

The Connections between Body Image Disturbance
and Self-Esteem in College
Men and Women
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Author Note

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Abstract

This study seeks to increase the background knowledge on body image disturbances and the role self-esteem plays in the development of such issues; it secondarily seeks to understand how certain demographics may contribute to body image disturbances. The hypothesis states that as body-esteem decreases, so will self-esteem. One hundred four students from a midwestern university participated in the study. A 37-item questionnaire was compiled using four demographic questions, as well as questions from the Body-Esteem Scale (Franzoi & Shields, 1984) and the Rosenberg Self-Esteem Scale (1965). There were five independent variables (age, gender, weight, sexual orientation, and overall self-esteem) and one dependent variable (overall body-esteem). The findings suggest that there is a strong, positive correlation between body and self-esteem. In addition, men and women differed significantly in their overall body-esteem, but there were no significant findings to suggest any differences between age, weight, and sexual orientation.

Keywords: body image disturbance, self-esteem, sexual orientation

Connections between Body Image Disturbance and Self-Esteem in College

Men and Women

For many years, there has been attention on the effect of body image disturbances on women, in particular, women who have higher rates of low body-esteem (Van Den Brink, Smeets, Hessen, Talens, & Woertman, 2013). More recently, research has suggested that men and women tend to display effects of body-image disturbances, and that these issues begin developing at a very young age, most likely as a result of socialization (Sira & White, 2010). While many of these issues begin developing at quite a young age, the aggregate effects are not usually displayed until mid to late adolescence or young adulthood. Much of the research available today is centered on these two crucial periods of life and indicates strong correlations with overall self-esteem (Verplanken & Tangelder, 2011; Gillen, 2013; Gillen & Lefkowitz, 2011; Martin & Govender, 2011).

Body image is often described as the way a person views their body characteristics, whether as an aggregate of all structures or individual estimation of various parts of the body (Burlaw & Shurts, 2013). Self-esteem is often described as the negativity or positivity of individual thoughts regarding over-all worth as a person (Verplanken & Tangelder, 2011). Findings suggest that in both men and women, body image disturbance is equally prevalent; though the ways in which that disturbance is presented for each gender may be different (Sira & White, 2010). The prevalence of issues regarding body image disturbance are increasing at an alarming rate, and it is the aim of this study to attempt to flush out some of the contributing factors. Understanding the basic concepts of development of body image disturbance, eating disorders, and Body Dysmorphic Disorder is one of the best ways to understand the effectiveness of various

counseling techniques. Effective counseling techniques are an important defense and prevention against recurring body image disturbance issues.

Body Image Disturbance: Gender Differences

Body image disturbance has a prevalence that is relatively equal in men and women, but emerging research notes that the social constructs portraying the “appropriate” body for each gender may have the largest impact on body-esteem (Gillen, 2013). The westernized world, in particular, sends the message that women should be young, thin, beautiful, and wrinkle-free; these messages are seen daily in television commercials, billboard ads, and magazine advertisements (i.e. Victoria’s Secret’s commercials featuring unrealistically thin women, Budweiser billboards that feature women’s “flawless” bodies as a beer bottle, and Neutrogena ads in women’s magazines featuring thin, blemish-free, perfectly proportioned models). These media-represented forms of women often create issues because the standard set forth is essentially unattainable; the perfect “body” simply does not exist, except in a photo shopped world (Posavac & Posavac, 2002). It is likely that women who internalize these “thin” media ideals are more likely to have higher rates of eating disorders and Body Dysmorphic Disorder and lower rates of overall self-esteem, when compared with women who do not internalize these ideals (Posavac & Posavac, 2002).

On the opposite side of the spectrum, the modern “ideal” form for men is often described in the media as muscular, toned, powerful, and handsome; the belief that a man is little else if not these things is also becoming prevalent. Like women, the media is beginning to play a much more influential role in men’s development of low body-esteem and has largely influenced the increase that is present today in disordered eating in men (Burlew & Shurts, 2013). In recent years, men have seen an increase in the importance of body image played out in the media

through ads, billboards, and television commercials (i.e. Gucci perfume ads that feature thin perfectly toned men, Marlboro “cowboy” billboards that suggest men are muscular and rustic, and Old Spice commercials featuring half-naked, well-toned, tanned men). As this exposure has increased, there has been significant drops in overall self-esteem for men, correlating with higher rates of body dissatisfaction (Martin & Govender, 2011). Men, unlike women, do not see themselves as overweight in comparison to others, but as under toned/not as muscular or too thin when compared with other men (Gillen & Lefkowitz, 2011).

Body Image Disturbance: Sexual Orientation Differences

Another important, but understudied, factor in the development of low self-esteem and higher rates of body image disturbance tend to be sexual orientation; though little research has been done specifically looking at gay men, lesbians, bisexual individuals, transsexual individuals, and asexual individuals. In westernized culture, for example, one of the few studies done was aimed at looking at the differences between gay and straight men when considering the prevalence of eating disorders, body image disturbance, and low self-esteem. The comparisons found that gay men and transsexual individuals tend to have higher rates of low self-esteem and body dissatisfactions when compared to straight men; in addition, the prevalence of gay men in therapy for eating disorders were 25 to 30 percent higher than straight men (Williamson & Hartley, 1998).

Conversely, when looking at lesbians, the research suggests that they are more open to many body types and experience lower rates of body satisfaction (Beren, Hayden, Wilfley, & Grilo, 1996). It has also been found that lesbians tend to not internalize the “perfect” ideals and because of this fact may have severely lowered instances of body image disturbance, higher rates of self-esteem, and lower instances of disordered eating in comparison to straight women and gay men

(Beren et al., 1996). Other research suggests that straight women and gay men are more prone to body image issues and lowered self-esteem because of the unrealistic societal messages of what men expect in partners (which is highly unlikely to reflect what men actually seek); lesbians tend not have these pressures to please men, and this fact could be why they display lowered rates of body image issues (Siever, 1994).

Findings tend to suggest that while there are rates of low self-esteem and body image disturbance among straight men and women, there may be higher rates of both of these issues in sexual orientation minorities (Kertzner, Meyer, Frost, & Stirratt, 2009). It has largely been noted that gay men, lesbians, transsexual individuals, and bisexual individuals tend to have higher rates of psychological issues, possibly stemming from low self-esteem, gender-identity confusion from societal messages, and the societal stigma of being a sexual minority (Kertzner et al., 2009). In general, culture, society, and community play a large role in the development of self-esteem, body image, and identity; if any one of these psychological ideals is skewed by society, psychological problems will likely develop. For those identifying with a sexual minority, it is likely they have experienced severe ridicule, lack of concrete gender relations, and lowered self-esteem, all of which can lead to body image disturbance and an increase in disordered eating (Kertzner, et al., 2009).

Development of Body Image Disturbance

Body image disturbance and self-esteem are often closely intertwined, and in some research it has become difficult to tell the difference between the two; yet, there is actually a large difference (Gillen & Lefkowitz, 2011; Gillen, 2013; Posavac & Posavac, 2002). Body image disturbance is often correlated negatively with self-esteem, suggesting that as body image disturbance increases, self-esteem decreases. Body image disturbance is often an after-effect of

lowered self-esteem; a person consistently thinks negatively about themselves, and begins to see these issues as a physical manifestation (Thompson & Thompson, 1986). Much research has been done to understand how body image disturbance may develop overall, and the findings suggest that those who severely internalize media ideals and have been subjected to consistent negative criticism are a higher risk for lowered self-esteem and increased body image disturbance (Posavac & Posavac, 2002; Gillen & Lefkowitz, 2011; Martin & Govender, 2011). In general, people who have a positive body image tend to display higher rates of self and body esteem, are generally optimistic, have good coping skills, and are less likely to be swayed by media ideals (Van Den Brink et al., 2013). Conversely, those with neutral or negative body image tend to display lowered rates of self and body esteem, higher rates of disordered eating, lower rates of sexual health, and higher rates of media internalization (Van Den Brink et al., 2013).

Understanding the various aspects of body image disturbance, self-esteem, and body-esteem are important when it comes to making effective counseling plans for a person at high risk for disordered eating or Body Dysmorphic Disorder. Basic counseling plans must be adaptable to any type of client, and therefore, understanding how sexual orientation and gender affect body image disturbance can be an important factor in determining effective techniques. Interventions based on demographic characteristics can be challenging if the counselor is unsure of the research regarding various affectations of body image disturbance (Burlew & Shurts, 2013). In particular, much research has been done regarding the effectiveness of cognitive and cognitive-behavioral therapies (mostly with women) on body image disturbance (Dworkin & Kerr, 1987). Yet, few studies have centered on the effectiveness of other types of therapies based on sex and sexual orientation; understanding the basic qualities of those with body image disturbance may

guide future therapy research. In addition, this study aims at also adding to the body of knowledge regarding sexual orientation because there is so little available that maximum effective treatment plans are unlikely to be made with such little data.

Hypotheses and Operationalized Variables

The current research hypothesis states that as body-esteem in college men and women decreases, self-esteem will also decrease. Secondarily, the research will address the prevalence of body image disturbance among different ages, gender, weights, and sexual orientations. The independent variables in this study will be measured by self-reported questions (i.e. age, gender, weight, sexual orientation) and overall self-esteem will be measured using the Rosenberg Self-Esteem Scale (1965). The dependent variable of overall body esteem will be measured using the Body-Esteem Scale (Franzoi & Shields, 1984).

Method

Participants

Data for this study were collected on a midwestern university campus from young adults in a variety of classrooms. A total of 104 undergraduate students were sampled, 43 men (42.2%) and 59 women (57.8%); two participants did not reveal their sex, only 102 participants were analyzed regarding sex and age. The mean age of participants (N= 102) was 20.91 (SD= 4.567), with a range of 18-50 years old. Participants were asked to disclose their weight, which was then categorized as underweight, normal weight, or over weight (N=97); seven participants were classified as underweight (7.2%), 48 participants were classified as normal weight (49.5%), 42 participants were classified as overweight (43.3%), and seven participants did not answer the question regarding weight (their data was thrown out for this analysis). The participants were also asked to disclose their sexual orientation (N=103); 99 self-reported as straight (96.1%), two

self-reported as bisexual individuals (1.9%), one self-reported as a gay man (1.0%), one self-reported as a lesbian (1.0%), and one person did not answer the question regarding sexual orientation, and that data was thrown out for this analysis. No compensation was given, and participation was optional. Data were collected in accordance with the ethical standards of the American Psychological Association (American Psychological Association, 2010).

Materials

The study was conducted using a survey packet with a total of 37 questions (four demographic questions and 33, five point Likert scale questions that were developed from two separate surveys). The first section of the survey asked four demographic questions (i.e. sex, age, weight, and sexual orientation). The second section of the survey consisted of 23, five point Likert scale questions using a modified form of the Body-Esteem Scale (Franzoi & Shield, 1984) to gain an overall picture of body-esteem. Participants chose from a range of one (have strong negative feelings) to five (have strong positive feelings) to describe how they felt about various parts of their body (i.e. nose, waist, hips). The final section of the survey consisted of ten, five point Likert scale questions using the Rosenberg Self-Esteem Scale (1965) to gain an overall picture of self-esteem. Participants chose from a range of one (strongly agree) to five (strongly disagree) to explain how they felt about their over-all self-worth (i.e. On the whole, I am satisfied with myself.).

Procedure

For the current study, participants in various classroom settings were asked to voluntarily complete a four page, double sided survey packet. The participants were briefly informed that the researcher was doing a study that was completely anonymous and would take approximately ten minutes. Informed consent was handed out and completed, then returned; the participants were

then given the survey and asked to fill it out as honestly as possible. Participants were instructed to avoid answering any questions that made them feel uncomfortable (i.e. weight and sexual orientation). Once all of the surveys were returned, the participants were debriefed, given the chance to ask any questions, and then thanked for their time. After all of the surveys were completed, the researcher entered all of the data into SPSS and analyzed it. The Rosenberg Self-Esteem scale had four questions that were recoded (questions two, six, eight, and nine). Weight was grouped together based on underweight, normal weight, and overweight for men and women, which was determined by the standard average height for men (5'8") and women (5'3") in the United States (Centers for Disease Control and Prevention, 2012). For men, categories were determined by acceptable weight ranges per average height; underweight was defined as less than 139 lbs, normal weight was defined as 140-172 lbs, and overweight was defined as more than 173 lbs (Health Check Systems, 2012). For women, categories were determined by acceptable weight ranges per average height; underweight was defined as less than 110 lbs, normal weight was defined as 111-147 lbs, and overweight was defined as more than 148 lbs (Health Check Systems, 2012). Age was not grouped together because there was a narrow range, with five outliers. A Pearson's Bivariate Correlation was performed to analyze the strength and direction of correlation between self-esteem and body-esteem. Also, four One-Way ANOVA's were performed to ascertain if there were significant connections between body-esteem and sex, age, weight, and sexual orientation.

Results

In order to test the hypothesis that as body-esteem decreases, so does self-esteem, a Pearson bivariate correlation was performed between total body-esteem and total self-esteem. This analysis indicated a positive correlation between body-esteem (Mean= 79.36, SD= 14.74) and

self-esteem (Mean= 40.18, SD= 7.51), r (df=98)= .615, $p < .001$. This finding was significant, suggesting a strong relationship between self- and body-esteem.

In order to test the secondary hypothesis that there was a difference in body-esteem between sexes, a one-way ANOVA was performed. Results indicated that there was a significant difference in body-esteem for men/women (Men, $M = 82.95$, $SD = 15.17$; Women, $M = 76.98$, $SD = 14.14$), $F(1, 95) = 3.986$, $p = .049$. This finding was significant, suggesting a difference in body-esteem based on sex.

In order to test the secondary hypothesis that there was a difference in body-esteem based on age, a one-way ANOVA was performed. Results indicated that there was no significant difference in body-esteem based on age (18 YOA, $M = 84.47$, $SD = 14.68$; 19 YOA, $M = 74.00$, $SD = 13.30$; 20 YOA, $M = 82.30$, $SD = 18.98$; 21 YOA, $M = 83.29$, $SD = 13.39$; 22 YOA, $M = 77.44$, $SD = 9.05$; 23 YOA, $M = 75.25$, $SD = 10.53$; 24 YOA, $M = 78.50$, $SD = 10.60$; 25 YOA, $M = 74.00$, $SD = N/A$; 30 YOA, $M = 72.00$, $SD = N/A$; 32 YOA, $M = 78.00$, $SD = N/A$; 40 YOA, $M = 67.00$, $SD = N/A$; 41 YOA, $M = 83.00$, $SD = N/A$; 50 YOA, $M = 57.00$, $SD = N/A$), $F(12, 86) = .912$, $p = .539$. This finding was not significant, suggesting no difference in body-esteem based on age.

In order to test the secondary hypothesis that there was a difference in body-esteem based on weight, a one-way ANOVA was performed. Results indicated that there was no significant difference in body-esteem based on weight ($M = 2.36$, $SD = .616$), $F(2, 89) = .267$, $p = .766$. This finding was not significant, suggesting no difference in body-esteem based on weight.

In order to test the secondary hypothesis that there was a difference in body-esteem between sexual orientation, a one-way ANOVA was performed. Results indicated that there was not a significant difference in body-esteem between sexual orientations (Straight, $M = 79.16$, $SD =$

14.74; Bisexual Individuals, $M = 76.00$, $SD = 11.31$; Gay Man, $M=106.00$, $SD= N/A$; Lesbian, $M= 79.00$, $SD= N/A$), $F(3, 95) = 1.135$, $p = .339$. This finding was not significant, suggesting no difference in body-esteem based on sexual orientation.

Discussion

The results of the current study did indeed support the initial hypothesis that as overall body-esteem decreases, there will also be a decrease in overall self-esteem. Though there may be many factors that can influence body-esteem issues, the overall direction of the correlation may suggest that overall self-esteem is a contributing factor to body image disturbance issues. The weight of its contribution to body-image disturbances, disordered eating, and Body Dysmorphic Disorder cannot be deciphered definitively, as correlation does not equal causation. More than likely, the development of low body-esteem issues (which may lead to severe body-image disturbances) is multi-faceted.

When discussing the results that were found in the ANOVA that supported the hypothesis that there would be a difference between body-esteem and gender, it is important to note that women tended to have a higher rates of negative body-esteem than did males. While this finding is not wholly unexpected, the aggregate difference in the means between genders is surprising because there is an increasing prevalence of low body-esteem in men. This result may suggest that though the prevalence of low body-esteem in men is increasing, it is not yet as high as in women. This fact may be related to women's continued subjection to more wide spread, oppressive media ideals than men; women also tend to internalize messages more strongly than men. Yet, it is again important to note that the development of low body-esteem cannot solely be determined on the demographic of sex, even if there are differences in the pressures placed on men versus women.

When body-esteem was compared to weight, age, and sexual orientation the original hypothesis that there would be a significant difference was not supported. It was expected that as age increased, body-esteem would rise; presumably, that with age would come greater appreciation for the self and body. Likewise, it was expected that there would be a significant finding regarding weight, whether underweight, normal weight, or overweight; presumably, that with underweight and overweight there would be greater rates of body dissatisfaction. Finally, it was expected that identification with a sexual orientation minority would increase the prevalence of body dissatisfaction; presumably, that past stressors would increase the likelihood of body-esteem issues and body image disturbances.

The current study had a few limitations that must be considered when looking at the overall findings. First, many research studies take place on a college campus and may limit the findings' generalizability to the public. It would be interesting to see how findings would differ in the general population versus the rather limited scope of American college campuses. Second, there may be significant findings regarding weight, when height is considered; body mass index is quickly becoming the determining factor in a person's status as underweight, normal weight, or overweight. It would be interesting to see how findings may differ when considering body mass index or, perhaps even more telling, when considering overall physical fitness instead of weight and height. Finally, in regards to sexual orientation minorities, the sample size (N=4) was not large enough to draw any concrete conclusions about significance or insignificance. It would be interesting to gather data strictly from this population and compare it to the population of those identifying as straight.

The implications for this study may be important in the future research regarding sexual orientation minorities, the changing prevalence in weight concerns, and greater attention to

men's needs regarding body image disturbance. Updated studies, such as the current study, are important because they may provide certain insights that can be beneficial to new, more effective counseling techniques based on certain demographic characteristics. Likewise, studies similar to this one should narrow down the focus of research; perhaps looking strictly at sexual orientation or at the differences in gender, particularly singling out men. Men tend to be underrepresented in counseling, but may be just as likely as women to suffer from body image issues; in addition, sexual orientation minorities may benefit from new, varied forms of therapy techniques as well. Therapy can be an important factor in overcoming body image and self-esteem issues, and therefore more research can possibly improve the effectiveness of therapy and contribute to decreased body image disturbance, disordered eating, and Body Dysmorphic Disorder.

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Appendix

Survey used in the current study in order to gain an overall picture of self-esteem and body-esteem.

Attitudes Survey

Please answer the questions in the way that best describes you:

Sex: Male Female

Age: _____

Weight: _____

Sexual Orientation: Straight Bisexual Gay Lesbian Asexual Transsexual

Part 1

Instructions: Below is a list of body parts; please read each item and circle the number that corresponds to how you feel about this part of your own body. Use the following scale:

1. Nose

1	2	3	4	5
Strong negative feelings	Have moderate negative feelings	Have no feeling one way or the other	Have moderate positive feelings	Have strong positive feelings

2. Lips

1	2	3	4	5
Strong Negative Feelings			Strong Positive Feelings	

3. Waist

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

4. Thighs

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

5. Ears

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

6. Biceps

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

7. Chin

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

8. Body Build

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

9. Buttocks

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

10. Width of shoulders

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

11. Arms

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

12. Chest or breasts

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

13. Eyes

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

14. Cheeks/cheekbones

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

15. Hips

1	2	3	4	5
Strong Negative Feelings			Strong Positive Feelings	

16. Legs

1	2	3	4	5
Strong Negative Feelings			Strong Positive Feelings	

17. Figure or physique

1	2	3	4	5
Strong Negative Feelings			Strong Positive Feelings	

18. Feet

1	2	3	4	5
Strong Negative Feelings			Strong Positive Feelings	

19. Sex organs

1	2	3	4	5
Strong Negative Feelings			Strong Positive Feelings	

20. Stomach

1	2	3	4	5
Strong Negative Feelings			Strong Positive Feelings	

21. Body hair

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

22. Face

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

23. Weight

1 2 3 4 5

Strong Negative Feelings

Strong Positive Feelings

Part 2

Instructions: Below is a list of statements dealing with general feelings about yourself; please read the statements and circle the number that corresponds your own feelings about yourself. Use the following scale:

1. On the whole, I am satisfied with myself.

1 2 3 4 5

Strongly disagree

Disagree

Neither agree nor

Agree

Strongly agree

disagree

2. At times, I think I am no good at all.

1 2 3 4 5

Strongly disagree

Strongly agree

3. I feel that I have a number of good qualities.

1 2 3 4 5

Strongly disagree

Strongly agree

4. I am able to do things as well as most other people.

1 2 3 4 5

Strongly disagree

Strongly agree

5. I feel I do have much to be proud of.

1 2 3 4 5

Strongly disagree

Strongly agree

6. I certainly feel useless at times.

1 2 3 4 5

Strongly disagree

Strongly agree

7. I feel that I am a person of worth, at least on an equal plane with others.

1 2 3 4 5

Strongly disagree

Strongly agree

8. I wish I could have more respect for myself.

1 2 3 4 5

Strongly disagree

Strongly agree

9. All in all, I am inclined to feel that I am a failure.

1 2 3 4 5

Strongly disagree

Strongly agree

10. I have a positive attitude toward myself.

1 2 3 4 5

Strongly disagree

Strongly agree