in three waves each wave containing 750 emails. The waves of emails were about two weeks apart and no follow-up emails were sent as reminders. Hence, the

responses came completely from the first email that the participant received. The response rate was 7%. Responses from 14 research participants were deleted since 50% or more of the questionnaire was incomplete. This resulted in a total of 144 usable responses.

Sample Characteristics

The data was entered into the statistical software SPSS Statistics 17.0 for analysis. The demographic characteristics of the respondents were analyzed using descriptive statistics, specifically frequencies and means. In terms of academic standing, none of the respondents were freshmen most likely because in Alabama participants are considered minors until age 19 making many freshman ineligible for participation, 12.5% of the respondents were sophomores, 38.9% were juniors, and 48.6% were seniors. There was not much diversity in the ethnicity of the respondents. According to the completed questionnaires, 91.0% of the respondents were Caucasian, 2.8% were African American, 0.7% were Hispanic or Latino, 0.7% were Asian or Pacific Islander, 0.7% were Native American, 2.1% were multiracial, 0.7% chose the “other” category, and 1.4% would rather not say. The marital status of respondents was distributed as follows: 2.8% of the respondents were married, 2.1% of the respondents were engaged, 54.9% were in a relationship, and 40.3% of the respondents were single. The employment status of the respondents was divided almost equally with 47.2% of the respondents employed part-time, 5.6% employed full-time, and 47.2% unemployed. Refer to Table 2 for frequency distributions.

The data gathered also included the respondents' age, height, and weight. The mean age of the respondents was 21.5 years of age with a standard deviation of 2.56. Since the study was conducted with a sample of undergraduates, the age range varied resulting in a range of 22 years. The minimum age of the respondents was 20 and the maximum was 42 years old. However, 86% of the respondents were between the ages of 20 to 22 years old. The measures of height and weight were self-reported by the respondents. The mean height reported by the respondents was 5 feet 5 inches with a standard deviation of 0.25. The height ranged from four feet 11 inches to six feet tall. The majority of the respondents, specifically 94.6%, reported that they were between five feet one inch and five feet nine inches tall. The mean weight reported by the respondents was 143.6 lbs with a standard deviation of 31.82. The weight of the respondents ranged from 90 to 260 pounds; however, 65.8% of the respondents reported that they weighed between 111 to 115 pounds. From this information, the body mass index (BMI) of each respondent was calculated ($\text{weight} \times 703 / \text{height in inches squared}$). According to the Center for Disease Control and Prevention, normal BMI should be between 18.5 and 24.9 (Center for Disease Control and Prevention, 2009). The Center for Disease Control and Prevention also reports that a BMI under 18.5 is underweight, a BMI between 25 and 29.9 is overweight, and a BMI of 30 or more is considered to be obese (Center for Disease Control and Prevention, 2009). The mean BMI of the sample was 24.27 with standard deviation of 5.33. Table 3 shows the sample characteristics means and standard deviations of body related variables.

Table 2

Sample Characteristics and Frequency Distributions

Demographic characteristic	<i>n</i>	%
Academic Standing (<i>N</i> = 144)		
Freshman	0	0%
Sophomore	18	12.5%
Junior	56	38.9%
Senior	70	48.6%
Ethnicity (<i>N</i> = 144)		
Caucasian	131	91.0%
African American	4	2.8%
Hispanic or Latino	1	0.7%
Asian or Pacific Islander	1	0.7%
Native American	1	0.7%
Multiracial	3	2.1%
Other	1	0.7%
Would rather not say	2	1.4%
Marital Status (<i>N</i> = 144)		
Married	4	2.8%
Engaged	3	2.1%
In a relationship	79	54.9%
Single	58	40.3%
Employment Status (<i>N</i> = 144)		
Employed (Part-time)	68	47.2%

(Continued)

Table 2 Sample Characteristics and Frequency Distributions (continued)

Demographic characteristic	<i>n</i>	%
Employment Status (<i>N</i> = 144)		
Employed (Full-time)	8	5.6%
Unemployed	68	47.2%
Age (<i>N</i> = 142)		
20	46	31.9%
21	47	32.6%
22	31	21.5%
23	5	3.5%
24	6	4.2%
25 and higher	7	4.9%
Height in inches (<i>N</i> = 136)		
60 inches and shorter	3	2.1%
61 to 63 inches	39	27%
64 to 66 inches	63	43.8%
67 to 69 inches	29	20.2%
70 inches and taller	2	1.4%
Weight (<i>N</i> = 141)		
90 to 100 lbs.	2	1.4%
101 to 110 lbs.	5	3.5%
111 to 120 lbs.	30	21%
121 to 130 lbs.	27	18.9%
131 to 140 lbs.	16	11.2%

(Continued)

Table 2 (continued)

Demographic characteristic	<i>n</i>	%
Weight (<i>N</i> = 141)		
141 to 150 lbs.	21	14.7%
151 to 160 lbs.	9	6.3%
161 to 170 lbs.	10	7%
171 to 180 lbs.	7	4.2%
181 to 190 lbs.	2	1.4%
191 to 200 lbs.	3	2.1%
200 lbs. and greater	9	6.3%
Body Mass Index (BMI) (<i>N</i> = 136)		
Below 18.5 (underweight)	5	3.5%
18.5 – 24.9 (normal)	85	62.5%
25.0 – 29.9 (overweight)	25	18.4%
30.0 and above (obese)	21	15.4%

Reliability Statistics

Missing values in the data were replaced with the series mean on 36 items where two respondents did not answer the question. Items in the depression and anxiety scales were recoded. Negatively coded items on both the depression and anxiety measures were recoded. This resulted in four items on the depression scale being recoded and five items on the anxiety scale being recoded.

The BIQ scale to measure body discrepancy consisted of four subscales. The items in each scale or subscale were averaged together to create composite variables.

Next, the reliabilities for each composite variable were tested. Cronbach's alpha was used to test the reliability of the items included in the composite variable. The reliability analysis demonstrated that all the measures used in this study proved to be reliable. Alpha coefficients were close in comparison to the alpha coefficients found by the original authors during each scale development. The results of these reliability tests are reported in Table 3.

Table 3

Main Study Scale Reliabilities

Measure and variable	Mean	Standard Deviation	Cronbach's alpha (all items)	Number of items
Center for epidemiologic studies depression scale	34.71	9.467	.901	20
Social physique anxiety scale (SPAS)	38.77	9.215	.891	12
Body image coping strategies inventory subscales				
Approach behaviors	25.99	6.374	.886	10
Avoidance Behaviors	14.33	4.102	.768	8
Body image ideals questionnaire (BIQ) subscales				
Ideal Own	22.44	4.031	.764	8
Ideal Other	23.80	4.868	.854	8
Body image ideals questionnaire (BIQ) subscales				
Ought Own	23.38	4.205	.808	8
Ought Other	24.20	4.615	.849	8
Body Satisfaction Scale (BSS)	90.24	18.776	.919	17

Note. CS = Coping Strategies, BD = Body Discrepancy

Hypotheses Testing

To test each hypothesis, simple linear regression analyses were performed. Refer to Table 10 for a list of hypotheses and research questions.

Regressing Depression on Body Discrepancy

It was predicted that the discrepancy between the actual/ideal self from the standpoints of the self and from the other would have an influence on the extent of depression felt by the participant. Hypothesis 1a stated that from the standpoint of the self, the extent of the actual/ideal discrepancy will influence the extent of the depression felt by the individual. Hypothesis 1a was supported. The results of the data analysis show that the extent of actual/ideal body discrepancy (BD) from the standpoint of the self positively influenced the extent of depression [$Beta = .458$, $R^2 = .209$, $F = 37.596$, $p < .001$]. This means that as actual/ideal BD from the self standpoint increased, the depression felt by the individual also increased and 20.9% of the variance in depression was explained by the actual/ideal BD from the self standpoint. Hypothesis 2a stated that from the significant other standpoint, the extent of the actual/ideal discrepancy will influence the extent of depression felt by the individual. Hypothesis 2a was also supported. The data also reveals that actual/ideal discrepancy from the standpoint of a significant other positively influenced depression [$Beta = .300$, $R^2 = .090$, $F = 14.028$, $p < .001$]. This means that 9% of the variances in depression can be explained by actual/ideal BD from the standpoint of the significant other. Table 4 below summarizes the results of the regression analysis between actual/ideal body discrepancies and depression.

Table 4

Regressing Depression on Body Discrepancy

Measure	<i>Beta</i>	<i>R</i> ²	<i>F</i>	<i>p</i>
BD Ideal Self	.458	.209	37.596	<.001
BD Ideal Other	.300	.090	14.028	<.001

Note. BD = Body Discrepancy

Regressing Anxiety on Body Discrepancy

The extent of anxiety felt by the respondents was predicted to be influenced by the actual/ought body discrepancy from the standpoint of both the self and significant other. Hypothesis 2a stated that from the self standpoint, the extent of the actual/ought discrepancy will influence the extent of anxiety felt by the individual. Hypothesis 2a was supported. Analysis showed a strong positive influence for actual/ought BD from the standpoint of the self on anxiety [*Beta*= .525, *R*²= .276, *F*= 54.070, *p*<.001]. This means that as the actual/ought BD from the self standpoint increases, so will the anxiety felt by the individual. Also, 27.6% of the variances in anxiety can be explained by the actual/ought BD from the standpoint of the self. Hypothesis 2b stated that from the standpoint of a significant other, the extent of the actual/ought discrepancy will influence the extent of anxiety felt by the individual. Hypothesis 2b was also supported. Actual/ought BD from the standpoint of a significant other had a weaker influence of anxiety than that of the actual/ought BD from self standpoint, but there was still a significant positive influence [*Beta* = .422, *R*²= .178, *F*= 30.806, *p*<.001]. Table 5 shows the results of the regression analysis with actual/ought body discrepancies and anxiety.

Table 5

Regressing Anxiety on Body Discrepancy

Measure	<i>Beta</i>	<i>R</i> ²	<i>F</i>	<i>p</i>
BD Ought Self	.525	.276	54.070	<.001
BD Ought Other	.422	.178	30.806	<.001

Note. BD = Body Discrepancy

Regressing Depression and Anxiety on Body Satisfaction

The first research question examined body satisfaction and its influence on emotions. The first emotion examined was depression. Simple linear regression analysis was used to examine body satisfaction and depression [*Beta* = -.285, *R*² = .081, *F* = 12.567, *p* = .001]. Simple linear regression was also used to examine the influence of body satisfaction on anxiety [*Beta* = -.394, *R*² = .156, *F* = 26.170, *p* < .001]. From these results, body satisfaction negatively influenced both anxiety and depression. This means that as body satisfaction increased, both depression and anxiety decreased. Also, 8.1% of the variance in depression can be explained by body satisfaction and 15.6% of the variance in anxiety can be explained by body satisfaction. Table 6 shows the results of the regression analysis with body satisfaction, depression, and anxiety.

Table 6

Regressing Emotions on Body Satisfaction

Measure	<i>Beta</i>	<i>R</i> ²	<i>F</i>	<i>p</i>
Depression	-.285	.081	12.567	.001
Anxiety	-.394	.156	26.170	<.001

Regressing Approach Behaviors on Body Discrepancy

Body discrepancies in relation to coping strategies, specifically approach and avoidance behaviors, were also analyzed using linear regression analysis. The researchers predicted that the extent of discrepancies between the actual/ideal body would influence the extent of approach behaviors and the extent of discrepancies between the actual/ought body would influence the extent of avoidance behaviors. Specifically, hypothesis 3a states that the extent of the discrepancy between the actual/ideal form the standpoint of the self will influence the extent of approach behaviors. Hypothesis 3a was supported. Results from the data analysis revealed that actual/ideal BD from the self standpoint had a positive influence on approach behaviors [$Beta = .465$, $R^2 = .216$, $F = 39.092$, $p < .001$] and 21.6% of variances in approach behaviors can be explained by actual/ideal BD. Therefore, as the actual/ideal BD from the self standpoint increases, so do approach behaviors. Hypothesis 3b states that the extent of the discrepancy between the actual/ideal from the standpoint of a significant other will influence the extent of approach behaviors. Hypothesis 3b was also supported. The data revealed that actual/ideal BD from the significant other standpoint had a positive influence on approach behaviors [$Beta = .333$, $R^2 = .111$, $F = 17.745$, $p < .001$]. Approximately, 11.1% of the variances in approach behaviors can be explained by actual/ideal BD from the standpoint of a significant other. Table 7 shows the results of the simple linear regression analysis between actual/ideal body discrepancies and approach behaviors.

Table 7

Regressing Approach Behaviors on Body Discrepancies

Measure	<i>Beta</i>	R^2	<i>F</i>	<i>p</i>
BD Ideal Self	.465	.216	39.092	<.001
BD Ideal Other	.333	.111	17.745	<.001

Note. BD = Body Discrepancy

Regressing Avoidance Behaviors on Body Discrepancies

Regression analyses were performed with the variables of body discrepancy and avoidance behaviors. The researchers predicted that actual/ought body discrepancies would influence avoidance behaviors. Hypothesis 4a stated that the extent of the discrepancy between the actual/ought body from the standpoint of the self will influence the extent of the avoidance behaviors experienced by the individual. Hypothesis 4a was supported. Regression analysis revealed actual/ought BD from the self standpoint had a positive influence on avoidance behaviors [$Beta = .454$, $R^2 = .207$, $F = 36.970$, $p < .001$].

This means that 20.7% of the variances in avoidance behaviors can be explained by actual/ought BD from the self standpoint. Hypothesis 4b stated that the extent of the discrepancy between the actual/ought body from the standpoint of the significant other will influence the extent of avoidance behaviors experienced by the individual.

Hypothesis 4b was also supported. A positive influence was found to exist between actual/ought BD from the significant other standpoint and avoidance behaviors, [$Beta = .307$, $R^2 = .094$, $F = 14.800$, $p < .001$]. This means that 9.4% of the variances in avoidance behaviors can be explained by the actual/ought BD from the standpoint of a significant

other. Table 8 shows the results of the regression analysis between body discrepancies and avoidance behaviors.

Table 8

Regressing Avoidance Behaviors on Body Discrepancies

Measure	<i>Beta</i>	<i>R</i> ²	<i>F</i>	<i>p</i>
BD Ought Self	.454	.207	36.970	<.001
BD Ought Other	.307	.094	14.800	<.001

Note. BD = Body Discrepancy

Regressing Approach and Avoidance Behaviors on Body Satisfaction

The second research question of this study pertained to body satisfaction and its influence on coping strategies, specifically approach and avoidance. Simple linear regression was used to test the relationship between body satisfaction and approach behaviors [*Beta* = -.261, *R*² = .068, *F* = 10.383, *p* = .002] and body satisfaction and avoidance behaviors [*Beta* = -.398, *R*² = .159, *F* = 26.780, *p* < .001]. Body satisfaction had a negative influence on approach behaviors and a negative influence on avoidance behaviors. This means that the more satisfied the respondents were with their body, the fewer approach and fewer avoidance behaviors they reported. Furthermore, 6.8% of the variance in approach behaviors can be explained by body satisfaction and 15.9% of the variance on avoidance behaviors can be explained by body satisfaction. Table 9 shows the results of the regression analyses with body satisfaction and the coping strategies of approach and avoidance behaviors.

Table 9

Regressing Approach and Avoidance Behaviors on Body Satisfaction

Measure	<i>Beta</i>	<i>R</i> ²	<i>F</i>	<i>p</i>
Approach Behaviors	-.261	.068	10.383	.002
Avoidance Behaviors	-.398	.159	26.780	<.001

Table 10

Hypotheses and Research Questions

Hypotheses and Research Questions	Description	S or NS
Hypothesis		
1a	Extent of discrepancy between the actual/ideal body (self standpoint) will influence the extent of depression	S
1b	Extent of discrepancy between the actual/ideal body (significant other standpoint) will influence the extent of depression	S
2a	Extent of discrepancy between the actual/ought body (self standpoint) will influence the extent of anxiety	S
2b	Extent of discrepancy between the actual/ought body (significant other standpoint) will influence the extent of anxiety	S
3a	Extent of discrepancy between the actual/ideal body (self standpoint) will influence the extent of approach behaviors	S
3b	Extent of discrepancy between the actual/ideal body (significant other standpoint) will influence the extent of approach behaviors	S
4a	Extent of discrepancy between the actual/ought body (self standpoint) will influence the extent of avoidance behaviors	S

(Continued)

Table 10 Hypotheses and Research Questions (continued)

Table 10 (continued)

Hypotheses and Research Questions	Description	S or NS
4b	Extent of discrepancy between the actual/ought body (significant other standpoint) influence the extent of avoidance behaviors	S
Research Questions		
1	Will either depression or anxiety result from varying levels of body satisfaction?	
2	Will approach or avoidance behaviors result from varying levels of body satisfaction?	

Note. S = Supported, NS = Not Supported

Additional Analyses

Although all of the hypotheses were supported, additional data analyses were performed to further examine the relationship between body discrepancy and emotions and coping strategies. Multiple regression analysis was used to learn more about the influences of body discrepancy from both the standpoint of the significant other and the standpoint of the self on emotions and coping strategies.

The first set of analyses examines the type of discrepancy from a single standpoint, either the self or the significant other and their influence on emotions and coping strategies. Although the initial analyses revealed if a relationship existed between the two variable tested, it was also deemed important to examine more closely what type of body discrepancy, either actual/ideal or actual/ought, had a greater influence on the dependent variables of depression, anxiety, and approach and avoidance behaviors.

Therefore, multiple regression analyses were used to test and compare the influence of the type of body discrepancy on the dependent variables.

Regressing Depression on Type of Body Discrepancy

First, multiple regression analysis was used to examine the influence of the type of body discrepancies from a specific standpoint on depression. Higgins' (1987) self-discrepancy theory predicts that actual/ideal discrepancies would have a greater influence on depression than actual/ought discrepancies. The first multiple regression analysis specifically examined actual/ideal and actual/ought body discrepancies from the own standpoint and their influence on depression. The analysis revealed that from the self standpoint, actual/ideal discrepancies did have a greater significant influence on depression [$Beta = .293$, $t = 2.369$, $p = .019$, $r = .458$, $r_{sp} = .176$] than actual/ought discrepancy which was non-significant [$Beta = .206$, $t = 1.668$, $p = .098$, $r = .440$, $r_{sp} = .124$]. Table 11 shows the influence of body discrepancy from the self standpoint on depression.

Table 11

<i>Regressing Depression on Body Discrepancy from Self Standpoint</i>					
Measure	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>r</i>	<i>r_{sp}</i>
BD Ideal	.293	2.369	.019	.458	.176
BD Ought	.206	1.668	.098	.440	.124

Note. BD = Body Discrepancy

The next analysis with body discrepancy and depression examined these variables from the standpoint of a significant other. The data shows that when multiple regression analysis was run between the significant other standpoint on body discrepancies and depression, both influences were non-significant. The values from the actual/ideal significant other standpoint were $Beta=.130$, $t=.699$, $p=.485$, $r=.300$, and $r_{sp}=.056$ and for the actual/ought body discrepancy from the other standpoint $Beta=.188$, $t=1.006$, $p=.316$, $r=.305$, and $r_{sp}=.081$. Table 12 shows the results from the multiple regression analysis with body discrepancies from the significant other standpoint and depression.

Table 12

<i>Regressing Depression on Body Discrepancy from Significant Other Standpoint</i>					
Measure	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>r</i>	<i>r_{sp}</i>
BD Ideal	.130	.699	.485	.300	.056
BD Ought	.188	1.006	.316	.305	.081

Note. BD = Body Discrepancy

Regressing Anxiety on Type of Body Discrepancy

The next multiple regression analyses to be run examined the influence of the type of body discrepancies from a specific standpoint on anxiety. The first multiple regression analysis explored body discrepancy from the standpoint of the self and anxiety. It was predicted by Higgins' (1987) self-discrepancy theory that actual/ought discrepancies from would have a greater influence on anxiety than actual ideal discrepancies. However, the data of this study reveals that from the standpoint of the self,

both actual/ideal and actual/ought body discrepancies are significant and that actual/ideal discrepancies [$Beta = .317, t = 2.724, p = .007, r = .534, r_{sp} = .190$] had a greater influence on anxiety than actual/ought discrepancies [$Beta = .272, t = 2.333, p = .021, r = .525, r_{sp} = .163$]. Table 13 shows the results of the multiple regression analysis with body discrepancies from the self standpoint and anxiety.

Table 13

Regressing Anxiety on Body Discrepancy from Self Standpoint

Measure	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>r</i>	<i>r_{sp}</i>
BD Ideal	.317	2.724	.007	.534	.190
BD Ought	.272	2.333	.021	.525	.163

Note. BD = Body Discrepancy

Multiple regression analysis was also used to examine the type of body discrepancy from the significant other standpoint and anxiety. Interestingly, discrepancies from the significant other standpoint and anxiety also proved to be non-significant. Data reveal values for the actual/ideal body discrepancy from the significant other standpoint and anxiety to be $Beta = .302, t = 1.714, p = .089, r = .437, r_{sp} = .129$ and actual/ought discrepancies from the significant other standpoint to be $Beta = .150, t = .852, p = .396, r = .422, r_{sp} = .064$. Table 14 shows the results of the multiple regression analysis with body discrepancies from the significant other standpoint and anxiety.

Table 14

Regressing Anxiety on Body Discrepancy from the Significant Other Standpoint

Measure	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>r</i>	<i>r_{sp}</i>
BD Ideal	.302	1.714	.089	.437	.129
BD Ought	.150	.852	.396	.422	.064

Note. BD = Body Discrepancy

Regressing Approach Behaviors on Type of Discrepancy

Multiple regression analysis was performed to examine the relationship between body discrepancies from the self standpoint and approach behaviors. Following self-discrepancy theory, actual/ideal discrepancies should have more of an influence on approach behaviors than actual/ought discrepancies (Higgins, et. al., 1994). The data shows that actual/ideal discrepancies from the self standpoint do have a greater influence on approach behaviors [*Beta* = .313, *t* = 2.537, *p* = .012, *r* = .465, *r_{sp}* = .188] than actual/ought discrepancies which had a non-significant influence [*Beta* = .190, *t* = 1.542, *p* = .125, *r* = .440, *r_{sp}* = .114]. Table 15 shows the results of the multiple regression analysis with body discrepancies from the self standpoint and approach behaviors.

Table 15

Regressing Approach Behaviors on Body Discrepancy from Self Standpoint

Measure	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>r</i>	<i>r_{sp}</i>
BD Ideal	.313	2.537	.012	.465	.188
BD Ought	.190	1.542	.125	.440	.114

Note. BD = Body Discrepancy

Multiple regression analysis was also performed with body discrepancies from the significant other standpoint and approach behaviors. Like the results with body discrepancies from the significant other standpoint and emotions, both types of body discrepancies from the significant other standpoint and approach behaviors proved to be non-significant. The actual/ideal body discrepancy from the significant other standpoint values were $Beta=.312$, $t = 1.689$, $p = .093$, $r = .333$, $r_{sp} = .134$ and the actual/ought body discrepancy from the significant other standpoint values were $Beta=.023$, $t = .125$, $p = .900$, $r = .305$, $r_{sp} = .010$. From these results it is clear that the significant other standpoint for body discrepancies did not have an influence on approach behaviors. Table 16 shows the results of the multiple regression analysis run with body discrepancies from the significant other standpoint and approach behaviors.

Table 16

<i>Regressing Approach Behaviors on Body Discrepancy from Significant Other Standpoint</i>					
Measure	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>r</i>	<i>r_{sp}</i>
BD Ideal	.312	1.689	.093	.333	.134
BD Ought	.023	.125	.900	.305	.010

Note. BD = Body Discrepancy

Regressing Avoidance Behaviors on Type of Discrepancy

Multiple regression analyses were used to examine influence of the type of discrepancy from a specific standpoint on avoidance behaviors. According to Higgins, et. al., (1994), actual/ought discrepancies should result in more avoidance behaviors than

actual/ideal discrepancies. The results show that an actual/ideal discrepancy from the self standpoint positively influenced avoidance behaviors [$Beta=.431, t=3.607, p<.001, r=.519, r_{sp}=.259$]. However, the actual/ought body discrepancies from the standpoint of the self proved to be non-significant [$Beta=.109, t=.915, p=.362, r=.454, r_{sp}=.066$]. The results reveal that actual/ideal body discrepancy from the standpoint of the self had more of an influence on avoidance behaviors than actual/ought body discrepancies from the standpoint of the self. Table 17 shows the results of the multiple regression analysis with both the actual/ideal and the actual/ought body discrepancies from the standpoint of the self and avoidance behaviors.

Table 17

<i>Regressing Avoidance Behaviors on Body Discrepancy from Self standpoint</i>					
Measure	<i>b</i>	<i>t</i>	<i>p</i>	<i>r</i>	<i>r_{sp}</i>
BD Ideal	.431	3.607	<.001	.519	.259
BD Ought	.109	.915	.362	.454	.066

Note. BD = Body Discrepancy

Multiple regression analysis was also used to examine the influence of the actual/ideal body discrepancy and the actual/ought body discrepancy from the significant other standpoint on avoidance behaviors. The results of this analysis reveal that the actual/ideal discrepancy from the significant other standpoint positively influenced avoidance behaviors [$Beta=.406, t=2.214, p=.028, r=.352, r_{sp}=.174$], but the results

also reveal that the actual/ought body discrepancy from the standpoint of the significant other's influence on avoidance behaviors was non-significant [$Beta = -.060$, $t = -.325$, $p = .746$, $r = .307$, $r_{sp} = -.026$]. From these results, actual/ideal body discrepancy from the significant other standpoint had more of an influence on avoidance behaviors than actual/ought body discrepancies from the significant other standpoint. Table 18 shows the results of the multiple regression analysis with the type of body discrepancy from the significant other standpoint and avoidance behaviors.

Table 18

<i>Regressing Avoidance Behaviors on Body Discrepancy from Significant Other Standpoint</i>					
Measure	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>r</i>	<i>r_{sp}</i>
BD Ideal	.406	2.214	.028	.352	.174
BD Ought	-.060	-.325	.746	.307	-.026

Note. BD = Body Discrepancy

Significant Other Frequencies

The respondents of this study were asked to think of a single significant other when answering all of the questions pertaining to the standpoint of a significant other. Then, at the end of the survey, they were asked to list the significant other of whom they were thinking. Descriptive statistics were used to show the frequencies of the significant others chosen from the list of options on the survey. The results show that the majority of the respondents thought of a boyfriend when they thought of a significant other (56.3%). The next most thought of significant other was society in general (21.5%). The mother

was the third most thought of significant other with 9% of the respondents choosing this significant other. The other choices for significant other that were chosen less frequently are: a close friend (6.9%), father (1.4%), a sibling (1.4%), husband (1.4%), another relative other than a mother, father or sibling (.07%) and other (1.4%). Table 19 shows the frequency distributions of the significant others that were chosen.

Table 19

Frequency Distributions of Significant Others

Significant Other (N=144)	<i>n</i>	%
Boyfriend	81	56.3%
Society in General	31	21.5%
Mother	13	9%
Close Friend	10	6.9%
Father	2	1.4%
Sibling	2	1.4%
Husband	2	1.4%
Other Relative	1	.7%
Other	2	1.4%

CHAPTER V. DISCUSSION AND CONCLUSIONS

The goal of this study was to gain further insight into the relationships of body discrepancy from two angles, the self standpoint and the significant other standpoint, and emotions as well as coping strategies such as approach and avoidance. It was also the goal of this research to explore a possible relationship between body satisfaction and the emotions of depression and anxiety as well as coping strategies. This chapter will first discuss the results pertaining to the influence of body discrepancy and body satisfaction on the emotions of depression and anxiety. A discussion about the results pertaining to the influence of body discrepancies and body satisfaction, on coping strategies will be discussed in the final part of this chapter.

Body Discrepancy, Body Satisfaction and Emotions

This study examined body discrepancy and body satisfaction and its influence on depression, anxiety, and coping strategies, specifically approach and avoidance behaviors. Specific body discrepancies were examined including the actual/ideal and the actual/ought discrepancies from two different standpoints, that of the self and that of a significant other.

The first hypotheses posited that actual/ideal body discrepancies will influence the extent of depressive feelings the respondent experiences. Hypothesis 1a which specifically examined the actual/ideal body discrepancy from the self standpoint's

influence on depression was supported. In fact, 20.9% of the variance in depression can be explained by the self standpoint of the actual/ideal body discrepancy. Hypothesis 1b which specifically examined the actual/ideal body discrepancy from the significant other standpoint' influence on depression was also supported. The significant other standpoint of body discrepancy explained 9% of the variance in depression. These findings show the importance of the self standpoint. The results of hypothesis 1a and 1b will be discussed together. It is important to note that the depression scale used in this study was not specifically geared to measure body image related depression, but rather depression in a more general sense, and although the data from this study supports hypothesis 1a, a stronger positive correlation between these two variables might be found if the scale were specifically measuring body related depression.

A study by Forston and Stanton (1992) was one of the few studies to examine the actual/ideal body discrepancy from both standpoints and, consistent with the findings of the current study, found that these types of discrepancy result in increased feelings of depression. These findings help to support the self-discrepancy theory put forth by Higgins (1987) and extend its applicability to the area of body discrepancy. Research studies have shown that the influence of a societal ideal body can increase levels of depression right after exposure to the ideal (Shaw & Waller, 1995; Thompson, et. al. 1999) as well as depressive thoughts when exposed to the societal ideal (Bessenoff, 2006). These studies both really examined the self standpoint except the researchers primed the self standpoint by exposing it to the ideals of a significant other. The results of the current study reveal that this exposure is not needed. It is possible that any exposure

to the societal ideal has already been internalized making the societal ideal part of the makeup of the self standpoint. If this is the case, then actual/ideal body discrepancy from the self standpoint will positively influence depressive feelings without any exposure to a significant other's ideals. Therefore, exposure to a significant other's ideals may increase depressive feelings due to actual/ideal body discrepancy which may already be in existence.

Higgins (1987) self-discrepancy theory emphasizes that depression should be the resulting emotion from an actual/ideal discrepancy and that anxiety should be the resulting emotion of an actual/ought discrepancy. Consistent with the predictions of the theory, the additional multiple regression analyses of the current study that include the variables of body discrepancy type, actual/ideal and actual/ought, from the self standpoint and depression show that depression is influenced only by an actual/ideal body discrepancy and not an actual ought/discrepancy. These results of this study are also consistent with the findings of Stice and Shaw (1994) who found that exposure to the thinness ideal of Western culture resulted in feelings of depression only and not anxiety. Multiple regression analysis of this study with the significant other standpoint of actual/ideal and actual/ought body discrepancies and depression demonstrated that the significant other standpoint is non-significant. This again means that actual/ideal body discrepancies from the self standpoint will already result in feelings of depression without being primed with exposure to the societal ideal of thin. In contradiction to the findings of Stice and Shaw (1994), Hawkins, et. al. (2004) found that exposure to the thin ideal of Western society did produce feelings of anxiety as well as depression. The results of

Hawkins, et. al. (2004) support the findings of other studies which have shown that discrepancies between the actual/ideal body from the standpoint of a significant other result in feelings of anxiety (Kalodner, 1997; Thompson, et. al., 1999). The findings of these studies contradict the findings of the current study; however, these studies did not specify both an actual/ideal and actual/ought discrepancy and instead studied the discrepancies as a whole under the category of actual/ideal.

According to Higgins (1987) self-discrepancy theory, the actual/ought type of body discrepancy should result in feelings of anxiety. Hypothesis 2a and 2b of the current study posit that actual/ought discrepancies from either the standpoint of the self or a significant other will influence feelings of anxiety. Hypothesis 2a was supported and it was found that 27.6% of the variance in anxiety can be explained by the discrepancy between the actual/ought self from the self standpoint. Hypothesis 2b was also supported and actual/ought body discrepancies from the significant other standpoint explained 17.8% of the variance in anxiety. The findings of this study are consistent with the predictions of self-discrepancy theory. The findings are also consistent with those of Forston and Stanton (1992), who studied the actual/ought body-discrepancy from the both standpoints and found that actual/ought discrepancy influences feelings of anxiety.

There has not been as much research which explores body discrepancies and anxiety as there has depression, most likely due to the fact that anxiety is the emotion that is supposedly tied to the ought self and many studies do not measure the ought self. Many of the studies that have been completed have not found that a particular type of discrepancy can be linked to either dejected-related emotions such as depression or

agitation-related emotions such as anxiety, but rather that both types of discrepancies are related to both (Tangney, Niedenthal, Covert & Barlow, 1998). The additional multiple regression analysis of this study support the findings of these researchers since both types of discrepancies were found to influence anxiety. In fact, an actual/ideal body discrepancy actually influenced anxiety more than an actual/ought body discrepancy. Higgins (1999) suggests that the reason some research cannot link a specific discrepancy with a specific emotion is due to factors surrounding the discrepancy. Specifically, emotions will be affected by the type of discrepancy when the discrepancies are higher in magnitude, accessibility, importance, and are also applicable and relevant to the context (Higgins, 1999, p. 1316). These factors could have explained the lack of emotion-specific findings in the current study when examining anxiety; however, it cannot be conclusively stated since these additional factors related to the discrepancy were not measured.

After testing Higgins' self-discrepancy, Tangney, et. al., (1998) concluded that people do not differentiate between actual/ideal and actual/ought discrepancies, but instead group the two together to create a discrepancy between an actual self and a "model or optimal self" (p. 266). This could possibly be an explanation for the lack of being able to tie the specific emotion of anxiety solely to actual/ought discrepancies. The majority of research has only studied the ideal body because Americans are more used to this term and other research has failed to distinguish between the ideal and ought body. This could be a possible reason why depression can be solely tied to actual/ideal discrepancies given that this type of discrepancy is more realized. Since actual/ought discrepancies are less realized, it is possible that some individuals do put them into the

same category as actual/ideal discrepancies which would explain the mixed results specifically tied to anxiety.

Interestingly, the majority of the current research has focused on body discrepancies, mainly the actual/ideal, from the standpoint of a significant other; however, the results of this study show the importance of studying the self standpoint. This might be due to the fact that this study examined the average women and their own internal discrepancies as opposed to women with eating disorders or the influence of a societal ideal on women. The results of this study provide a better understanding of the importance of the body discrepancies a woman places on herself and the emotional results of this pressure. Research has examined an increase in certain emotions due to the internalization of the societal ideals (Brown & Dittmar, 2005; Halliwell & Dittmar, 2004).

The first research question of this study explored the relationship between body satisfaction and the emotions of depression and anxiety. The results of this study showed that body satisfaction did in fact, influence emotions. The results of simple regression analyses revealed that body satisfaction negatively influenced depression and anxiety. This means that as body satisfaction increased, depression decreased and anxiety decreased. These results are consistent with the findings of Amorose and Hollembeak (2005) regarding body dissatisfaction and anxiety, who found that an increase in body satisfaction will lead to a decrease in anxiety. There is not a great deal of existing research regarding body satisfaction and depression, but the results of this study show that increase in body satisfaction is related to a decrease in feelings of depression. These

results show the importance body satisfaction can play in affecting a woman's feelings which in will play a part in affecting her overall mood.

Body Discrepancy, Body Satisfaction, and Coping Strategies

The data collected in this study showed that a definite relationship exists between body discrepancy and different coping strategies, specifically approach and avoidance behaviors. Hypotheses 3a and 3b posited that actual/ideal body discrepancies from either the standpoint of the self or the standpoint of a significant other will influence approach behaviors. Hypothesis 3a was supported showing that actual/ideal body discrepancies from the self standpoint positively influence approach behaviors. In fact, 21.6% of the variance in approach behaviors can be explained by actual/ideal body discrepancies from the self standpoint. Hypothesis 3b was also supported. It was found that actual/ideal body discrepancies from the standpoint of a significant other standpoint positively influence approach behavior and this type of discrepancy can explain 11.1% of the variance in approach behaviors. These findings support the work by Higgins, et. al., (1994) whose findings expanded the original self-discrepancy theory proposed by Higgins (1987) to include more predictions about behaviors related to certain discrepancies.

The findings of this study are particularly interesting because they show that actual/ideal body-discrepancies do not only result in extreme approach behaviors such as bulimia (Strauman, et. al., 1991), but also less extreme behaviors such as spending extra time trying to fix what one dislikes about their looks, spending time in front of a mirror, and making extra effort to look one's best. All these behaviors are behaviors that the

average female might participate in on a day to day basis. Further research in this area might reveal more about women's buying patterns, motivations and the time invested depending on how large an actual/ideal discrepancy they face.

Higgins, et. al., (1994) predicted that actual/ideal discrepancies will influence approach behaviors and actual/ought discrepancies will influence avoidance behaviors. Additional analyses of this survey are consistent with the findings of these propositions. Multiple regression analysis with actual/ideal and actual/ought body discrepancies from the self standpoint and approach behaviors show that actual/ideal body discrepancies positively influence approach behaviors, but actual/ought body discrepancies do not. Multiple regression analysis with the actual/ideal and the actual/ought body discrepancies from the significant other standpoint both proved insignificant. These results show support for the additions to self-discrepancy theory (Higgins, et. al., 1994) and the importance of the self standpoint.

Hypothesis 4a and 4b predicted that an increase in actual/ought body-discrepancy from either standpoint, that of the self or that of the significant other, would result in an increase in avoidance behaviors. Hypothesis 4a which specifically examined the actual/ought body discrepancy from the self standpoint was supported. This means that actual/ought body discrepancies from the self standpoint positively influenced avoidance behaviors and 20.7% of the variance in avoidance behaviors can be explained by these discrepancies. Hypothesis 4b was also supported. Actual/ought body discrepancies from the significant other standpoint positively influenced avoidance behaviors. The findings of this study support the findings of Higgins, et. al., (1994) because it was found that an

increase in actual/ought body-discrepancy from either standpoint influenced an increase in avoidance behaviors. This is significant because the avoidance behaviors in this study were not extreme, but were behaviors that the average woman might face. Some of the specific avoidance behaviors studied included avoiding looking at oneself in the mirror, withdrawing or interacting less with others, telling oneself that they are helpless to do anything about the situation when it comes to their looks. These results are more applicable to women in general and might provide more insight into possible motivations behind their behaviors in activities such as shopping.

Additional analyses of the data presented some contradictions to the predictions of self-discrepancy theory (Higgins, et. al., 1994). Multiple regression analysis with actual/ideal and actual/ought body discrepancies from the self standpoint revealed that actual/ideal body discrepancies from this standpoint positively influenced avoidance behaviors and actual/ought body discrepancies from this standpoint did not. Multiple regression analysis with the actual/ideal and actual/ought body discrepancies from the significant other standpoint and avoidance behaviors showed that actual/ideal body discrepancies from the significant other standpoint positively influenced avoidance behaviors; however, actual/ought discrepancies from the significant other standpoint did not. These findings are in contrast to that of Higgins, et. al., (1994) because according to these researchers, only actual/ought body discrepancies should result in avoidance behaviors. However, the findings of this study showed that actual/ideal body discrepancies from either the standpoint of the self or significant other influenced avoidance behaviors. However, as discussed earlier, these findings might be due to the

fact that the actual/ideal body discrepancy is more familiar to the general population which could lead to individuals not making the needed distinction between the two types of discrepancies.

The second research question of this study examined the possible relationship between body satisfaction and approach and avoidance behaviors. Results of the analyses revealed that body satisfaction negatively influenced approach and avoidance behaviors. This means that as body satisfaction increased, approach and avoidance behaviors decreased. There is insufficient research that examines body satisfaction in a sample of average women and the type of behaviors that might result, so the findings of the current study are important because they provide new information on a currently unexplored area.

CHAPTER VI. IMPLICATIONS AND LIMITATIONS

Much can be learned from the application of the findings of this study and this chapter will explore these implications. Since this study was based on self-discrepancy theory, there are both theoretical implications and practical implications for this research. This chapter also includes suggestions for future research as well as the limitations of the study.

Theoretical Implications

Self-discrepancy theory proposes that different emotions and behaviors will be felt depending on the type of discrepancy experienced by the individual. The research of this study focuses on one part of the self which is the body and outer appearance. The results of this study are consistent with the theory given that the different discrepancies did result in the individual feeling the predicted emotion. The results of the current study showed linkages of specific discrepancies to specific emotions that were predicted by the theory. The only discrepancies that could not be tied to a specific emotion were actual/ought discrepancies. Actual/ideal discrepancies were tied to approach behaviors as predicted by the self-discrepancy theory; however, these discrepancies were also linked to avoidance behaviors. The majority of the results of the analyses support the self-discrepancy theory, but there are some reasons why some results were in contrast to the theory.

It has been suggested by some researchers that there are many factors which can influence the type of discrepancy felt by an individual at any given time which this study did not account for. For this study, the researchers only measured the discrepancy at one particular point in time, so the questionnaire did not test the respondent across multiple situations where the discrepancy could be affected which, in turn, might alter the results. Perhaps, if the actual/ought discrepancy had been assessed at a different point in time or in a given context, such as a situation where an individual was working with a personal trainer in a gym and a fear of punishment would exist causing the actual/ought discrepancy to become more salient (Higgins, 1987), the results would have shown more linkage between these discrepancies and anxiety and avoidance behaviors. This research is important because it examines the ought body as well as the ideal, an approach that has not been taken in past research. This research shows that although the actual/ideal body discrepancy from the self standpoint can be linked to both anxiety and depression as well as approach and avoidance behaviors, the ought body still plays a factor in the level of anxiety felt by an individual when their actual/ideal discrepancy is factored out of the equation. Also, this research examined the self standpoint as well as the significant other standpoint, whereas the majority of previous research has focused only on the significant other standpoint and its influence on the self standpoint. This research shows that when it comes to the body, the self standpoint is much more significant than the significant other standpoint and is a better predictor of emotions and behavior. More research needs to be done on the views women have of themselves without any outside influence from a significant other. This study helps to confirm the importance of the self standpoint and its

need for further investigation. It also extends the applicability of self-discrepancy theory in the examination of body image.

Practical Implications

There are many practical implications for this research. First, this research shows that the greater the body discrepancies individuals experience, the more approach and avoidance behaviors that they will participate in and the more likely they will feel either anxious or depressed. From this research, advertisers will gain an awareness that the more they push the cultural ideal and the more perfect that ideal becomes, the more likely women will feel a discrepancy between the ideal and themselves and will, therefore, feel more depressed and anxious. It is important for advertisers to realize that they have a social responsibility not to advertise anything that is going to have a negative effect on women. The advertisements do affect women including their emotions, so companies need to only send out messages that will make women feel good about them self. Even though advertising a picture of the cultural ideal might sell more of a product, it does so at the sacrifice of women's positive well-being.

The findings from this study can be helpful for therapists who have patients with body image issues. Based on the findings, therapists can gain a better understanding of the cause of certain behaviors and emotions and how to treat them. It is easier to treat a symptom when you can tie it back to a discrepancy. Further insight into the patients psyche might reveal more about the type of discrepancy and then the therapist can work on closing the gap between the actual and ideal or ought body. Regardless of the type of

discrepancy, this research reveals that the therapists might need to pay close attention to the self standpoint as apposed to how the patient thinks a significant other sees them.

This research is beneficial to the average women because these results show that average women experience body discrepancies. This means that it is normal to experience to a degree some body discrepancy and the emotions or behaviors that accompany this discrepancy. Women can better relate to each other and feel less self-conscious about insecurities such as body discrepancy if they know that the majority of other women are also experiencing these insecurities and feelings.

Suggestions for Future Research

This study helped to pave the way for exploration into all aspects of the self-discrepancy theory when it is applied to the body. Future research should focus on contexts in which specific types of discrepancies become more salient, and the effects of context on emotions and behavior. Research should specifically examine certain common, everyday situations that might make the prevalence of a certain body discrepancy more likely and what about these situations increases the likelihood of such discrepancy. It is clear from this study as well as others that body-related approach and avoidance behaviors are exhibited by people who have discrepancies and body dissatisfaction, but not a lot of research has been done to examine the specific types of behaviors. It would be important to learn the types of behaviors and how common they are among the average female. Also, this study sampled college students, but the results might be very different if the study sampled a different age group. The types of approach

and avoidance behaviors could be dramatically different depending on the age group. For instance, women in their twenties might not be as comfortable with their bodies as women in their thirties or forties resulting in different behaviors. These women could also experience different emotions depending on how comfortable they are with themselves and how much they internalize other people's feelings towards them. Aging women in their sixties and seventies will be experiencing a lot of changes with their body, so they will likely have different feelings and behaviors than women in their twenties and thirties. For this study a sample of women was used, but it would be very interesting to see what kind of results would be revealed in a sample of men.

Limitations of the Study

Although this study revealed some helpful results, there were some limitations of this research. First, although many emails were sent inviting respondents to participate in the study, the response rate was not very high. This might be due to the time of the collection of data. Data collection took place towards the end of the semester and many students may have been engaged with final exams and projects. Also, many of the respondents were seniors. This might be due to the fact that this age group is more mature and willing to participate in research; however, a more age diverse sample might have prompted different results. One of the limitations of the questionnaire was the measure of depression. The researchers were able to find a scale that specifically examined anxiety related to the body, but there was not a depression scale in existence that specifically explored depression related to body image. If a body related depression scale was to be

developed, this might produce more useful results. Finally, this study only examined the type of discrepancy, but it did not examine the importance of the discrepancy which has been suggested by some researchers to be a significant reason for the emotions and behaviors experienced by some individuals.

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APPENDIX A
Pilot Study Questionnaire

Part A

DEFINITION:

Coping - strategies that persons use to manage their thoughts and feelings associated with threats or challenges to their body image

DIRECTIONS: Using the scale below, mark the number from 0 to 3 to indicate how well each way of coping describes what you actually do or would do. There are no right or wrong answers. It doesn't matter how helpful or unhelpful your ways of coping are. Don't answer based on how you wish you usually reacted. Just be completely truthful.

Scale:

Definitely Not Like Me	Mostly Not Like Me	Mostly Like Me	Definitely Like Me
0	1	2	3

EX.

	←	Likeness to Me		→
	Definitely Not Like Me		Definitely Like Me	
I study harder when I make a bad grade on a test.	0	1	2	3

	←	Likeness to Me		→
	Definitely Not Like Me			Definitely Like Me
1. I spend extra time trying to fix what I don't like about my looks.	0	1	2	3
2. I try to tune out my thoughts and feelings.	0	1	2	3
3. I seek reassurance about my looks from other people.	0	1	2	3
4. I do something to try to look more attractive.	0	1	2	3
5. I spend more time in front of the mirror.	0	1	2	3
6. I try to ignore the situation and my feelings.	0	1	2	3
7. I think about what I should do to change my looks.	0	1	2	3
8. I avoid looking at myself in the mirror.	0	1	2	3
9. I eat something to help me deal with the situation.	0	1	2	3
10. I fantasize about looking different.	0	1	2	3
11. I think about how I could "cover up" what's troublesome about my looks.	0	1	2	3
12. I tell myself that I am helpless to do anything about the situation.	0	1	2	3
13. I compare my appearance to that of physically attractive people.	0	1	2	3

	<div style="display: flex; align-items: center; justify-content: space-between;"> ← Likeness to Me → </div>			
	Definitely Not Like Me			Definitely Like Me
14. I react by overeating.	0	1	2	3
15. I make a special effort to look my best.	0	1	2	3
16. I withdraw and interact less with others.	0	1	2	3
17. I make a special effort to hide or "cover up" what's troublesome about my looks.	0	1	2	3
18. I make no attempt to cope or deal with the situation.	0	1	2	3

Part B

DEFINITIONS:

Actual Body – what you feel is the actual appearance of your body

Ideal Body- the body that you wish that you have

Ought Body – the body that you feel is your duty or obligation to obtain

Significant Other: anyone who is close to you and has a significant impact on your life such as a parent, sibling, boyfriend, close friend, etc. or the culture or society you live in which can also have a significant impact on your life

DIRECTIONS: Each item on this questionnaire deals with a different physical characteristic. For each characteristic, think about how you would describe yourself as you actually are. Then think about how you wish you were. The difference between the two reveals how close you come to your personal ideal. In some instances, your looks may closely match your ideal. In other instances, they may differ considerably. Next, for each characteristic think about how you would

describe yourself as you actually are again. Then think about how you feel you ought to be. Use the scale from 0-3 for your responses to each question. For this section, you will also have to answer the questions based on how you feel a significant other thinks you are or ought to be. Please think of the same significant other you did for the last section and answer every question related to significant other in this section thinking only of that person.

Scale:

Very Unlike Me	Fairly Unlike Me	Almost as I am	Exactly as I am
0	1	2	3

EX.				
	<div style="text-align: center;"> </div>			
	Very Unlike Me			Exactly as I Am
My ideal foot size is:	0	①	2	3

	<div style="text-align: center;"> </div>			
	Very Unlike Me			Exactly as I Am
				am
19. My ideal height is:	0	1	2	3
20. A significant other or society's ideal height for me is:	0	1	2	3
21. My ought height is:	0	1	2	3
22. A significant other of society's ought height for me is:	0	1	2	3

	<div> <div>←</div> <div>Likeness to Me</div> <div>→</div> </div>			
	Very Unlike Me			Exactly as I am
23. My ideal skin complexion is:	0	1	2	3
24. A significant other or society's ideal skin complexion for me is:	0	1	2	3
25. My ought skin complexion is:	0	1	2	3
26. A significant other or society's ought skin complexion for me is:	0	1	2	3
27. My ideal facial features (eyes, nose, ears, facial shape) are:	0	1	2	3
28. A significant other or society's ideal facial features (eyes, nose, ears, facial shape) for me are:	0	1	2	3
29. My ought facial features (eyes, nose, ears, facial shape) are:	0	1	2	3
30. A significant other or society's ought facial features (eyes, nose, ears, facial shape) for me are:	0	1	2	3
31. A. My ideal muscle tone or definition is:	0	1	2	3
32. A significant other or society's ideal muscle tone or definition for me is:	0	1	2	3
33. My ought muscle tone or definition is:	0	1	2	3

	← Likeness to Me →			
	Very Unlike Me			Exactly as I am
34. A significant other or society's ought muscle tone or definition for me is:	0	1	2	3
35. My ideal body proportions are:	0	1	2	3
36. A significant other or society's ideal body proportions for me are:	0	1	2	3
37. My ought body proportions are:	0	1	2	3
38. A significant other or society's ought body proportions for me are:	0	1	2	3
39. My ideal weight is:	0	1	2	3
40. A significant other or society's ideal weight for me is:	0	1	2	3
41. My ought weight is:	0	1	2	3
42. A significant other or society's ought weight for me is:	0	1	2	3
43. My ideal chest size is:	0	1	2	3
44. A significant other or society's ideal chest size for me is:	0	1	2	3
45. My ought chest size is:	0	1	2	3

	<div style="text-align: center;"> ← Likeness to Me → </div>			
	Very Unlike Me			Exactly as I am
46. A significant other or society's ought chest size for me is:	0	1	2	3
47. My ideal overall physical appearance is:	0	1	2	3
48. A significant other or society's ideal overall physical appearance for me is:	0	1	2	3
49. My ought overall physical appearance is:	0	1	2	3
50. A significant other or society's overall physical appearance for me is:	0	1	2	3

Part C

DIRECTIONS: Please circle the letter of the significant other or society in general who you were thinking of when answering the questions in section B.

51. The significant other that I was thinking of when answering the questions in this section and the last section was:

- a. Mother
- b. Father
- c. Sibling
- d. Boyfriend/Husband
- e. Other relative
- f. Close Friend
- g. Society in General
- h. Other (please list in the space provided)

Part D

DIRECTIONS: Below are a few questions regarding demographic information.
Please circle the answer that best matches your response to each statement.

52. Age

53. Academic Standing

- a. Freshman
- b. Sophomore
- c. Junior
- d. Senior

54. Employment Status

- a. Employed (Full-time)
- b. Employed (Part-time)
- c. Unemployed

55. Marital Status

- a. Married
- b. Single
- c. Engaged
- d. In a relationship

56. Ethnicity

- a. African American/Black
- b. Caucasian/White
- c. Hispanic/Latino
- d. Asian/Pacific Islander
- e. American Indian
- f. Multiracial
- g. Would rather not say
- h. Other (please list in the space provided)

57. Gender
- a. Male
 - b. Female

58. Please enter your height in the space provided.
(EX. 5 ft 4 in)

59. Please enter your actual weight in the space provided.
(EX. 148 lbs)

APPENDIX B
Main Study Questionnaire

Part A

DIRECTIONS: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week. Use the scale to indicate the amount of time that you felt this way. Circle the number that best matches your response to each statement.

Scale:

Rarely or none of the time (less than 1 day) 0	Some or a little of the time (1-2 days) 1	Occasionally or a moderate amount of time (3-4 days) 2	Most or all of the time (5-7 days) 3
--	---	--	--

EX.

	← Amount of Time →	
	Rarely or none of the time (less than 1 day)	Most or all of the time (5-7 days)
I felt excited.	0 1 2 3	

	<div> <div>←</div> Amount of Time <div>→</div> </div>			
	Rarely or none of the time (less than 1 day)			Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	0	1	2	3
2. I did not feel like eating; my appetite was poor.	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
4. I felt I was just as good as other people.	0	1	2	3
5. I had trouble keeping my mind on what I was doing.	0	1	2	3
6. I felt depressed.	0	1	2	3
7. I felt that everything I did was an effort.	0	1	2	3
8. I felt hopeful about the future.	0	1	2	3
9. I thought my life had been a failure.	0	1	2	3
10. I felt fearful.	0	1	2	3
11. My sleep was restless.	0	1	2	3
12. I was happy.	0	1	2	3
13. I talked less than usual.	0	1	2	3
14. I felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3

	← Amount of Time →			
	Rarely or none of the time (less than 1 day)			Most or all of the time (5-7 days)
16. I enjoyed life.	0	1	2	3
17. I had crying spells.	0	1	2	3
18. I felt sad.	0	1	2	3
19. I felt that people dislike me.	0	1	2	3
20. I could not get “going”.	0	1	2	3

Part B

DIRECTIONS: Read the following statements. Then use the scale underneath each statement to indicate the extent to which you agree with the statement. Circle the number that best matches your response to each statement.

Scale:

Not at All	Slightly	Moderately	Very	Extremely
1	2	3	4	5

EX.	← Level of Agreement →				
	Not at all				Extremely
I think soccer is fun.	1	2	③	4	5

	<div> <div>←</div> <div>Level of Agreement</div> <div>→</div> </div>				
	Not at all				Extremely
21. I am comfortable with the appearance of my physique/figure.	1	2	3	4	5
22. I would never worry about wearing clothes that might make me look too thin or overweight.	1	2	3	4	5
23. I wish I wasn't so uptight about my physique/figure	1	2	3	4	5
24. There are times when I am bothered by thoughts that other people are evaluating my weight or muscular development negatively.	1	2	3	4	5
25. When I look in the mirror I feel good about my physique/figure.	1	2	3	4	5
26. Unattractive features of my physique/figure make me nervous in certain social settings.	1	2	3	4	5
27. In the presence of others, I feel apprehensive about my physique/figure.	1	2	3	4	5
28. I am comfortable with how fit my body appears to others	1	2	3	4	5
29. It would make me uncomfortable to know others were evaluating my physique/figure.	1	2	3	4	5
30. When it comes to displaying my physique/figure to others, I am a shy person.	1	2	3	4	5

	← Level of Agreement →				
	Not at All				Extremely
31. I usually feel relaxed when it is obvious that others are looking at my physique/figure.	1	2	3	4	5
32. When in a bathing suit, I often feel nervous about the shape of my body.	1	2	3	4	5

Part C

DEFINITION:

Coping - strategies that persons use to manage their thoughts and feelings associated with threats or challenges to their body image

DIRECTIONS: Using the scale below, mark the number from 0 to 3 to indicate how well each way of coping describes what you actually do or would do. There are no right or wrong answers. It doesn't matter how helpful or unhelpful your ways of coping are. Don't answer based on how you wish you usually reacted. Just be completely truthful.

Scale:

Definitely Not Like Me	Mostly Not Like Me	Mostly Like Me	Definitely Like Me
0	1	2	3

EX. I study harder when I make a bad grade on a test.	← Likeness to Me →			
	Definitely Not Like Me		Definitely Like Me	
	0	1	2	3

	← Definitely Not Like Me	Likeness to Me →			Definitely Like Me →
33. I spend extra time trying to fix what I don't like about my looks.	0	1	2	3	
34. I try to tune out my thoughts and feelings.	0	1	2	3	
35. I seek reassurance about my looks from other people.	0	1	2	3	
36. I do something to try to look more attractive.	0	1	2	3	
37. I spend more time in front of the mirror.	0	1	2	3	
38. I try to ignore the situation and my feelings.	0	1	2	3	
39. I think about what I should do to change my looks.	0	1	2	3	
40. I avoid looking at myself in the mirror.	0	1	2	3	
41. I eat something to help me deal with the situation.	0	1	2	3	
42. I fantasize about looking different.	0	1	2	3	
43. I think about how I could "cover up" what's troublesome about my looks.	0	1	2	3	
44. I tell myself that I am helpless to do anything about the situation.	0	1	2	3	
45. I compare my appearance to that of physically attractive people.	0	1	2	3	

	← Likeness to Me →			
	Definitely Not Like Me			Definitely Like Me
46. I react by overeating.	0	1	2	3
47. I make a special effort to look my best.	0	1	2	3
48. I withdraw and interact less with others.	0	1	2	3
49. I make a special effort to hide or “cover up” what’s troublesome about my looks.	0	1	2	3
50. I make no attempt to cope or deal with the situation.	0	1	2	3

Part D

DEFINITIONS:

Actual Body – what you feel is the actual appearance of your body

Ideal Body- the body that you wish that you have

Ought Body – the body that you feel is your duty or obligation to obtain

Significant Other: anyone who is close to you and has a significant impact on your life such as a parent, sibling, boyfriend, close friend, etc. or the culture or society you live in which can also have a significant impact on your life

DIRECTIONS: Each item on this questionnaire deals with a different physical characteristic. For each characteristic, think about how you would describe yourself as you actually are. Then think about how you wish you were. The difference between the two reveals how close you come to your personal ideal. In some instances, your looks may closely match your ideal. In other instances, they may differ considerably. Next, for each characteristic think about how you would

describe yourself as you actually are again. Then think about how you feel you ought to be. Use the scale from 0-3 for your responses to each question. For this section, you will also have to answer the questions based on how you feel a significant other thinks you are or ought to be. Please think of the same significant other you did for the last section and answer every question related to significant other in this section thinking only of that person.

Scale:

Very Unlike Me	Fairly Unlike Me	Almost as I am	Exactly as I am
0	1	2	3

EX.				
	← Likeness to Me →			
	Very Unlike Me			Exactly as I Am
My ideal foot size is:	0	①	2	3

	← Likeness to Me →			
	Very Unlike Me			Exactly as I am
51. My ideal height is:	0	1	2	3
52. A significant other or society's ideal height for me is:	0	1	2	3
53. My ought height is:	0	1	2	3
54. A significant other of society's ought height for me is:	0	1	2	3

	← Likeness to Me →			
	Very Unlike Me			Exactly as I am
55. My ideal skin complexion is:	0	1	2	3
56. A significant other or society's ideal skin complexion for me is:	0	1	2	3
57. My ought skin complexion is:	0	1	2	3
58. A significant other or society's ought skin complexion for me is:	0	1	2	3
59. My ideal facial features (eyes, nose, ears, facial shape) are:	0	1	2	3
60. A significant other or society's ideal facial features (eyes, nose, ears, facial shape) for me are:	0	1	2	3
61. My ought facial features (eyes, nose, ears, facial shape) are:	0	1	2	3
62. A significant other or society's ought facial features (eyes, nose, ears, facial shape) for me are:	0	1	2	3
63. A. My ideal muscle tone or definition is:	0	1	2	3
64. A significant other or society's ideal muscle tone or definition for me is:	0	1	2	3
65. My ought muscle tone or definition is:	0	1	2	3

	← Likeness to Me →			
	Very Unlike Me			Exactly as I am
66. A significant other or society's ought muscle tone or definition for me is:	0	1	2	3
67. My ideal body proportions are:	0	1	2	3
68. A significant other or society's ideal body proportions for me are:	0	1	2	3
69. My ought body proportions are:	0	1	2	3
70. A significant other or society's ought body proportions for me are:	0	1	2	3
71. My ideal weight is:	0	1	2	3
72. A significant other or society's ideal weight for me is:	0	1	2	3
73. My ought weight is:	0	1	2	3
74. A significant other or society's ought weight for me is:	0	1	2	3
75. My ideal chest size is:	0	1	2	3
76. A significant other or society's ideal chest size for me is:	0	1	2	3
77. My ought chest size is:	0	1	2	3

	← Likeness to Me →			
	Very Unlike Me			Exactly as I am
78. A significant other or society's ought chest size for me is:	0	1	2	3
79. My ideal overall physical appearance is:	0	1	2	3
80. A significant other or society's ideal overall physical appearance for me is:	0	1	2	3
81. My ought overall physical appearance is:	0	1	2	3
82. A significant other or society's overall physical appearance for me is:	0	1	2	3

Part E

DIRECTIONS: Please circle the letter of the significant other or society in general who you were thinking of when answering the questions in sections D and E.

83. The significant other that I was thinking of when answering the questions in this section and the last section was:


- i. Mother
- j. Father
- k. Sibling
- l. Boyfriend/Husband
- m. Other relative
- n. Close Friend
- o. Society in General
- p. Other (please list in the space provided)

Part F

DIRECTIONS: Please rate your satisfaction/dissatisfaction with each of these body parts using the scale below. Circle the number that best matches your response to each statement.

Scale:

Very Satisfied	Moderately Satisfied	Slightly Satisfied	Undecided	Slightly Unsatisfied	Moderately Unsatisfied	Very Unsatisfied
1	2	3	4	5	6	7

<p>EX.</p> <div style="text-align: center; margin-top: 20px;">  </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <p>Very Unsatisfied</p> <p>1</p> </div> <div>2</div> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <p>3</p> </div> <div>4</div> <div>5</div> <div>6</div> <div style="text-align: center;"> <p>Very Satisfied</p> <p>7</p> </div> </div> <p>Fingernails</p>							
--	--	--	--	--	--	--	--

	<div style="text-align: center;">  </div>						
	Very Unsatisfied						Very Satisfied
84. Head	1	2	3	4	5	6	7
85. Face	1	2	3	4	5	6	7
86. Jaw	1	2	3	4	5	6	7
87. Teeth	1	2	3	4	5	6	7
88. Nose	1	2	3	4	5	6	7
89. Mouth	1	2	3	4	5	6	7
90. Eyes	1	2	3	4	5	6	7

	← Level of Satisfaction →						
	Very Unsatisfied						Very Satisfied
91. Ears	1	2	3	4	5	6	7
92. Shoulders	1	2	3	4	5	6	7
93. Neck	1	2	3	4	5	6	7
94. Chest	1	2	3	4	5	6	7
95. Tummy	1	2	3	4	5	6	7
96. Arms	1	2	3	4	5	6	7
97. Hands	1	2	3	4	5	6	7
98. Legs	1	2	3	4	5	6	7
99. Feet	1	2	3	4	5	6	7

Part G

DIRECTIONS: Below are a few questions regarding demographic information. Please circle the answer that best matches your response to each statement.

100. Age

101. Academic Standing

- a. Freshman
- b. Sophomore
- c. Junior
- d. Senior

102. Gender

- a. Male
- b. Female

103. Employment Status

- a. Employed (Full-time)
- b. Employed (Part-time)
- c. Unemployed

104. Marital Status

- a. Married
- b. Single
- c. Engaged
- d. In a relationship

105. Ethnicity

- a. African American/Black
- b. Caucasian/White
- c. Hispanic/Latino
- d. Asian/Pacific Islander
- e. American Indian
- f. Multiracial
- g. Would rather not say
- h. Other (please list in the space provided)

106. Please enter your height in the space provided.
(EX. 5 ft 4 in)

107. Please enter your actual weight in the space provided.
(EX. 148 lbs)

APPENDIX C
IRB Protocol Form



Office of Human Subjects Research
307 Samford Hall
Auburn University, AL 36849

Telephone: 334-844-5966
Fax: 334-844-4391
hsubjec@auburn.edu

November 10, 2008

MEMORANDUM TO: Sarah Helm
Consumer Affairs

PROTOCOL TITLE: "Body Discrepancy and Body Satisfaction: Influence on Approach and Avoidance Behaviors and Emotions"

IRB FILE NUMBER: 08-153 EP 0807

ORIGINAL APPROVAL: July 3, 2008
MODIFICATION APPROVAL: October 30, 2008
EXPIRATION: July 2, 2009

The modification request for the above referenced protocol was approved by IRB Procedure on October 30, 2008. The protocol will continue the designation "Expedited" under 45 CFR 46.110 (Category #7):

"Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies."

You should report to the IRB any proposed changes in the protocol or procedures and any unanticipated problems involving risk to subjects or others. Please reference the above authorization number in any future correspondence regarding this project.

If you will be unable to file a Final Report on your project before July 2, 2009, you must submit a request for an extension of approval to the IRB no later than, June 16, 2009. If your IRB authorization expires and/or you have not received written notice that a request for an extension has been approved prior to July 2, 2009, you must suspend the project immediately and contact the Office of Human Subjects Research for assistance.

A Final Report will be required to close your IRB project file. Please note the approved, stamped version of your parental information letter should be provided to participants during the consent process.

If you have any questions concerning this Board action, please contact the Office of Human Subjects Research at 844-5966.

Sincerely,

Kathy Jo Ellison, Chair
Institutional Review Board for the Use of Human
Subjects in Research

cc: Dr. Carol Warfield
Dr. Veena Chattarman