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Skin Deep: Body Image and Interpersonal Relationship Quality in College Women

Tawanna D. Howard

Abstract: The relationship between body image and interpersonal relationships (of all sorts) in college women is not well understood, as the limited number of available studies focus primarily on marital relationships and fail to address cross-cultural differences. Thus, this study sought to determine how body satisfaction levels might differ between ethnicities in college women. Participants completed the *Howard Body Image Relationship Quality Inventory (H-BIRQI)* which examined body satisfaction, depression, and demographic variables. Participants were 40 women aged 18-29 ($M = 20.30$, $SD = 2.20$). Three null hypothesis and three research questions were tested using a One-Way ANOVA and Pearson's product moment correlation coefficient. Results yielded several statistically significant correlations, some of which include the evidence that as body image satisfaction goes down there is a tendency for quality of interpersonal relationship to increase. Additionally, as body satisfaction increases, depression decreases. Future research should include factors that affect relationship quality as well as a larger sample size.

How an individual evaluates one's self has a great deal to do with the quality of one's interpersonal relationship. Within interpersonal relationships, communication and attractiveness play an important role in self-perceived body image (Miller, 2002). Women with poor body image may be less likely to engage in relationship-promoting behaviors and thus may experience decreased satisfaction with their relationships (Metzler & McNulty, 2010). Research suggests that body image is an important aspect of both psychotic and nonpsychotic depression (Noles, Cash, & Winstead, 1985). Past research has studied perceived body image and interpersonal communication. However, little research has been done taking into account the complexity of interpersonal relationships, which may range from friendship to intimacy. It is also important for researchers to examine implicit and explicit attitudes toward thin ideal and implicit components of weight schemas (Ahern & Hetherington, 2006).

The following literature review examines perceived body image and interpersonal relationships in young adults. This review describes studies that include dynamics such as culture, media influence, interpersonal relationships, and eating behaviors. The emphasis is placed on the nature of healthy relationships. Empirical studies used in this literature review were located using ERIC, Education Research Complete, PsycARTICLES, PsycREVIEW, and PsycINFO databases. Data clearly indicates the relevance of close examination of relationship satisfaction and body image. This review will also suggest directions for the current study.

Body Image

Given that body image is an important component of global self-esteem, women's body image may shape relationship satisfaction (Willis, Palermo & Burke, 2011). Many factors related to body image in young adults were gathered from across the literature because no one study used or described them all. These factors on body image include (a) friendship cliques (Paxton, Schultz, Werhern, & Muir, 1999); (b) peer influence on body image concerns (Paxton, et. al., 1999; Sechrist & Stangor, 2005); (c) body image and marital satisfaction (sexual frequency), (Meltzer & McNulty, 2010); (d) physical attractiveness (Noles, et al., 1985; Swami, Airs, Chouhan, Leon, & Towel, 2009); (e) romantic relationships (Boyes, Fletcher, & Latner, 2007; Lease, Cohen, & Dahlbeck, 2007); (f) media influence (i.e., social consensus), (Sechrist & Stangor, 2005; Sobal, 2005); and (g) cultural factors associated with body satisfaction (Roberts, et.al., 2006; Lau, Lum, Chronister, & Forrest, 2006).

Positive Body Image. According to Meltzer and McNulty (2010), women with more positive body image may be more confident that their partners will continue to accept them and thus be more likely to take emotional risks that are necessary to maintain the relationship. The results of positive body image include, but are not limited to, romantic relationships. Both healthy friendships and family relations can benefit from an individual seeing themselves in a positive light. Depending on how individuals feel about their appearance, involvement and interaction may vary (Miller, 2002). Based on Miller's study, persons with higher self-esteem may have healthier involvement in interpersonal communication.

Negative Body Image. Individual factors associated theoretically and empirically with poor body image and dieting behaviors include high body mass index (BMI), low self-esteem, and perceived family conflict (Paxton et al., 1999). Ahern and Hetherington (2006) used the Implicit Association Test (IAT) to reveal strong cognitive bias toward fat as negative. To add, one study reported that 84% of obesity surgery patients did not like to be seen in public. These findings would increase societal pressure to be thin.

Media Influence

Studies by Paxton et al. (1999) on media influence have suggested that greater exposure to media depicting thinness is related to more eating disorder symptomatology. Women in Western societies face numerous pressures to be thin in television, movies, theatre, and modeling. These and other pressures have led women to demonstrate a "normative discontent" regarding their bodies (Meltzer & McNulty, 2010). The average American watches 30 hours of television per week. In the American media, the female icon is tall, blonde, fair skinned, with a delicate bone structure and European facial features. Images in the media serve as powerful tools for relaying messages of what is normal and desirable to the general public (Lau et al., 2006).

Interpersonal Relationships

Friendships and peer interaction. In one study, body image concerns and use of extreme weight-loss behaviors showed equivalent within-group similarity (Paxton et al., 1999).

It was also noted that friendship groups could be characterized by level of body image concern, dieting, and binge eating. Social impacts have made an impression on self-perception, which may allow us to understand group norms and the choice of friends with similar attributes (Paxton et al., 1999).

Romantic relationships. Romantic relationships are multifaceted, and involve a variety of perceptions of self and partner, as well as comparison with others (Swami et al., 2009). This is supported by a number of articles indicating that the opinions of others are just as important as individuals' own thoughts and feelings. Meltzer and McNulty (2010) found women who reported more positive feelings toward their bodies also reported being more confident that their partners find them sexually attractive and thus sexually desirable. Women who report more negative feelings toward their bodies also report more anxiety about romantic intimacy and doubts that their partners desire them sexually. Oddly enough, individuals appear to perceive their romantic partners as being significantly more attractive than themselves (Swami et al., 2009).

Cross-cultural Factors

Theories relating to the nature and etiology of body image concerns and disturbed eating typicality implicate both individual and sociocultural environment factors (Paxton et al., 1999) Asian American women have multiple cultural influences regarding their body satisfaction. For example, Asian American women fall into the "model minority" stereotype that evokes the assumption that Asian Americans have overall positive self-concepts (Lau et al., 2006). The results of acculturation are not limited to Asian Americans. A considerable body of research suggests that Black women are more satisfied with their bodies than are White women. Compared with White women, Black women report greater satisfaction with the size, appearance and function of their body (Roberts et al., 2006).

Psychological Implications

Depression. There is no more powerful social psychological principle than the fact that our attitudes, beliefs, and behaviors are profoundly influenced by our perceptions of the attitudes, beliefs, and behaviors of those we care about (Sechrist & Stangor, 2005). Noles et al., (1985), determined that depression is common among individuals who experience body dissatisfaction. According to Cash, Marrow, Hrabosky, and Perry (2004), a negative body image can result in adverse psychosocial consequences for both sexes, including disordered eating, depression, social anxiety, impaired sexual function, poor self-esteem, and diminished quality of life. In one study, a multivariate and univariate analyses of variance indicated that depressed subjects were less satisfied with their bodies and saw themselves as less attractive than was reported by nondepressed subjects, Boyes et al. (2007) also found that the growing evidence that issues associated with dieting and body image, often conceptualized in the clinical literature are problems at the intrapsychological level. In recent research by Lau et al. (2006), it was emphasized that physical dysfunction and psychological disturbances, such as self-depreciation, that tend to accompany depression suggest that individuals who are depressed may feel less

satisfied with their bodies than nondepressed individuals. Inversely, successful intimate relationships may provide women with a psychological buffer against societal pressures to attain a slim appearance (Boyes et al., 2007).

Eating behaviors. Eight million individuals in the United States suffer from an eating disorder as a result of negative body image. Negative body image can have an adverse impact on every day outcomes ranging from proper health care and eating disorders to the sustainability of a marital relationship. In part, sociocultural pressure to be thin is central to the high prevalence of body dissatisfaction and disordered eating observed among women (Ahern & Hetherington, 2006).

In sum, research in the area of body image has revealed how media has an influence on the way in which an individual sees his or her self. This impact is observed cross culturally. For each ethnicity there is an ideal body image deemed beautiful. (Cash et al., 2004; Roberts et al., 2006). Awareness of negative and positive body image and how it relates to impersonal relationships in young adults is critical in establishing and maintaining healthy relationships. This is true in both romantic and platonic relationships. In some way sociocultural pressure to be thin is central to the high prevalence of body dissatisfaction and disordered eating observed among women (Ahern & Hetherington, 2006).

The strength of knowledge based on body image includes the consideration of several ethnicities, including: Asian, Caucasian, and African American individuals. There was an extensive amount of research in the area of interaction and communication within interpersonal relationships of persons with both negative and positive body image. Apart from the interpersonal relationships, small group settings were also examined which increases the validity of the findings. In terms of methodology, various measurements were used to determine level of body image such as: Self-Perceived Body Image Scale, the Implicit Association Test (IAT), and the Body Esteem Scale (BES). Moreover, there were an adequate number of cohorts measured to determine body satisfaction (face, hair, muscle tone, lower torso, upper torso, overall appearance, etc.). Socioeconomical status was a consideration for why some individuals suffer from poor body image; this was relevant considering the connection to contentment and finances.

Most noticeable in the literature were the gaps between the ages of participants used in the study. For example, adolescence and young adults were included, but middle-aged and older individuals were not accounted for. To date, same-sex relationships have only received moderate research attention in relation to body image. In some studies, self-report scales raised doubts regarding the legitimacy of their measurements. Other studies used a small sample size due to budget limitations, and limits of the subject pool of particular minorities. Moreover, few instruments were used to assess important features to respective ethnicities.

There are many dynamics to be considered in a thorough analysis of body image and interpersonal relationships. For instance, only one study considered college-age students as a population. According to the National Center for Education Statistics, undergraduate enrollment generally increased during the 1970's, but dipped from 10.8 million to 10.6 million between 1983 and 1985. From 1985 to 1992, undergraduate enrolled increased each year, rising 18

percent before stabilizing between 1992 and 1998. Undergraduate enrolled at 39 percent between 1999 and 2009. With this in mind, the current study seeks to explore the quality of interpersonal relationships and body image among college students.

More empirical inquiry is needed in ways that cultural stigma of body image projects in interracial relationships as well as same-sex couples. Researchers should not limit themselves to the typical relationships type, as the number of atypical relationship types are on the rise. Longitudinal studies should be done in the future to determine within group similarity and the extent to which findings can be generalized to various ages and cultural groups.

Purpose of the Study

The purpose of this study is to examine body image and the quality of interpersonal relationships among college women.

Definition of Terms

Four terms are operationally defined in this study:

1. *Body Image Satisfaction* is defined as the level of contentment with an individual's body style and/or features. Students will be asked what regard they have for specific body parts on a Likert-type scale ranging from 1-*Have strong negative feelings* to 5- *Have strong positive feelings* using *Howard Body Image Relationship Quality Inventory*. A list of body parts (e.g. lips, waist, buttocks, and legs) will be itemized with an allotted space for participants' response.
2. *Quality of Interpersonal Relationships* will be identified as the participants' scores on gratification and trust in their relationships and how likely they are to succeed using *Howard Body Image Relationship Quality Inventory*. Relationship types examined include: intimate, platonic, and familial.
3. *Depression* is measured as the participants' description of feelings, emotions, and attitudes toward life in general as assessed by scores on the *Beck Depression Inventory*.
4. *Class standing* is defined as the participants' self-reported class ranking (freshman, sophomore, junior, or senior) in congruence with Records and Advisement Office at Southern Adventist University.

Hypotheses

Three research hypotheses guide this study.

1. There is a positive relationship between upper division classmen and body image satisfaction. Upper classman will report more positive body image satisfaction.
2. There is a positive relationship between quality of relationship and body image. Individuals experiencing poor quality of relationships will report negative body image.
3. There are differences in body image as a function of ethnic backgrounds.

Each of the hypotheses are tested in its null form.

Research Questions

Three research questions are addressed in this study:

1. Does the media influence college students' body image?
2. Is there a relationship between poor body image and depression among college women?
3. Is there a relationship between eating behaviors and body image among college women?

Method

Participants

Forty female college students at least 18 years of age attending Southern Adventist University were used in a sample of convenience for this study. Participants include, nine African-American, nine Caucasian, ten Asian/Pacific Islanders, eight Latina/Hispanics, and four Mixed Race individuals provided data for this analysis (see Figure 1). Each participant will receive an opportunity to win a 10 dollar gift card to Starbucks Coffee Company upon completion of their role in the study. All participants will be treated in accordance with the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2010).

Materials

The instrument used in this study is the *Howard Body Image Relationship Quality Instrument* (H-BIRQS), an inventory created by this researcher for the purpose of this study. This instrument is comprised of the *Beck Depression Inventory* (Beck, Steer, & Carbin, 1988), the *Body Esteem Scale* (Franzoi & Shields, 1984), the *Trust Scale* (Rempel, Holmes & Zanna, 1985), the *Dieting Beliefs Scale* (Stotland & Zuroff, 1990), in addition to questions written by the principal researcher. The purpose of this instrument is to compare quality of interpersonal relationships, depression, and demographic information with levels of body image satisfaction (see appendix).

The Beck Depression Inventory is one of the most widely used instruments designed to measure the severity of depression for individuals aged 13 and over. This self-report inventory was created by Dr. Aaron T. Beck (Beck, Steer, & Carbin, 1988). It consists of 21 multiple-choice statements that assess levels of depression. For example, (0) *I do not feel sad*, (1) *I feel sad*, (2) *I am sad all the time and I can't snap out of it*, (3) *I am so sad and unhappy that I can't stand it*. Each participant's score is added for each of the 21 questions and then categorized into one of six levels of depression (normal ups and downs, mild mood disturbances, borderline clinical depression, moderate depression, severe depression, and extreme depression). Reliability tests have been conducted on each level of depression and have resulted in consistency estimates yielding mean coefficient alpha of 0.86. The mean correlations of the BDI samples with clinical ratings and the HRSD were 0.72 and 0.73, respectively, for psychiatric patients (Beck et.al., 1988). All of the statements will be used from this inventory.

The Body Esteem Scale was developed by Dr. Stephen L. Franzoi as a multidimensional construct for both males and females (Franzoi, 1994). For females the body esteem dimensions dealt with sexual attractiveness, weight concern, and physical condition. For males, the body esteem dimensions dealt with physical attractiveness, upper body strength, and physical condition (Franzoi & Shields, 1984). It consists of 35 Likert-type items (e.g. lips, agility, buttocks, and weight). Participants are asked to indicate how they feel about a particular part or function of their body. The multidimensional Body Esteem Scale (BES) exhibits high test-retest reliability. Findings further indicate that the BES is not susceptible to a tendency to unrealistically deny negative self-attributes and is only slightly susceptible to a tendency to unrealistically attribute positive self-attributes (Franzoi, 1994). Several items will be used from this scale.

The Trust Scale was developed by John Rempel and associates at the University of Waterloo, Ontario, Canada to assess a theoretical model of trust in close relationships (Rempel et.al., 1985). This instrument consists of 17 statements. Participants were asked to indicate agreement with statements on a 7-point scale ranging “strongly disagree” to “strongly agree”. The overall Cronbach alpha was .81, with subscale reliabilities of .80, .72, and .70 for the faith, dependability, and predictability subscales, respectively (Rempel et.al., 1985). Several items will be used from this scale.

Dieting Beliefs Scale was developed by Stephen Scotland and David C. Zuroff (Stotland & Zuroff, 1990). This is a 16-item instrument used to measure weight locus of control. Participants are asked to respond to the 16 statements by indicating how well each statement describes their beliefs. The response options range from *not at all descriptive of my beliefs* (1) to *very descriptive of my beliefs* (6). Reliability and validity data determined that of the 16 items, 13 had item-total correlations of .2 or greater. Cronbach’s alpha was .68. Test-retest reliability over approximately 6 weeks ($N = 43$) was .81 (Stotland & Zuroff, 1990). Several items were selected for use from this scale. This study served as a pilot to establish reliability for the H-BIRQI. This instrument yielded Cronbach’s alpha subscale reliabilities of .80, .90, and .09 for the eating behaviors, body satisfaction, and relationship quality subscales respectively.

Design and Procedure

This is a non-experimental descriptive study using survey methodology. Participants were a sample of convenience contacted by this investigator. Following permission of the professor for General Psychology classes at Southern Adventist University students were asked for their participation. This study was conducted in Herin Hall. Upon arrival 29 female participants were given an informed consent form that indicated the consent of participants as well as the implications, and nature of the study in question. After informed consent was signed, each participant completed the H-BIRQS. The H-BIRQS includes demographic information (age, ethnicity, class standing) as well as questions about attitudes towards relationships, eating behaviors/ beliefs, and body satisfaction. There are no time constraints for completion of the H-BIRQS; however, it took approximately 15 minutes per participant. Each survey was completed and returned on the same occasion in which it was handed out.

In addition, 11 female students were chosen haphazardly by the principal investigator at various locations on the campus of Southern Adventist University. All participants were given an opportunity to enter their name in a drawing for a 10 dollar gift card to Starbuck Coffee Company. Once the data was compiled the winner of the gift certificate was chosen using random selection. Data was gathered individually from each participant and data was analyzed.

Data Analysis

The *Howard Body Image Relationship Quality Inventory* was used to gather information about three hypotheses and three research questions. After the surveys were collected they were scored and coded in accordance to the scoring key and entered into SPSS 20 Statistics to perform data analysis. The hypotheses and research questions were tested using a One-Way ANOVA and Pearson's product moment correlation coefficients.

Results

Forty participants ($N = 40$) provided data for this analysis. Additionally, the H-BIRQI showed that the sample consisted of the following academic classifications: 14 freshmen, 9 sophomores, 8 junior, and 9 senior students (see Figure 2). Participants' ages ranged from 18-29 ($M = 20.30$, $SD = 2.20$) for Southern Adventist University women.

Body Image

Body image satisfaction and academic classification. This research hypothesis stated that there would be differences in academic class standing as a function of participants' body image satisfaction among college women. That is to say, upper classman will have more positive body image satisfaction than lower classman. Overall, students who classified themselves as juniors reported higher levels of body satisfaction ($M = 42.14$, $SD = 11.84$) than other academic classifications. To test this hypothesis in its null form, a One-Way ANOVA was used ($N = 40$) to establish if there were significant differences. There is insufficient evidence to support the claim that academic classification plays a major role in body image satisfaction in this particular sample. Results show that there were no statistically significant differences in body image satisfaction between class standing, ($F_{(3, 36)} = .531$, $p = .664$), results are therefore inconclusive (see Figure 3).

Body satisfaction and relationship quality. This research hypothesis stated that there would be a relationship between the quality of relationships and body image satisfaction among college women. Generally, participants reported scores between 32-41 indicating average body satisfaction ($M = 39.30$, $SD = 10.32$) and scores between 15-23 signifying slightly low relationship quality ($M = 22.40$, $SD = 3.44$). There was an inverse relationship shown between body satisfaction and relationship quality with about 20 percent of relationship quality attributed to body satisfaction. To test this hypothesis in its null form, a Pearson's product moment correlation coefficient was used yielding $r_{(40)} = -.45$, $p = .001$, $r^2 = 20\%$. Results established that there is a statistically significant correlation between body image satisfaction and

interpersonal relationship quality in college women. The evidence suggests that as body image satisfaction goes down there is a tendency for quality of interpersonal relationship to increase (see Figure 4).

Body satisfaction and ethnic differences. The research hypothesis stated that there would be ethnic differences that serve as a function of body image satisfaction among college women. Both African American women ($n= 9$) and Mixed Race women ($n = 4$) reported the slightly higher levels of body satisfaction than other ethnicities, African American women ($M= 42.11$, $SD = 10.09$) and Mixed Race women ($M = 43.25$, $SD = 9.22$). To answer this question, a One-Way ANOVA was performed ($N = 40$) to compare body image satisfaction among the five means (see Table 1). While there were slight differences in body image in each ethnicity represented, none were substantial. Results demonstrated that there were no statistically significant differences in body image satisfaction between ethnicities, ($F_{(4,35)} = .730$, $p = .578$). Results are inconclusive.

Media Influence

This research question asked whether or not media influences the way in which college women view their body. Many of the participants agreed that media does influence the way they view their body ($M = 1.42$, $SD = .83$). To answer this question, descriptive statistical analysis was used ($N = 38$) to establish whether media influence on body image is significant. Sixty-nine percent of women said 'Yes' media does directly influence the way they view their body. Three women said 'No', media does not influence the way they view their body (7.3 %), and seven women were unsure if media influences the way they view their body (17.1%). It appears there are statistically significant percentages of college women whose body image is influenced by media (see Figure 5).

Psychological Implications

Depression and body image satisfaction. This research question asked whether there is a relationship between poor body image and depression among college women. Overall, participants' depression levels were categorized as normal ups and downs ($M = 9.49$, $SD = 8.82$) and body satisfaction as average ($M = 39.3$, $SD = 10.32$). To answer this question, a Pearson's product moment correlation coefficient was used to measure a linear relationship between depression and body satisfaction. There is an inverse relationship between depression and body satisfaction with about 11 percent of depression attributed to body image satisfaction. Results returned $r_{(39)} = -.33$, $p = .040$, $r^2 = 11\%$. There appears to be significant statistical data to suggest that as body satisfaction increases, depression decreases (see Figure 6).

Eating behaviors and body image satisfaction. This research question asked whether there is a relationship between eating behaviors ($M = 7.95$, $SD = 2.77$) and body image satisfaction ($M = 39.30$, $SD = 2.77$) among college women ($N = 40$). A weak relationship exists between eating behaviors and body image satisfaction with about 4% of eating behavior ascribed to body image satisfaction. To answer this question a Pearson's product moment correlation

coefficient was used. Results yielded $r_{(40)} = -.19$, $p = .235$, $r^2 = 4\%$. It appears there are no statistically significant relationships between eating behavior and body image satisfaction, results are therefore inconclusive.

Discussion

How does women's body image impact relationships? Not only did the current study take into account previous research by demonstrating women's body image is inversely associated with depression, it clarified other relationships in important ways. The purpose of this study is to explore areas of body image and the quality of interpersonal relationships among college women that have not been examined. In this sense, this research has been a success. Although a direct relationship between body image satisfaction and academic classification was not supported, junior classman did report the highest body image satisfaction of the class standings. The increase in junior students' body image satisfaction and low body image satisfaction in senior students' may be related to weight gain or poor diet caused by the stress of graduation and preparation for graduate school. In regards to the relationship between body image satisfaction and relationship quality, my assumption was not supported. The opposite occurred; it appears that as body image satisfaction goes down there is a tendency for quality of interpersonal relationship to increase. This may be due to a self-centered attitude by the individual in the relationship who is satisfied with her looks. Also, a conceited person may be less likely to look outside herself for satisfaction.

Additionally, differences in ethnicity as a function of body satisfaction were reported, but none that were statistically significant. African-Americans and Mixed Race women reported having the highest body satisfaction. This is parallel to previous research which describes Black females as reporting greater satisfaction with size, appearance, and function of their body (Roberts et.al., 2006). Sixty-nine percent of women reported that media influences the way they view their bodies. It is not surprising that media internalization directly influences body image, given the growing body of literature supporting links between media influence and a high level of body dissatisfaction. Among psychological implications questioned in this study, depression appears to have a negative relationship with body satisfaction. As body satisfaction increases, depression decreases. College students may have peer support groups to affirm them and act as confidence boosters; this remains debatable though, since my original assumption that as body image satisfaction increases relationship quality would increase was not held. No relationship appears to exist between eating behaviors and body image satisfaction. Measuring vegetarianism and carnism as function of body satisfaction proved to be unrewarding. The fact that Southern Adventist University is largely in support of a vegetarian diet may have artificially influenced the report of the low number of carnism scores.

Limitations of this study include the sample of convenience and the rapport that may have existed between researcher and participants. Rapport may have affected the participants interest, or lack thereof, to responses. A sample of convenience only gathers data from students at this University, responses from other college women may have made results a bit more robust

and generalizable. These two limitations compound to show that this is neither a comprehensive nor exhaustive study of the topic of body image and interpersonal relationship quality. Naturally, if this study were to generate enough interest, a study eliminating these limitations and obtaining a larger, more representative sample can be done in the future.

Research has done little to examine body image and interpersonal relationships among Seventh-day Adventist college students. Given that college is where many relationships are solidified and potentially grow into life-long intimate relationships, the results of this study can be a substantial leading step in understanding some of the psychosocial implications of body image and how it relates to the quality of relationships among college students.

A quasi-experimental design may be necessary in the future confirm mediating factors which in turn may facilitate a better understanding of the processes involved in the development of body satisfaction in college women. In addition, longitudinal studies should be done in the future to determine with-in group similarity and the extent to which findings can be generalized to various ages and cultural groups. The close juxtaposition of various ethnic groups over an extended amount of time can give insight to trends and/or resemblances of each group adding to the current knowledge of how body image varies across-culture.

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Professor Ruth WilliamsMorris acted as supervisor and consultant for this undergraduate research project and provided guidance to the student author.

Figures

Figure 1. Ethnicities

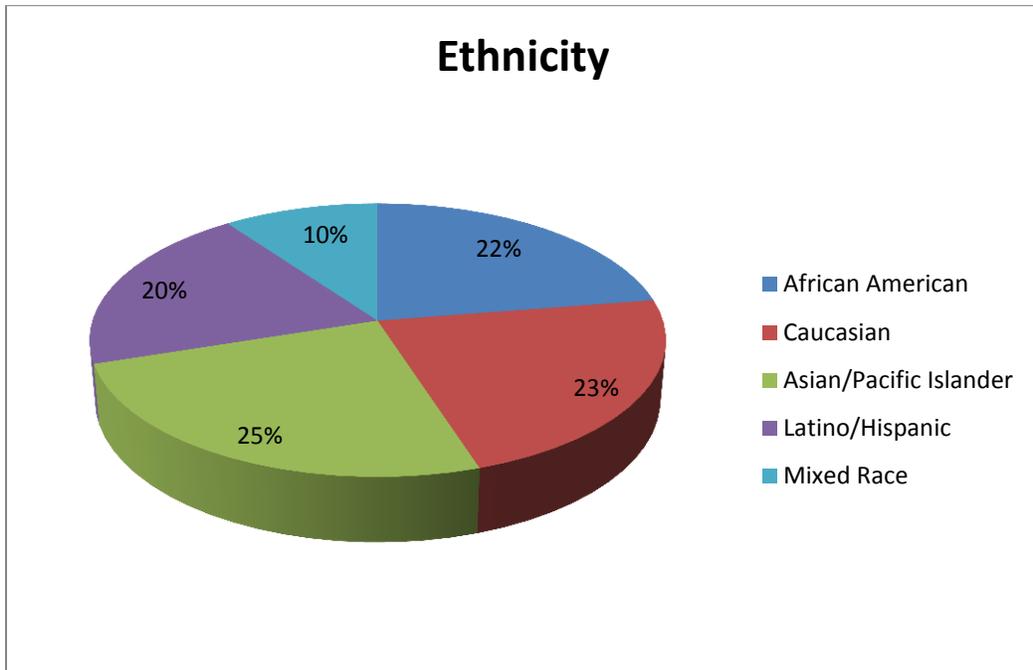


Figure 2. Academic Classification

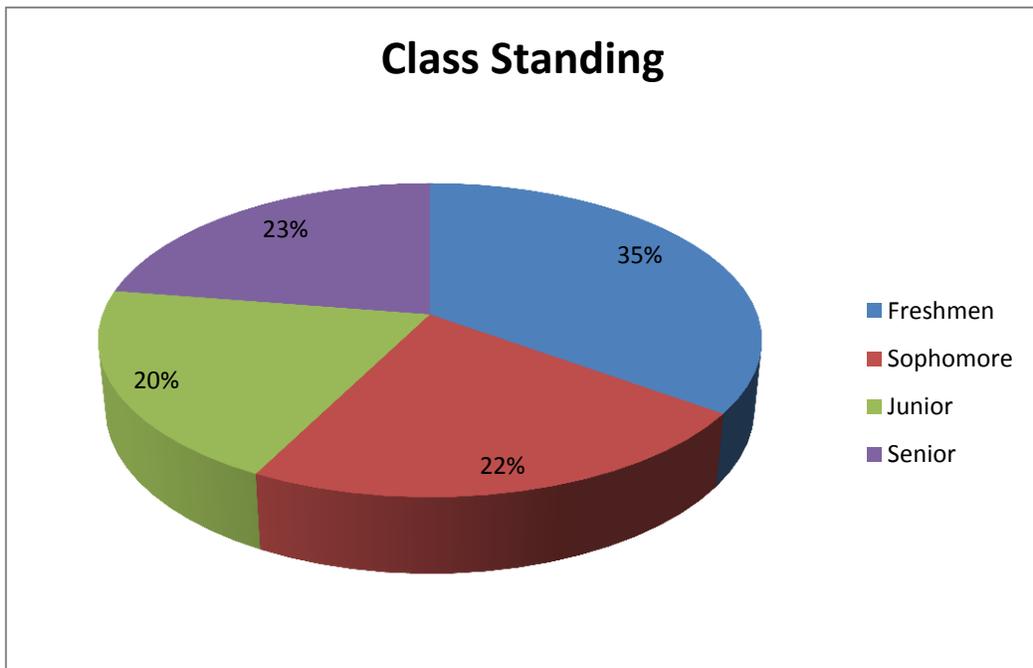


Figure 3. Body Image and Academic Classification

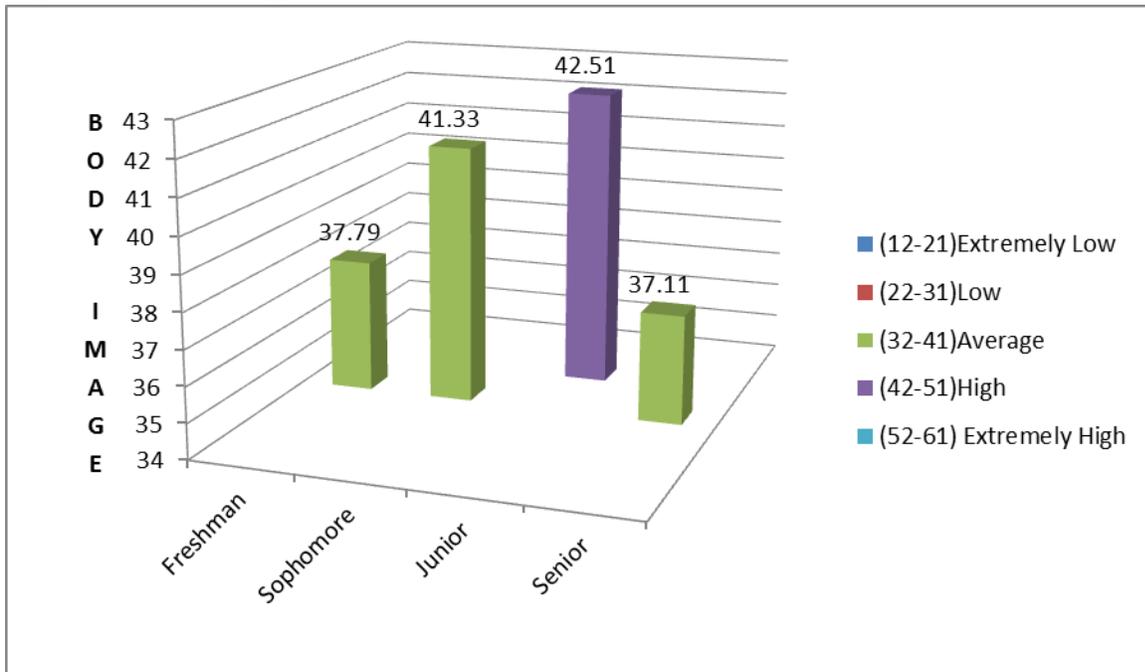


Figure 4. Body Satisfaction and Relationship Quality

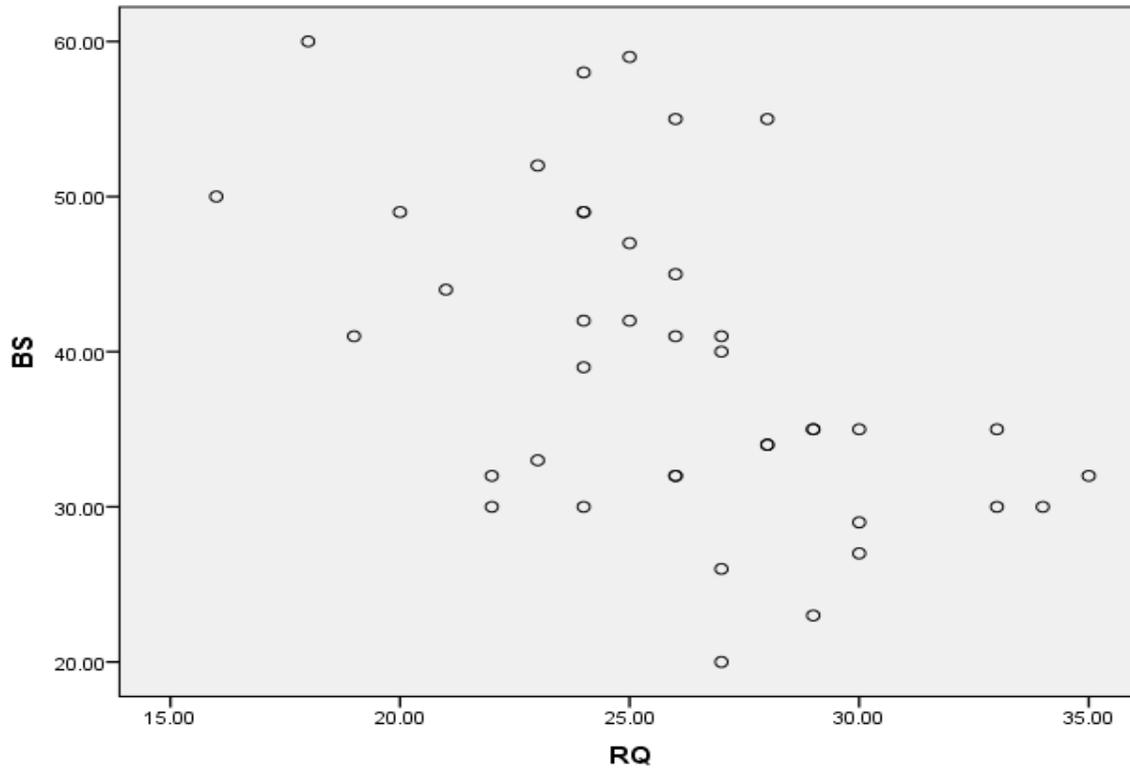


Figure 5. Media Influence

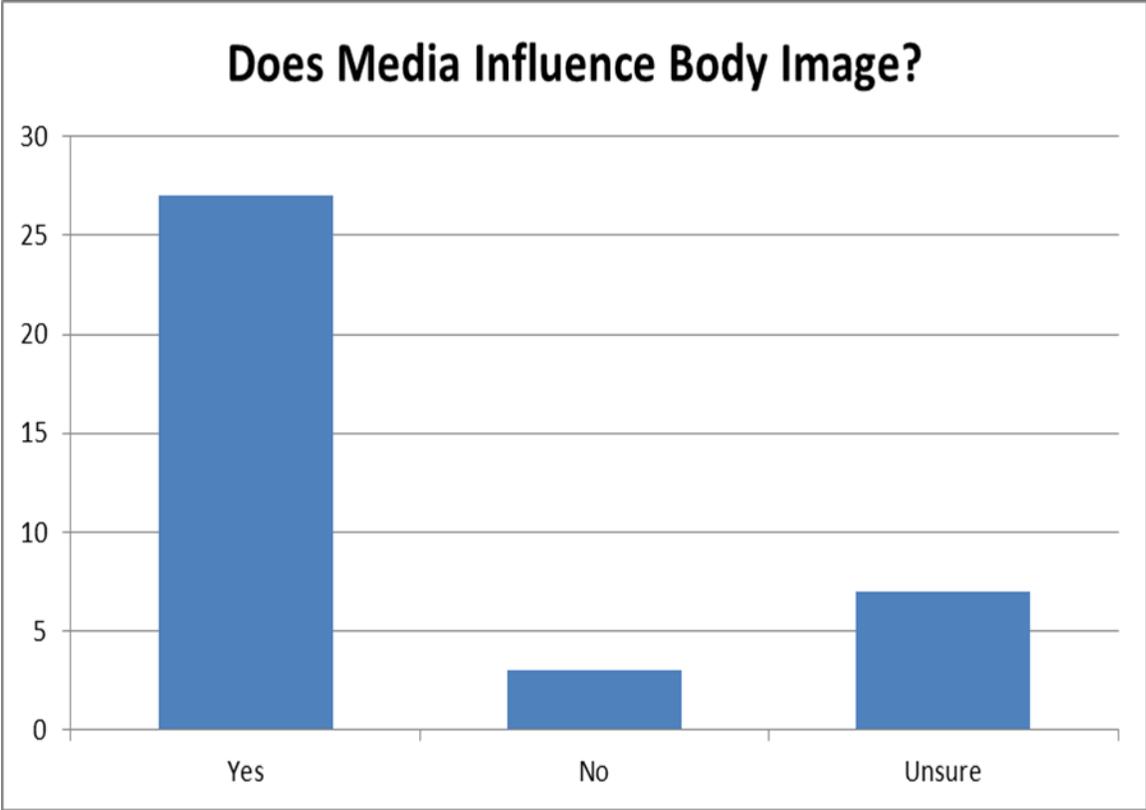
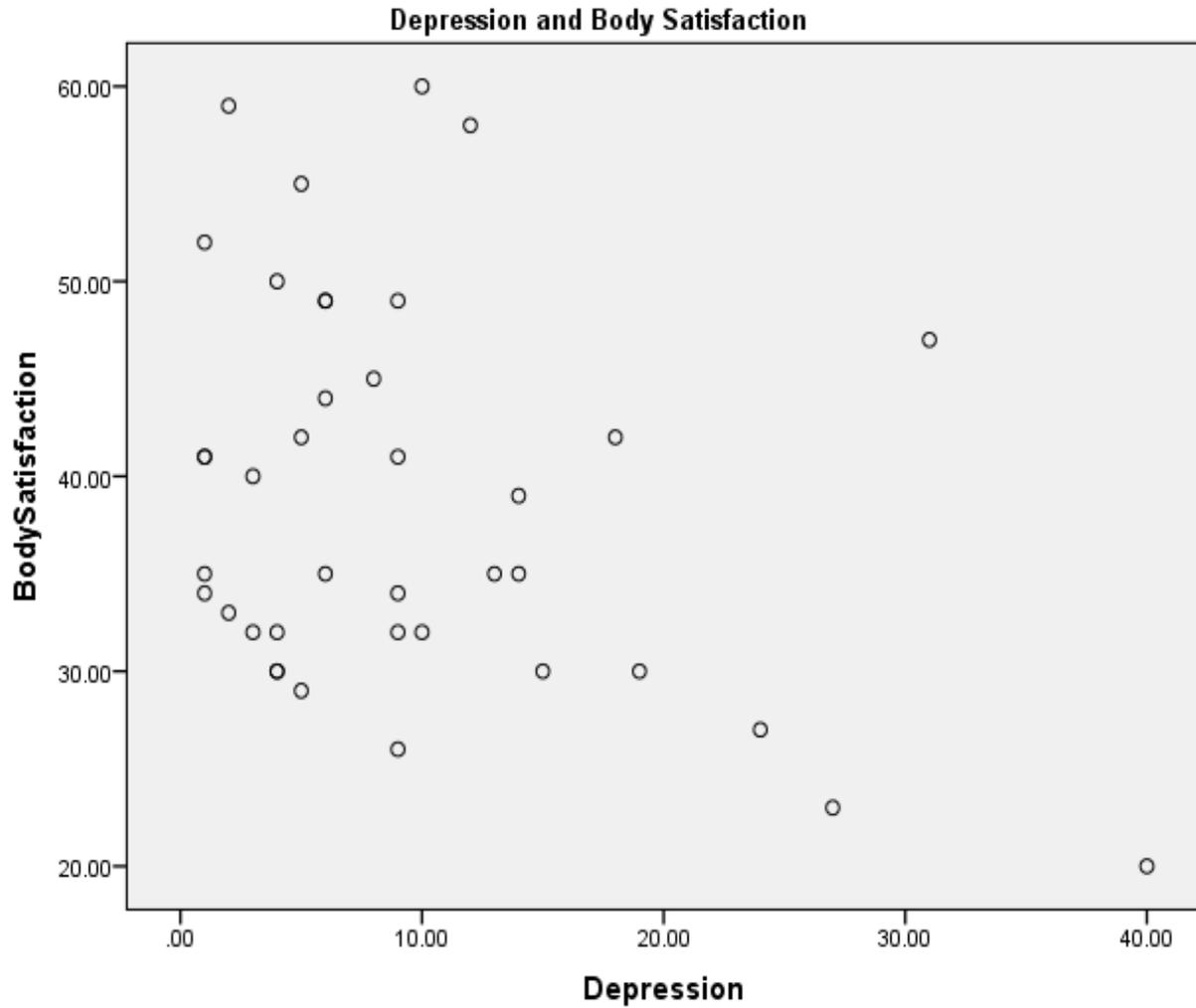


Figure 6. Depression and Body Satisfaction



Tables

Table 1. Ethnicity and Body Image Satisfaction

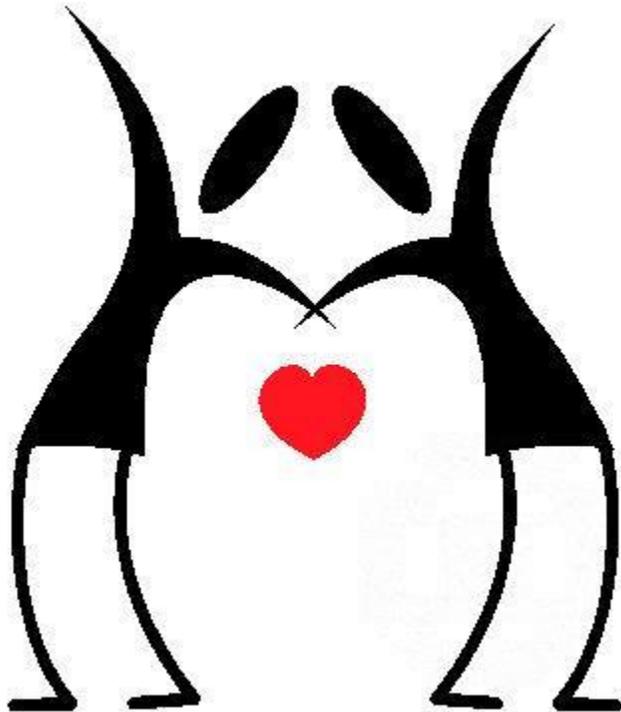
Descriptive Table of Ethnicity and Body Image Satisfaction

Variables	n	Mean	SD	SE
1. African American	9	42.11	10.09	3.37
2. Caucasian	9	34.78	11.38	3.80
3. Asian/ Pacific Islander	10	39.60	11.10	3.51
4. Latino/ Hispanic	8	38.88	9.42	3.33
5. Other	4	43.25	9.22	4.61

Appendix

HOWARD BODY IMAGE RELATIONSHIP QUALITY
INVENTORY (H-BIRQI)

This is not a test and there is no right or wrong answer. Do not put your name anywhere on this survey. Please answer honestly. Your participation is greatly appreciated. Thank you☺



Howard Body Image Relationship Quality Inventory (H-BIRQI)

Part I.

General Information

Please state your age and place a (✓) beside the appropriate information.

Academic Classification: Freshman _____ Sophomore _____ Junior _____

Senior _____

Age: _____

Ethnicity: African American _____ Caucasian _____ Asian or Pacific Islander _____

Hispanic (of Latin American or Spanish descent) _____

Other (please specify) _____

Does media influence the way you view your body? Yes _____ No _____ Unsure _____

Part II.

Please respond to the following statements by indicating how well each statement describes your beliefs. Place a number from 1 (strongly agree) to 5 (strongly disagree) in the space to the right of each statement.

1	2	3	4	5
Strongly Agree	Generally Agree	Undecided	Generally Disagree	Strongly Disagree

1. A thin body is largely a result of genetics. _____
2. Eating late is not good even if you're hungry. _____
3. Individuals should not eat dairy products or meat. _____
4. Individuals should not eat meat. _____
5. Individuals should eat meat. _____
6. Each of us is directly responsible for our body weight. _____

Part III.

Please carefully read the following statements. Circle the number to the left of the statement you most identify with.

- 7.
- 0 I do not feel sad.
 - 1 I feel sad.
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
- 8.
- 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
- 9.
- 0 I do not feel like a failure.
 - 1 I feel like I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete or bored with everything.
- 10.
- 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied of bored with everything.
- 11.
- 0 I don't feel particularly guilty.
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
- 12.
- 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.

Please carefully read the following statements. Circle the number to the left of the statement you most identify with.

13. 0 I don't feel disappointed with myself.
1 I am disappointed with myself.
2 I am disgusted with myself.
3 I hate myself.
14. 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses and mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
15. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would like to kill myself if I had the chance.
16. 0 I don't cry more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't even cry even though I want to.
17. 0 I am more irritated by things than I ever was.
1 I am slightly more irritated now than I ever was.
2 I am quite annoyed or irritated a good deal of the time.
3 I fell irritated all the time.
18. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
19. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.

Please carefully read the following statements. Circle the number to the left of the statement you most identify with.

20. 0 I don't feel that I look any worse than I used to.
 1 I am worried I am looking old or unattractive
 2 I feel that there are permanent changes in my appearance that make me look unattractive.
 3 I believe I look ugly.
21. 0 I can work about as well as before.
 1 It takes an extra effort to get started at doing something.
 2 I have to push myself very hard to do anything.
 3 I can't do any work at all.
22. 0 I can sleep as well as usual.
 1 I don't sleep as well as I used to.
 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 3 I wake up several hours earlier than I used to and cannot get back to sleep.
23. 0 I don't get more tired than usual.
 1 I get tired more easily than I used to.
 2 I get tired from doing almost anything.
 3 I am too tired to do anything.
24. 0 My appetite is no worse than usual.
 1 My appetite is not as good as it used to be.
 2 My appetite is much worse now.
 3 I have no appetite at all anymore.
25. 0 I haven't lost much weight, if any, lately.
 1 I have lost more than five pounds.
 2 I have lost more than ten pounds.
 3 I have lost more than fifteen pounds.

Please carefully read the following statements. Circle the number to the left of the statement you most identify with.

26. 0 I am more worried about my health than usual.
 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
 2 I am very worried about physical problems and it's hard to think of much else.
 3 I am so worried about my physical problems that I cannot think of anything else.
27. 0 I have not noticed my recent change in my interest in sex.
 1 I am less interested in sex than I used to be.
 2 I have almost no interest in sex.
 3 I have lost interest in sex completely.

Part IV.

Using the 7 point scale shown below, indicate the extent to which you agree or disagree with the statements as they relate to someone with whom you have a close interpersonal relationship. Place your rating in the line to the left of the statement. Please be open and honest with your responding.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree

28. _____ I can rely on my friends to keep the promises he/she makes to me.
29. _____ I am never certain that my friends won't do something that I dislike or will embarrass me.
30. _____ Even when my partner makes excuses which sound rather unlikely, I am confident that he/she is telling the truth.
31. _____ When I am with my family, I feel secure in facing unknown new situations.
32. _____ I feel very uncomfortable when my family has to make decisions that will affect me personally.
33. _____ If I could, I would create the perfect partner unlike the one I currently have.

Part V.

On this page are listed a number of body parts. Please read each item and indicate how you feel about this part of your own body using the following scale:

1= Have strong negative feelings

2= Have moderate negative feelings

3= Have no feelings one way of the other

4= Have moderate positive feelings

5= Have strong positive feelings

1. Lips _____
2. Waist _____
3. Thighs _____
4. Body build _____
5. Buttocks _____
6. Appearance of eyes _____
7. Cheeks/cheekbones _____
8. Hips _____
9. Legs _____
10. Appearance of stomach _____
11. Face _____
12. Body weight _____

13. In one word, describe your body _____

Again, thank you for your participation 😊