

IDENTITY DEVELOPMENT AND BODY IMAGE DISSATISFACTION
IN COLLEGE FEMALES

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Data analysis using the Pearson's r correlation coefficient suggests a positive correlation exists between some aspects of self-concept and level of body image dissatisfaction. Specific relationships found were: satisfaction with body areas and satisfaction with identity in terms of self-concept, satisfaction with body areas and how one is accepted by others, and identity in terms of self-concept and satisfaction with physical appearance.

When examining the relationship between efforts spent on physical appearance improvement and identity in terms of self-concept, no significant relationship was found. Implications of these and other findings are discussed as well as recommendations for future studies on identity and body image dissatisfaction.

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CHAPTER I

Introduction

It has been well documented that the majority of the clinical population struggling with body image dissatisfaction are women. According to Rita Jackaway Freedman (1986), for a woman to be considered well adjusted in western society, she is expected to conform to the behavioral norms for her gender even if these may be considered undesirable to a person who is mentally healthy. This is contradictory to what the women's movement stands for. Our society engulfs women and young girls in a myriad of media images filled with unattainable ideals. What is even more alarming is the rate at which advertisements and magazines tell women to pay attention to their outer appearance. Many do not say how women can develop their inner appearances.

Many models of identity development have developed from J. E. Marcia's theory on identity formation (1966). His research has shown that women with more advanced and well-formed identities have higher self-esteem and, in turn, lower levels of body image dissatisfaction. They are also shown to resist conforming to social ideals and standards. In this model, the phases of development are referred to as statuses. Individuals may enter and leave any one of these statuses in conjunction with important life events or changes. The phases involve various levels of commitment to goals and values. A distinguishing factor is whether there is a presence of self-exploration or lack thereof. One status in particular seems to contain the characteristic of conformity. This is to say that those who have adopted the values and goals of others without exploring for themselves may have more of a tendency to conform to the majority's expectations.

As stated in Koff, Rierdan, and Stubbs (1990), Erik Erikson believed the body is “a source of identity and self-concept” (page 57). If identity and self-concept are separate constructs within the body, body image, identity development and self-concept could be studied to determine any level of correlation. Koff, Rierdan, and Stubbs (1990) found that a higher level of body image satisfaction was correlated with a higher level of self-esteem in both males and females. Allgood-Meten, Lewinsohn, & Hops (1990) stated that body image is not actually a separate construct, but an important part of self-esteem.

It is the purpose of this study to determine the level of correlation between body image dissatisfaction and level of identity development in college women. It is hypothesized that the less advanced a woman’s identity is, the more she tends to conform to standards and values of others. Plainly stated, the less developed her identity, the more she feels the need to improve her outer appearance as she is surrounded by these daily messages. From the results of this study, new counseling implications could be developed to assist those suffering from body image dissatisfaction. One recommendation could be to encourage self-esteem development and identity exploration to help the client gain focus toward her inside “appearance”.

The current study investigates the links among body image satisfaction, self-esteem and identity development. It hypothesizes that the more positive one feels about his or her body, they will most likely experience high self-esteem. This study also hypothesizes that in these individuals, identity would be developed beyond that of adopting and conforming to the values and goals of others. With significant results, it could be said that women less likely to conform to society’s ideals have higher self-

esteem, do not invest a significant amount of time in trying to look the way society encourages, and take the time to cultivate their own beliefs and values.

Statement of the Problem

The purpose of the study is to determine the level of correlation between body image dissatisfaction as measured by the Multidimensional Body-Self Relations Questionnaire—Appearance Scales, and identity development as measured by the Tennessee Self Concept Scale, in a population of college women at the University of Wisconsin—Stout in Menomonie, WI.

Hypotheses

There are 4 null hypotheses proposed in this study. They are as follows:

Ho1: There will be no significant correlation between Body Areas Satisfaction Scale (BASS) scores on the MBSRQ-AS and identity satisfaction scores on the TSCS.

Ho2: There will be no statistically significant correlation between scores on the BASS sub-scale of the MBSRQ-AS and scores on the Social Self sub-scale on the TSCS.

Ho3: There will be no statistically significant correlation between identity scores on the TSCS and Physical Self scores on the TSCS.

Ho4: There will be no statistically significant correlation between Appearance Orientation scores on the MBSRQ—AS and identity scores on the TSCS.

There are four hypotheses for this study. They are as follows: there will be a positive correlation between scores on the BASS scores on the MBSRQ-AS and Identity Satisfaction scores on the TSCS. There will be a positive correlation between BASS scores on the MBSRQ-AS and Social Self scores on the TSCS. There will be a positive

correlation between Identity scores on the TSCS and Physical Self scores on the TSCS. There will be a negative correlation between scores for Identity on the TSCS and the scores for the sub-scale of Appearance Orientation in college women at the University of Wisconsin—Stout.

Definition of Terms:

Body Image Dissatisfaction: In this study, a term referring to the extent to which an individual dislikes one's own body appearance, according to one's own interpretation.

Self Esteem: A noun used to refer to satisfaction with one's own worth.

Identity Diffusion: According to J. E. Marcia's (1966) theory of identity development, a term referring to the status of development in which there is no commitment to internally set values and goals. This is the least developmentally advanced of the statuses.

Identity Foreclosure: According to J. E. Marcia (1966), a term referring to the status of identity development in which there is an increased level of commitment following little or no exploration to cultivate one's own values and goals. A person bases his or her identity on those of others such as parents and teachers. This is a less developed state than Moratorium or Achievement.

Moratorium: According to J. E. Marcia (1966), a term referring to the process of forming an identity. Occupational, interpersonal, and ideological values are established. This status is characterized as exploring one's options.

Identity Achievement: According to J. E. Marcia (1966), a term referring to a state of autonomous resolution of identity using a set of values and beliefs adopted during the Moratorium status.

Self-concept: In this study, a term referring to the understanding of the way in which one perceives oneself.

CHAPTER II

Review of Literature

General Information

Since the early 1980's, it is becoming evident that many non-eating disordered people have some level of appearance-related body-image disturbance (Cash, Winstead, Janela, 1986; Thompson & Psaltis, 1988; Thompson & Spana, 1988). The majority of this body of knowledge comes from researching the female population. The media contains many examples of visual influences projecting appearance ideals onto women. Many popular magazines focus women's attention on spending more effort on outer appearances rather than inner development. Women then choose to invest energy into so-called self-improvement based on the messages presented to them by the media. Rita Jackaway Freedman (1986) even went as far as to say, "Women actually have begun to equate what they look like with who they are"(page 28).

The following review will focus on body image perception and identity development in women. Due to the lack of research on the relationship of the two variables, self-esteem and self-concept will be explored as the linking factor between body image perceptions and identity development. This research will also explore new avenues for treating body image dissatisfaction by discussing the benefits of encouraging identity development in women.

Influences of the Media Discussed in Past Research

Ideals of feminine beauty have changed throughout history due to the influence of the media and fashion industries. This suggests that women pay constant attention to these standards in an attempt to remain desirable to society. Basic statistical information has contributed sufficient reason to study the effects of the media on women's perceived body image satisfaction. Heinberg, Thompson, & Stormer (1995) directly stated that the ideal body shape for females found in television and print media have been related to body image dissatisfaction in groups of women. It has been suggested that just being exposed to certain pictures in magazines has evoked feelings of dissatisfaction, low self-esteem, and a desire to restrict eating. On the other hand, Cusumano & Thompson (1997) failed to document a relation between exposure to media ideals and the above-mentioned feelings.

A study conducted by Nemeroff, Stein, Diehl, and Smilack (1994) found there are many more body-oriented articles in women's magazines than in men's magazines. Women's magazines had 10.5 times as many advertisements and articles promoting weight loss (Anderson & DiDomenico, 1992). This is ironically the same ratio for cases of anorexia nervosa in women and men! Evans, Rutberg, Sather, and Turner (1991) found that female teen magazines advocate "self-improvement". However, the articles focused solely on the aspect of appearance beautification rather than development of the inner self.

Unfortunately, the popular culture has adopted the unwritten rule that "if you are beautiful, you are worthy". Inevitably this standard is found in every part of the country.

As a result women everywhere become a product of “social conditioning” (Freedman, 1986). As a general undertone of popular culture, physically attractive females *and* males are viewed as being happier, more successful, smarter, more interesting, more poised, and more sociable than their less attractive counterparts (Dion, Berchied, & Walster, 1982). With this in mind, it is becoming more evident that our western culture and societal ideals foster development of the outer self more so than the development of identity and self-concept. With this trend a concept has been developed called “appearance-based stereotyping”. In essence, “what is beautiful is good” and “what is ugly is bad”. This is the theory that has determined certain physical appearances and attributes to be more favorable than others. These include facial characteristics, weight, height and grooming (Alley, 1988; Cash, 1981; Porter, 1985). Appearance variables have been found to affect attributes, actions of others, and social attitudes. As an example of appearance-based stereotyping, Thomas, Ricciardelli, & Williams (2000) found young girls and boys ages 7-11 to rate obese children as having fewer friends, being less liked by their parents, doing below average in school, being lazy, being less than happy, and being less attractive.

To a certain degree, the women who invest considerable time and energy in changing their appearances to fit the social ideal are conformers. This is where the variable of identity development enters the research picture. There are certain “statuses” of identity development in which an apparent resistance to conformity is present. The following review will highlight certain models of identity development that alternate between those who conform to social standards and those who do not.

Body Image and Body Image Dissatisfaction

The term “body image” has been used as a blanket statement with a specific meaning depending on a single researcher’s intentions (Cash & Brown, 1987). Several different variables have been researched in the area of body image and body image dissatisfaction. Body image research findings actually began in the examining rooms of neurologists to study distortions in body perceptions of brain-damaged individuals (Cash & Pruzinsky, 1990). Studies have been done on phantom limb experiences (Cofer, 1980), body-size distortions associated with anorexia (Casper, et al, 1979), reactions to one’s body after plastic surgery (Goin & Goin, 1981), and accuracy in the perception of body sensations (Katkin, Blascovich & Koenigsberg, 1989).

Similar to the field of eating disorders research and treatment, body image dissatisfaction has been largely prevalent in the female population, clinical and otherwise. Cash, Ancis, and Strachan (1997) have made the statement that half of all American females have a negative evaluation of their overall appearance. As a result, gender has been declared a most important factor in the development of an individual’s body image. Extreme cases of dissatisfaction have been referred to as “Body Dysmorphic Disorder” (DSM-IV, 1994) which has been defined as “the preoccupation with an imagined or exaggerated defect in physical appearance” (p. 445). Size overestimation (also known as body image distortion) is not specific to the anorexic population (Cash & Brown, 1987; Slade, 1985; Thompson & Thompson, 1986). Research conducted by Kostanski and Gullone (1998) has made it clear that body image dissatisfaction is very evident among the non-eating disordered population of adolescent females.

Body image has always been a difficult concept to define. Cash and Pruzinsky (1990) now distinguish at least two independent components: 1) perceptual body image

(such as overestimation of size) and 2) attitudinal body image (one's affect, cognitions, and behaviors related to body image). Cash, a leading researcher in the field of body image, states that there are two perspectives in the psychology of physical appearance. There is the "view from the outside" (viewing the person as a social object) and the "view from the inside" (the individual's subjective experience of his/her own physical appearance).

Many advertisements portray women in the media as sexual objects. This objectification has been shown to make a woman change her body to conform to social norms. This can erode a woman's self-esteem. In other words, as an object, the model's existence depends on the viewer. The viewer can choose to bring her to life by acknowledging her beauty or dismiss her if she does not fit the ideal (Freedman, 1986). Erik Erikson stated in his research on identity development in women that females learn to view their bodies as a means of attracting others as a source of their self-concept (Koff, Rierdan, & Stubbs, 1990). In short, some women rely on the opinions of others to shape their own view of themselves. Even passersby they do not know seem to give them disapproving looks, as they "mind-read" their thoughts.

Heinberg and Thompson (1995) found that learning the ideal body shape from social endorsements and print media formats have been related to body image dissatisfaction in the female population. The concept of body image dissatisfaction among the general and clinical populations has led researchers to develop methods for assessing its prevalence. Heinberg, Thompson and Stormer (1995) developed the Social Attitudes Toward Appearance Questionnaire which focused on determining the relation of simple exposure to media containing social ideals and the occurrence and development

of body image dissatisfaction. Other factors examined were the awareness of the ideals in society through media exposure and internalization of these social standards of appearance. It was determined that simple exposure did not have a significant effect on perceived body image. However, the awareness and internalization after the fact of simple exposure did account for significant contributions to perceived level of body image dissatisfaction.

Stormer and Thompson (1996) contributed to the field of body image disturbance by identifying precursors leading to higher levels of the problem. Four factors were tested as possible precursors: maturational status, negative verbal commentary (e.g. teasing), behavior and social comparison, and internalization of societal pressures. Results of their study indicated that social comparison and internalization of societal factors were significant predictors of body image dissatisfaction and eating disturbance. However, the findings on the relationship between body image dissatisfaction and psychological well-being have not resulted in any conclusive understanding of the nature of the relationship of the two constructs. More research must be done to investigate the development of body image dissatisfaction in relation to a female's sense of self.

Body Image and Self-Esteem

Kostanski and Gullone (1998) have stated, "body image is not a separate construct, but an important part of self-esteem" (page 255). Fabian and Thompson (1989) found that females who have less satisfaction with their shape and weight tend to have lower self-esteem. In addition to self esteem, Kostanski and Gullone (1998) investigated body image dissatisfaction in relation to depression and anxiety in a group of non-clinical females. Research on the relation of these variables is limited. However, it

was found that body image dissatisfaction and depression are positively correlated. Conversely, body image dissatisfaction was found to be negatively correlated with self-esteem. Poor self-concept was also found to be a predictor of problem eating for eight and ten year-old boys and girls (Thomas, Ricciardelli, Williams, 2000).

Maturation is another variable that has been studied in relation to body image dissatisfaction and self-esteem (Stormer & Thompson, 1996). A group of eleven year-old females and a group of thirteen year-old females were studied in terms of early or late pubertal timing. It was found that eleven year-olds who matured early had lower satisfaction with their body image and also had lower levels of self-esteem than those who matured later. The entire group of thirteen year-olds reported more concern over body size as well as having a poor self-image. However, when compared, the early maturing eleven year-olds were more similar to the thirteen year-olds who matured later. Both groups were found to have low self-esteem.

Koff, Rierdan, and Stubbs (1990) found that women's self-concepts are correlated with their own perceptions of attractiveness. A concept known as "developmental contextualism" derived by Lerner & Kauffman (1985) states, "the body promotes distinct feedback to the person through socializing" (Cash & Pruzinsky, 1990). It is a person's body that is seen as the main component of a person's individuality along with the appraisal of the person's own body. The cognitions and feelings about the body originate from reactions of others. In developmental contextualism, body image comes from interpersonal relations. Individual thoughts and emotional development also contribute to how a person sees himself or herself. According to this theory, how one thinks and feels about his or her body influences relationships and psychological characteristics.

Several studies exist regarding body image development and self-esteem in children and adolescents. A study of third and sixth grade females shows a correlation between body satisfaction scores and self-concept. In this study the relationships is present before puberty (Folk, Pedersen, & Cullari, 1993). Koff, Rierdan, and Stubbs (1990) found a correlation of .91 between body satisfaction and self-concept among a group of ninth grade males and females. This data provided clear evidence that a significant relationship between body image and self-concept does exist.

O'Dea and Abraham (2000) found the same relationship in their trial of a school-based self-esteem education program on body image and eating attitudes in males and females.

Past Assessment and Treatment of Body Image Dissatisfaction

Researchers and clinicians have focused on two aspects of the assessment of body image. One component is a perceptual angle (estimation of body size), and the other is a subjective component (actual body size, weight, and physical appearance) (Cash & Brown, 1987). A third component, behavioral avoidance of disturbance provoking situations has received little attention but researchers are beginning to develop scales to measure the degree of its presence in an individual (Rosen, Saltzberg, & Srebnik, 1990). Most of the scales for the subjective component measure satisfaction. However, with the popularity and effectiveness of cognitive-behavioral therapy, subjective concerns are being addressed more thoroughly to target affect, cognitions and anxiety (Thompson, 1990). Thompson (1990) recommended the best way to assess for body image disturbance is to test each component.

One example of a body-size estimation technique is to instruct the individual to position specially designed body calipers to the size of what he or she believes his or her body is. A percentage is then taken to empirically study the amount that has been over or underestimated (Thompson, 1990). A similar approach is the whole-image adjustment technique which involves the individual taking his or her own photograph and turning a dial to show the clinician how the individual actually views herself or himself. Thomas Cash and his colleagues developed the Body-Self Relations Questionnaire (1986) designed to assess an individual's attitudinal values for appearance, fitness, and health along with the importance and energy invested in improving one's appearance (Thompson, 1990). Cash also developed the Body Image Automatic Thoughts Questionnaire which involves participants rating the frequency of 52 appearance-related cognitions on a five-point scale, (Brown, Johnson, Bergeron, Keeton & Cash, 1990). Various items on the scale carry either a negative or positive tone. It assesses for cognitive distortions that, once identified, are treatable with cognitive therapy methods.

Interestingly, the amount of research and development for treatment of body image dissatisfaction has not paralleled that of assessment (Thompson, 1990). In fact, Thompson stated that fewer than ten studies have tried to find an effective way of treating body image dissatisfaction. In the past, some treatment methods for eating disorders have included a component for body image dysfunction, but in 19 out of the 22 available protocols, body image has been neglected (Thompson, 1990). Many of the premier researchers for eating disorders have noted the importance of treatment of the body image aspect of anorexia and bulimia, but have disproportionately spent less time finding new ways to treat body image dysfunction (Cash & Brown, 1987; Garner, Garfinkel, &

Bonato, 1987; Rosen, 1990). Some of these researchers have even stated that without attempting to correct the dysfunction in body image perception, the treatment of the eating disorder can only be considered temporary (Bruch, 1962). In finding new ways of treating body image dissatisfaction, new avenues of treatment of eating disorders may follow.

Some of the first interventions involved exposing clients to the repeated exposure of video images of himself or herself day after day while in treatment for a severe eating disorder, (Gottheil, Backup, & Cornelison, 1969). Another technique is cognitive restructuring which tries to override current beliefs with positive thoughts and schemata.

As previously mentioned, a study conducted by O'Dea and Abraham (2000) on the effects of a school-based self-esteem education program targeting body image and eating attitudes identified a significant positive effect. Results indicated higher levels of self-esteem and improved perceptions of body image. Not only did the program affect them inwardly, it also served to change what the group found to be socially acceptable. This is also one of the few body image dissatisfaction treatments to have control groups. Results indicated that female students rated their physical appearance to be significantly more favorable than that of the control group. Even one year after the completion of the program, changes were still evident.

Identity Development Explanations and Models

The concept of identity development is difficult to define. Erik Erikson, one of the pioneer scholars in the field of identity research, once hypothesized that a woman's resolution of identity was expected to be left partially open and flexible during adolescence. This openness leaves room for the accommodation of the man she would marry and the children she would nurture (Koff, Rierdan, & Stubbs, 1990). He also

stated that a young girl's first temporary resolution of identity during adolescence consisted of a sense of her own attractiveness, an image of the mate she would seek, and the decision about the use she would make of her body for reproduction. According to Erikson, to achieve a sense of identity a person must experience "inner sameness". One's actions and decisions are not random, but are made from "defined values, principles and expectations and there is a definite order to behavior". Any deviation is seen as "not me" according to Erikson's theory.

If one were to think in terms of object-relations theory, Erikson's model of identity development for women would make perfect sense. Object-relations theory is centered around the idea that anything we may feel, think or do is in relation to another object or person (Sharf, 2000). Object-relations theory would suggest that women construct their identity not by elaboration of themselves or their own autonomy, but more within the context of having a connection to others. Within this theory, identity development takes place in the context of relationships. It cannot take place without the presence of other people. "I stand here, in relation to another person who is there", is the essential underlying belief. All things develop in the form of a relationship.

Development and research changed in the late 1970's. As society changed, it began to encourage more choices and more non-traditional roles for women. Changes in society allowed women to experience development more like that of men.

In past decades, there has been a definite split in terms of predictors of identity development in men and women. In the 1970's, predictors for men were occupation, religion, and political views. For women, predictors consisted solely of sexuality and sex roles. By the 1980's, a shift took place where both men and women had predictors of

occupation and interpersonal matters for identity development. However, there were still differences between the sexes. Women continued to follow sex roles and men continued to follow the ideological predictors of religion and politics (of course there are exceptions). In terms of female identity development in the 1980's, women tried to balance identity issues with interpersonal concerns. When taking into consideration the many decisions a female made during this decade, she could not have all issues be separate from her interpersonal relationships. Career and interpersonal decisions were made in conjunction with how they might affect the significant other. Kroger in his 1987 research refers to these as "meta-decisions". In response to these changing predictors of identity development for women, researchers set out to develop new forms of identity development.

Downing and Rousch (1984) developed a five-stage model for feminist identity development. It was intentionally developed in response to researchers stating that the concept of an identity construct and the developmental stages were biased toward the westernized male. Stage one is "passive acceptance". This is to say that females deny that sexism exists and, in turn, accept the stereotypes as realistic. Stage two is "revelation". Women in this stage are sensitized to the pervasive oppression of females in the culture. Stage three is "emdeddedness": a stage of discovery of sisterhood and immersion of females in their culture. They begin to exclude men in their social realm and are cautious of the intent of their interactions with females. Stage four is "synthesis": a transcendence of traditional sex roles in which females start to see the positives of being women. During this stage, they develop a balanced and improved self-concept and begin to evaluate men on an individual basis. Finally, stage five is "active commitment".

Women in this stage are making an authentic commitment to social change and commit meaningful acts. Men are seen as equal, but not the same.

James Marcia was one of the first people to empirically investigate identity formation. In his 1966 study he developed four distinct “statuses of identity”. The stages are: Identity Diffusion, Identity Foreclosure, Moratorium, and Identity Achievement. According to Marcia’s theory there is not a rigid order in which these statuses are “accomplished”. Typically a person may go through them in the order in which they were listed in the above paragraph. However, if one gets to a certain status and encounters a difficult life situation, one may revert back to the previous status. In addition, once an individual reached the achievement status, there is no guarantee that the person is “done developing”. A person may revert back to a previous status to accommodate factors brought on by a career change.

This model has withstood the test of time for over twenty-five years. Studies have shown an increase of identity achievement over the course of the years one spends in college. This is thought to result from a greater self-understanding and greater knowledge about societal possibilities. Findings from research by Marcia (1985) showed that there may be two cohorts of women and their development. One group reaches sound identity development (achievement) before age twenty. This group would be the career oriented cohort. The second group may rely on reaching parenthood and spousal benchmarks. This group may still view themselves through the eyes of others, according to the previously mentioned object relations theory. This is to say that women who think in terms of object relations theory (perceiving themselves how they *believe* others see them) may be more critical of themselves and more prone to conforming to social ideals.

Not yet possessing a clear, defined set of values and beliefs after a period of exploration compounds the situation.

Marcia's Statuses Defined

1. *Identity Diffusion*. If there were a specific order, Identity Diffusion would be the first developmental stage, occurring during adolescence. Commitment to a set of personal values and goals and self-exploration to develop such a belief system are absent during this stage.
2. *Identity Foreclosure*. During the Foreclosure status, the individual has made a clear commitment to certain values and goals. However, since the person has not taken an active role in exploration, his or her values and goals are those adopted from others who are important to him or her. Typical influences for identity development during this status are parents, siblings, and various other role models.
3. *Moratorium*. Moratorium differs from the Foreclosed status in that there is an absence of commitment to values and goals. During this stage of development, the individual is actively in search of who he or she is, continually exploring possibilities. If a person stays indefinitely in this stage with no foundation of values in sight, the person might experience an identity crisis.
4. *Achieved Identity*. During the achievement stage, a person finds through the process of elimination those goals and values that work for them.

Several studies examining Marcia's statuses have made it clear that the Diffused status and the Moratorium status are connected to higher levels of anxiety and lower

levels of self-esteem (Clancy & Dollinger, 1993). This is an obviously logical conclusion since both statuses lack a sense of empowerment. The person does not feel that he or she is making true progress in developing an identity on his or her own. In contrast, the Achieved and Foreclosed statuses differ in terms of the locus of control that is present. For the Achieved state, the locus of control is internal, which can be explained by the sense of empowerment gained through carefully acquiring a set of values and goals unique to the individual. It is therefore expected, and has been found in research that the Achieved status would be associated with higher levels of self-esteem and lower levels of anxiety (Cramer, 2000). The Foreclosed status locus of control is external since all values adopted are from outside that person. The sense of empowerment is only temporary and autonomy is low because the set of values was not arrived at independently. The Achieved Identity state is also associated with low levels of neuroticism, high instances of extraversion, and a high level of conscience. The Foreclosed Identity state is associated with high authoritarianism and a low openness to new experiences (Cramer, 2000).

Kroger (1987), after studying a group of women 17 to 47 years of age, found that the predominant identity status among all the ages was that of Moratorium. He speculated that this could be because women tend to form personal identity in response to changes in role expectancies. According to research by Cramer (2000), interpersonal relatedness is a very strong part of identity development for females. She stated that issues having to do with others may contribute to or be consequences of female identity development. This again reflects the basis of object-relations theory. Many women struggle with their developing identities and often find themselves “negotiating” identity factors because of

traditional sex role stereotypes (Jones, 1997). Negotiations can be a result of being bicultural or of a minority religion that may be in conflict with traditional beliefs of friends and significant others.

For whatever reason women “negotiate”, the most important factor is that they are reacting to thoughts and values of others. Women who are easily negotiated may lose important aspects of their identity which could lead to lower self-esteem, lower feelings of autonomy, and lower levels of resistance to conforming to the beliefs of others.

Identity Development and Self-Esteem

From a research perspective, the relationship between identity development and self-esteem makes sense. If one has developed one’s own identity through self-exploration, it would make sense that one would reach a higher level of self-esteem for having achieved this. In fact, Grotevant (1987), developed a model consisting of four dimensions of identity formation. One dimension is that of self-esteem (Cramer, 2000). According to Marcia, a person possessing higher statuses of achievement and moratorium exhibited more self-confidence. Also present during these statuses are advanced moral reasoning, an internal locus of control, and more resistance to pressure to conform. These are all factors that contribute to better adjustment (Marcia, et. al, 1993). If one has reached the Achieved or Moratorium status, it can be assumed there is a tendency to resist conforming to social ideals. Those who resist conforming to the physical ideal and have an internal locus of control would not feel that they are less of a person because they have developed their own sense of self. They are strong enough to think for themselves.

Cramer's research (2000) investigated the association of Marcia's identity statuses with ego-resiliency, self-monitoring, self-esteem, and openness to experience. All factors were found to be associated significantly with the Moratorium and Achieved identity statuses. It was also determined that females in the Diffused status describe themselves as being dissatisfied with themselves and doubt their own adequacy. Other characteristics included submissiveness and passivity.

Those in the Foreclosed status exhibited a preference for conservative values, for conformity, and for the expectations of society. Females in the Foreclosed status were especially found to be socially conscious, to be acutely aware of impressions made on others, to be concerned about their bodies, and to be projecting their feelings onto others (Cramer, 2000). This is to say that not only do they feel they must conform to social expectations, they perpetuate the societal ideal by expecting the same thing of others as they do of themselves. The Foreclosed status is where a researcher would find a high number of females who are dissatisfied with their bodies and, thus, would have poor self-esteem.

Those in the Achieved status of identity development were found to behave in an assertive fashion, do not tend to withdraw in the face of adverse or challenging situations, were not reluctant to commit to themselves, and did not doubt their own adequacy (Cramer, 2000). These are all factors present in those who have a high level of self-esteem. Cramer also stated that it "seems that Ego Resiliency and self-esteem are more of a product or consequence of having attained an Achieved Identity". In general, Cramer's findings concluded that Achieved Identity is positively correlated with high self-esteem, low anxiety, and low levels of depression.

Identity Development and Body Image Dissatisfaction

Females in the Achieved status of identity development were also found to show high levels of assertiveness and personal adequacy in the social realm in relation to others (Cramer, 2000). Cramer (2000) said that these women did not have to compare themselves to others, and did not judge themselves in conventional terms. When speaking in terms of body image dissatisfaction, the females fitting this description do not think in terms of object-relations theory and are not concerned with the reactions of others. There is a clearly defined relationship between the level of identity development and the level of body image dissatisfaction.

Research shows that physically attractive people who are facing mid-life physical changes find their appearance serves not only as the prime source of identity, but also a serious threat to their identity as well (Freedman, 1986). Sanford and Donovan (1984) found that the majority of women studied in therapy groups over a five-year period of time habitually downgraded their self-worth. Poor body image was found to be a central factor in their self-rejection. Freedman (1986) stated that for many females attaining a physically attractive appearance can be as difficult to obtain as believing in that attractiveness itself. She goes on to say that it does not seem that women are encouraged to develop their inner attractiveness to catch society's attention. Heightened self-consciousness and chronic comparison to others can lead to psychological maladjustment, anxiety, and even phobic obsessions like agoraphobia (Freedman, 1986). As one woman stated in Freedman's book, "Just being next to a woman more attractive than me just cancels me out" (page 33)—as if she is no longer visible. This clearly states

that there is not one bit of an identity boundary separating her from others. It is not possible for her to sit next to an attractive woman and be able to dismiss her as just another person.

Researchers and female scholars have argued that cultural norms encourage girls and women to be so attentive and psychologically invested in physical appearance that it can undermine their well-being and, in turn, their self-concept (Cash, Ancis, & Strachan, 1997). This is an alarming concept considering the amount of investment and energy put into attaining the physical ideals. It is yet another revolving door in the field of mental health. Females are investing their time in improving their outer selves, at the expense of developing their inner identities. Developing programs to foster identity development to the point of at least the Moratorium status may be of benefit to individuals who suffer all levels of body image dissatisfaction.

The implications of the relationship between body image satisfaction and identity development are important in terms of developing new avenues of treatment for poor body image, body image dissatisfaction, body dysmorphic disorder, and even eating disorders. Due to the societal pressures to conform to a physical ideal, low self-esteem and poor self-concepts are becoming evident in progressively younger and younger females as time goes on. It is during this time in adolescence where development of eating disorders becomes apparent. Given that fostering development of self-concepts and identity development in these females may be used as either a proactive approach or a therapeutic approach, this study will investigate what correlation exists between factors of body image and identity development in college women in one Wisconsin university.

CHAPTER III

Methodology

Introduction

This chapter will describe the method of selection used for participants in this study, as well as the procedures the participants went through. In addition, the instruments being used to collect information will be discussed as to their content,

reliability and validity. The procedures for data collection and data analysis will be presented. Also, this chapter will include some of the methodological limitations.

Participants

This study was conducted in the spring of 2001 using participants in sections of “general” and “abnormal” psychology classes on the campus of the University of Wisconsin—Stout, located in Menomonie, Wisconsin. Seventy-five female students were eligible to participate. The seventy-five students were notified of the opportunity to take part in a research project being carried out by a graduate student on the university campus. A registration sheet was passed to each of the students during their scheduled class and those wishing to participate signed their names. A total of twenty-five students registered to participate and fifteen of those twenty-five were present at one of the two data collection sessions. Females choosing to participate in the study were guaranteed to receive extra credit from the professors of the psychology classes. A second sign-in sheet was passed during the two data collection sessions and returned to the psychology professor to verify the extra-credit.

Ages of these participants ranged from 18-22 with a mean age of 19.6. All participants were of Caucasian descent and the 15-person sample represented students from freshman, sophomore, junior and senior classes.

Instrumentation

To measure both identity variables and variables of appearance and self-satisfaction, the Tennessee Self Concept Scale was used. To measure factors of body image disturbance, the Multidimensional Body-Self Relations Questionnaire was used.

The Tennessee Self Concept Scale originated during the late 1950's. The purpose for developing the instrument was to make it possible to list criteria for assessing mental health issues. Items were taken from a pool of self-descriptive statements made by patient and non-patient populations as well as from other assessment instruments. A panel of clinical psychologists classified each statement as positive or negative in connotation. There are two forms of the scale. One is the Counseling form and the other is the Clinical and Research form. The difference between the two is that the Counseling form is faster and easier to score because it involves using fewer variables and scores. This form is appropriate for giving feedback to clients in the counseling setting. The Counseling form was chosen for use in this study.

The standardization group for the scale was made up of 626 individuals ranging from 12 to 68 years of age. Education ranged from the sixth grade up to Ph.D. There were approximately equal numbers of males and females. The sample represented several nationalities. According to the test manual, it was stated that attempts were made to find separate norms for the two sexes and for different age and cultural groups. However, it was determined this was not necessary as the scale is consistent from one group to another.

The variables assessed by the scale are set up in a two-dimensional 3 X 5 pattern to allow for one instrument to test five different variables from the viewpoint of three different factors. All variables give the interpretation of how the individual sees himself

or herself through the following three factors: identity, self-satisfaction, and behavior. Identity gives the undertone of “what I am”. Self-satisfaction contributes the facet of “how I feel” and the behavior factor contributes “this is what I do and how I act”. The variables tested within these factors are: physical self, moral and ethical self, family self, personal self, and social self. In addition to these variables, the sum of the three factors of identity, self-satisfaction, and behavior equal the “Total P-Score”. This score indicates the level of the individual’s self-esteem.

Reliability data suggest the Tennessee Self Concept Scale is a good assessment of self-concept. The reliability for the Total P-Score was found to be .92. Reliability for identity, self-satisfaction, and behavior are .91, .88, and .88 respectively. For the self-assessment variables, reliability was found to be physical self, .87; moral and ethical self, .80; personal self, .85; family self, .89; and social self, .88.

Validity studies consisted of several different types. Content validity was assessed to ensure the classification system for the five rows and columns is consistent. Discrimination between groups was studied to see if there was a difference between psychiatric patients and the non-patient population. Also, research was conducted to study any correlations present with other personality instruments. According to William Fitts (1964), author of the test manual, the areas measured exhibited consistent data. Thus, the scale was determined to be a valid instrument for many populations and testing patterns.

For the purposes of this study, special attention will be placed upon the sub-scales assessing the participants’ satisfaction with identity, social self, and physical self. Other sub-scales that will be under examination include self-satisfaction, and personal self.

For the purpose of assessing levels of body image satisfaction or dissatisfaction, the 34 item Multidimensional Body-Self Relations Questionnaire-Appearance Scales (MBSRQ-AS) was used. The MBSRQ-AS is a short form of the 69 item MBSRQ developed by Thomas Cash and fellow researchers. The initial version, the BSRQ, was a 294 item assessment that was initiated in 1985 by Cash, Winstead, and Janda. It was normed by conducting a national survey. Out of 30,000 people who responded, a random, stratified sample was taken to match the distribution of sex, age, race, education and religion in the United States. All versions of the instrument are meant for use by people age 15 and older.

For the purpose of evaluating the participant's interpretation of his or her appearance, the short version is sufficient and serves to reduce time. The MBSRQ-AS's subscales are: appearance evaluation, appearance orientation, overweight preoccupation, self-classified weight, and body areas satisfaction scale (BASS). Appearance evaluation serves to assess the feelings of physical attractiveness, satisfaction or dissatisfaction with appearance. High scores indicate satisfaction and low scores indicate dissatisfaction. Appearance orientation assesses the individual's amount of investment in his or her appearance. High scores show the person invests much time in improving his or her looks. The BASS is similar to that of appearance evaluation. It serves to assess satisfaction or lack thereof with specific areas of one's body. Low scores indicate the individual is generally unhappy with several body areas. Overweight preoccupation assesses a construct resembling that of "fat anxiety", weight vigilance, dieting and eating restraint. Self-classified weight measures how one perceives and labels one's own

weight, from under to very overweight. Intentions for the current study place special value on the sub-scales of the BASS, appearance evaluation, and appearance orientation.

Reliability data for the MBSRQ-AS after a one-month test-retest turned out to be significantly positive. For the sub-scale of appearance evaluation, a reliability of .91 was found. For appearance orientation, a reliability of .90 was determined. The BASS had a .74 reliability as did also the self-classified weight sub-scale. The overweight preoccupation sub-scale yielded a .89 reliability.

The MBSRQ has been used in successful body image research. Studies range from psychometric studies to applied and clinical research. It has also been used for both correlational and experimental studies. In addition, the MBSRQ has been used in national survey research to gather norms for college student populations, obesity research, eating disturbance, and outcome studies of body-image therapy. As Cash (2000) stated in his manual for the MBSRQ, all the sub-scales have significant internal consistency and stability. Internal consistency for all sub-scales range from .75 to .91 at the .001 level. Test-retest reliability ranged from .78 to .94 over a two-week time period. The instrument was also determined to have strong convergent, discriminant and construct validities as a result of the author's many published studies.

Procedures

Upon entering the designated classroom set aside for data collection, each student signed an attendance roster. When all participants appeared to be present, the researcher

read the statement of informed consent and confidentiality to the group. A copy was passed to each participant along with a copy of each of the two assessment instruments. When all students had the assigned materials, the instructions were read out loud by the researcher. Questions or concerns were encouraged to be directed to the researcher. Each student was allowed to complete each of the instruments within an unlimited time slot. Upon completion of the instruments, each participant was instructed to turn materials face down to the researcher's table and at this time the students were thanked and allowed to leave the testing room.

Data Analysis

The statistic used to calculate the data was the Pearson's r correlation coefficient. Self-concept scores were correlated against scores for body image satisfaction to determine if any significant relationship exists between the variables. Specifically the variables examined were sub-scales on the MBSRQ-AS and the TSCS. The relationships examined are as follows: Body Areas Satisfaction scores (MBSRQ-AS) were correlated against scores for Identity Satisfaction (TSCS), Body Areas Satisfaction scores (MBSRQ-AS) were correlated against Social Self scores (TSCS), Identity Scores (TSCS) were correlated against Physical Self scores (TSCS), and Appearance Orientation scores (MBSRQ-AS) were correlated against Identity scores (TSCS). All data collected was turned into the University Computer Center at UW-Stout and returned to the researcher upon completion of the data interpretation printout.

Limitations

Methodological limitations of this study are as follows:

1. The generalizability of these results may be limited to only the sample population of traditional, college-age females at the University of Wisconsin—Stout in Menomonie, WI.
2. Due to the small sample size the results of this study may be viewed as tentative.
3. The use of volunteers participating for extra credit may not have recruited a representative sample of a typical university population.
4. Due to variation between participants, items on the self-report inventories may have been interpreted differently from person to person.
5. The sample population is non-clinical, which may not make it possible to adequately assess both satisfaction in well-adjusted women and dissatisfaction in a clinical population.

Chapter IV

Results

Introduction

This chapter will present the results of this study which investigated the relationship between identity development and degree of body image satisfaction as perceived by the client. In addition, this section will present data pertaining to the level of relationship between identity and the amount of personal investment females spend on their outer appearances.

Findings

Ho1: There will be no significant correlation between Body Areas Satisfaction Scale (BASS) scores on the MBSRQ-AS and Identity Satisfaction scores on the TSCS.

Data analysis rejects the first null hypothesis. There is a positive correlation between BASS and Identity Satisfaction scores within the population of college females on the UW-Stout campus. The correlation coefficient was found to be .663, which is significant at the $p < .007$ level (see Table 1). This suggests that for this group of 15 women there is a relationship between how content they are with areas of their bodies and their level of satisfaction with knowing “who they are”, having developed an internal set of values, goals, and beliefs.

Ho2: There will be no statistically significant correlation between scores for Body Area Satisfaction (BASS) on the MBSRQ-AS and Social Self scores on the TSCS.

Data analysis also rejects the second null hypothesis in this investigation. There is a positive correlation between elevated scores on the BASS sub-scale and elevated Social Self scores in females at UW—Stout. The correlation coefficient was found to be .743, which is significant at the $p < .001$ level (see Table 1). This suggests that for this group of 15 women on the campus of UW-Stout there is a relationship between how content they are with areas of their bodies and how they believe to be perceived and accepted by others. In other words, this suggests that how comfortable they are with their bodies plays a role in how they are seen by others.

Table 1

Correlations between Body Areas Satisfaction Scores (MBSRQ-AS) and two subscales of the TSCS

Variable	Body Areas Satisfaction (MBSRQ-AS)		
	N	r	p
Identity Satisfaction (TSCS)	15	.663	.007*
Social Self (TSCS)	15	.743	.001**

*Significant at $p < .01$

**Significant at $p < .001$

Ho3: There will be no statistically significant correlation between Appearance

Orientation scores on the MBSRQ-AS and Identity Satisfaction scores on the TSCS.

Data analysis indicates no statistically significant relationship between Identity scores on the TSCS and Appearance Orientation scores on the MBSRQ-AS. The correlation coefficient was found to be $-.186$ (see Table 2). Therefore, the third null hypothesis could not be rejected. This suggests that for this group of 15 women the amount of time spent ‘improving’ (e.g. grooming, physical exercise) their outer appearances is not related to their level of identity development in terms of self-concept. This suggests that the less time spent on grooming and physical exercise in efforts to improve appearance is not linked to more advanced identity development for this group of 15 women.

Ho4: There will be no statistically significant correlation between Identity scores on The TSCS and Physical Self scores on the TSCS.

Data analysis rejects the fourth null hypothesis for this investigation. There is a positive correlation between scores for Identity and scores for Physical Self on the TSCS, for college women on the campus of UW—Stout. The correlation coefficient was found to be $.861$, which is significant at the $p < .001$ level (see Table 2). This suggests for this group of 15 females there is a relationship between identity development in terms of self-concept and how satisfied they are with their physical appearance.

Table 2

Correlation between Identity scores (TSCS) and two sub-scales on the MBSRQ-AS and the TSCS.

Variables	N	Identity (TSCS)	
		r	p
Appearance Orientation (MBSRQ-AS)	15	-.186	.507*
Physical Self (TSCS)	15	.861	.000**

* n. s.

** significant at $p < .001$

Summary

Data analysis revealed a high correlation between elevated scores on the Multidimensional Body-Self Relations Questionnaire—Appearance Scales, and scores on the Tennessee Self Concept Scale. One particular scale of the MBSRQ—AS, the Body Areas Satisfaction Scale, was found to have a strong correlation with both Identity Satisfaction scores and Social Self scores on the Tennessee Self Concept Scale. For this group of 15 women, all sub-scale scores were high, indicating the majority of the participants were satisfied with most areas of their bodies and they possessed a high level of satisfaction with their identity. Both correlations were found to be highly significant at the $p < .007$ and $.001$ levels, respectively. There was also a high level of correlation between the Identity sub-scale and the Physical Self sub-scale, both on the TSCS. Again, all scores were high, indicating the majority of the 15-person sample shows a general

satisfaction with their identity and their physical appearance. Although there were several significant relationships between sub-scale scores on both instruments, there was no statistically significant relationship between the effort women put into their appearance (Appearance Orientation) and identity scores. Implications of these findings are discussed in the following chapter, in addition to recommendations for further research on body image dissatisfaction and identity development.

Chapter V

Summary, Conclusions, and Recommendations

This chapter provides a brief summary of the entire study. It also includes any conclusions that can be drawn from the research and recommendations for future research in the area of body image and identity development in women.

Summary

Despite the many positive changes in role expectations for females in the past three decades, it seems that there remains an expectation for women to conform to an ideal body type. This type is present in magazines, television, movies, and billboards. How women may respond to these culturally subliminal demands could be contingent upon their own emotional development.

It has been stated that women's self-concepts are correlated with their own perceptions of attractiveness. Cash, Ancis, and Strachan (1997) have stated that cultural norms encourage females to be so attentive and psychologically invested in their physical appearance that it can undermine their well-being and, in turn, their self-concepts. Fabian and Thompson (1989) go on to say that females who have less satisfaction with their shape and weight tend to have lower self-esteem. Another factor contributing to low self-esteem is that of Diffused or Foreclosed identity statuses, according to the research by J. E. Marcia (1966). Both identity statuses involve low resistance to conformity, and commitment to a set of personal values and goals is absent. Since any goals that may be present are taken from outside influences (i.e. teachers, parents, friends), the locus of control is external, and does not lead to a sense of empowerment. The two higher statuses are that of Moratorium and Achieved identity. Due to finding their own set of values and goals through a period of self-exploration, women in these advanced statuses

find themselves having advanced moral reasoning, an internal locus of control, and thus more of a resistance toward pressure to conform to social ideals. These are all factors that contribute to better adjustment, (Marcia, et. al, 1993).

Research on the links between body image satisfaction, self-esteem and identity development have been extremely limited. There have been studies on the relationship between body image satisfaction and self-esteem, and on the relationship between self-esteem and identity development, but an investigation has yet to be done on the relationship between body image satisfaction and identity development. Therefore the purpose of this study was to determine if a relationship exists between the variables of body image satisfaction and identity development in adult females. The intent of the study was to determine if a new avenue of treatment may be possible to treat body image dissatisfaction, that being fostering identity development to increase self-esteem and therefore indirectly target body image satisfaction. Thompson (1990) documented that the amount of research and development for the treatment of body image dissatisfaction has also been very limited. He went on to say that fewer than ten studies have attempted to find an effective way of treating body image dissatisfaction.

Adult females attending a university in the state of Wisconsin participated by completing two self-report inventories: the Multidimensional Body Self-Relations Questionnaire—Appearance Scale (MBSRQ—AS) and the Tennessee Self Concept Scale (TSCS). Data analysis utilized the Pearson's *r* correlation coefficient to determine what relationships exist between body image satisfaction and self-concept (including the sub-scale of identity).

The results of the data analysis indicate there are strong positive correlations between scores on the MBSRQ-AS and scores on the TSCS. One of the relationships found was between Body Areas Satisfaction Scores (MBSRQ-AS) and Identity scores (TSCS). Specifically it was found that there is a relationship between how the group of 15 women felt about various areas of their bodies and their level of satisfaction with their identity in terms of self-concept. High scores were evident for both variables suggesting that the more satisfied with areas of their bodies, the more they feel they have developed their sense of who they are.

Results also indicated a relationship between the variables of BASS (MBSRQ--AS) and Social Self (TSCS). Specifically it was found that high scores were also present for both variables. This seems to suggest that women who are satisfied with their bodies tend to believe they will be better accepted in a social setting.

It was also found that a highly significant relationship exists between Identity scores (TSCS) and Physical Self scores (TSCS). High scores were also present for the two variables. This seems to say that for this group of women the more favorable they are of their physical appearance, the better they see their identity to be developed. This suggests that women connect what they look like with who they are.

However, data analyses revealed no statistically significant negative correlation (as it was initially hypothesized) between Appearance Orientation scores on the MBSRQ—AS and Identity scores on the TSCS. It was initially hypothesized that the higher the scores for Appearance Orientation, the scores would then be low for how developed they would see their identity to be. However, it was not found that the more

time spent on grooming and physical improvement (as high scores would indicate) did not elicit a lower level of identity scores.

Conclusions

The reviewed literature suggests that women who have a more developed identity have higher self-esteem, an internal locus of control, and a higher resistance to pressure to conform to social ideals. The literature review also suggests that women who have higher self-esteem have higher levels of body image satisfaction. These two suggestions show an indirect relationship between body image satisfaction and identity development which can be linked by self-esteem. This is to say that a woman who has reached a higher status of identity development will possess a higher level of self-esteem, an advanced level of moral reasoning, and a greater resistance to pressure to conform. Should these factors be present within an individual, they may spend more time developing their inner selves to become a more effective person, rather than perfecting their outer appearances which may only foster a false sense of security.

This study expands upon the literature review about the proposed link between body image satisfaction and identity development with the linking factor of self-esteem. Women in the preliminary stages of identity development may show low levels of self-esteem, an external locus of control, and may choose to conform to the ideals of society, namely that of appearance. They may spend more time and effort trying to improve their physical appearance in attempt to gain a sense of power and self in today's world, only to sacrifice what could actually get them that power—their own sense of values and goals. If these women do not believe they are physically attractive, they may display signs of

depression, and anxiety, and even obsessive-compulsive disorder. It is possible these individuals may seek professional counseling.

For this study, the data seem to show that women who display high scores on the Body Areas Satisfaction Scale also tend to show high scores on the Identity Scale. It is not surprising to see that the scores tended to be high in this sample of women. This correlation seems to suggest that having a good sense of one's own identity in terms of self-concept can lead to satisfaction with most areas of one's body. Conversely having a poor sense of identity may be a precursor to dissatisfaction with one's body. This particular sample may be characteristic of having well-adjusted role models, and a nurtured sense of independence. Had the scores been low, data might suggest the sample population would be dissatisfied with their own self development and their bodies, in general. This correlation is supplemented by the comparison of scores on the Physical Self sub-scale and the Identity scores on the TSCS. This seems to indicate that the women in the sample connect their physical appearance with how developed they perceive their identity to be.

It would also make sense that the more physically attractive a woman believes herself to be, the more socially acceptable she should see herself to be. A high level of correlation was found between the Physical Self and Social Self sub-scales on the TSCS. It is not surprising to see that the more satisfied a woman is with her body, the more accepted she should be in society because she is closer to the cultural body-type ideal. Should a woman view herself to be unattractive and therefore less socially fit, it is possible she may develop anxiety about being in social situations. She may become less

assertive, even uncomfortable in group situations. Extreme cases could develop into agoraphobia or Body Dysmorphic Disorder.

No statistically significant relationship was found between scores for Identity and how much time and energy spent on improving one's appearance. This finding was surprising due to the previously mentioned relationships between physical self and identity. The purpose for determining the level of correlation between identity and time spent on appearance was to test the original hypothesis that instead of developing their values and interests, women who are discontent with their physical appearances spend their time grooming, exercising, and keeping up with current styles. This relationship may have turned out insignificantly because perhaps women who are discontent with their appearances may in fact spend time developing their interests, values, and goals.

Recommendations

This study provides some useful information about the relationship between identity development and body image satisfaction. There have been many studies on identity and many studies on body image. However, there have been nearly none conducted to determine the level of relationship between the two. This suggests a need for further research to examine the relationship between identity and body image satisfaction.

Because the study yielded a relationship between certain sub-scales on the two instruments utilized, it could reveal new strategies for the treatment and prevention of

body image dissatisfaction and even for treating it as a component of eating disorders. Specifically, cognitive techniques could be used to address errors in thinking such as “mind reading”, “overgeneralization”, and “should” statements to help clients shift their focus to more accurate perceptions and to think more critically. Also, group work may also be effective in treatment of body image dissatisfaction. Groups could focus on personal growth to foster identity development and to lend support to shift focus from outside to inside improvement. Taking the concept of nurturing personal growth to shift this focus can also be intertwined with the use of Reality therapy. Reality therapy has been useful in treating eating disorders. It may work well due to its specific goals and procedures since individuals suffering from eating disorders and body image dissatisfaction tend to be very goal-oriented. Reality therapy also works on the basis of making choices to bring about change. Use of inner character work can also be applied to this tentative concept of fostering development of the self to change the client’s focus from outside to inside. Character work can also help the individual to compartmentalize the part or parts of themselves they wish to change.

Replication of this study is highly recommended. Future research would benefit from obtaining a larger, more diverse sample population. It may also benefit the study to obtain participants from those already in treatment for body image disturbance or body image dissatisfaction, and perhaps even to include those in treatment for eating disorders.

Another suggestion would be to conduct a similar study but to also include aspects of treatment to determine if they would be effective. This would involve more time for completion of the research but the study may give more comprehensive results.

The result of no statistically significant relationship being found between time spent on one's outer appearance and identity development indicates that further research is needed to clarify why similar variables in the same study yielded significant correlations. In contrast to the population of college women who appeared to be relatively well-adjusted individuals, the same study may benefit from being replicated on a population of women suffering from eating disorders. This would lend an opportunity to actually carry out a therapy group to determine if this avenue could be effective with this population.

The importance of research in the area of body image seems to be largely significant considering the influence of the media on young people today. Since body image concerns are a big part of many cases of eating disorders, finding new treatment implications could prove to be of paramount importance since eating disorders are near the most deadly of all mental health issues.

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