

The Relationship between Self-esteem and Body Image among Obese and Non-obese
Individuals

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Abstract

This study aims to discuss the relationship between self-esteem ,and self-image among obese and non-obese people. Body-Mass Index (BMI) measurement scale was used to identify the level of obesity. Rosenberg Self Esteem (RSE) Scale and The Multidimensional Body-Self Relations Questionnaire were used for measuring self-esteem and self-image.

There were 109 participants participated in this study (33 females, 76 males). All the participants answered demographic questionnaire, Rosenberg self esteem scale, and The multidimensional body-self relations questionnaires. According to their BMI score, participants were divided into two groups: obese vs non-obese. In line with expectations, we found that the obese group had significantly lower RSE scores compared with non-obese control group.

Keywords: Obesity, Self-esteem, Body-Mass Index, Self-image

Table of Contents

Abstract	3
Introduction	6
Obesity	6
Assessment of Obesity	7
Body Mass Index	8
Classification of Body Mass Index	8
Self Esteem	9
Body Image	11
Hypothesis	12
Method	12
Procedure	12
Participants	12
Materials	13
A) Demographic Questionnaire	13
B) Rosenberg Self Esteem Scale	13
C) The Multidimensional Body-Self Relations Questionnaire -	13
E) Body Mass Index	14
Procedure & Ethics	15
Statistical Analysis	15
Result	15
Discussion	20

Conclusion	23
References	24
Appendices	31



Introduction

Definition of obesity

When the imbalance between the input and output of energy is in the direction of more energy intake, the result would be an increase in weight (Andrade et al., 2010). Being obese or being overweight , defined as the fat mass, are seen as a critical health problems around all world. Modern lifestyle prompts more sedentary lives and easily accessible high-calorie foods, which correspondingly increases the ratio of overweight or obese individuals in the total population (Amigo & Fernandez, 2007).

Obesity is treated as one of the primary health problems in the modern world. Obese people may try hard to lose weight, but usually, they do not succeed in the long term. The difficulty of losing weight and maintaining the new body weight is caused by the negative feedback loops in the human energy regulation that complicate changes in body weight. In general, the negative feedback loops in the body weight regulation system counteract to the changes in the body weight. If the person gains weight, the regulation mechanisms try to limit the gain. If the person loses weight, the same mechanisms try to limit the loss. These strong negative feedback mechanisms help the humankind to adapt to a wide range of environments and living conditions.

It is essential at the outset to define what health professionals mean when they speak of overweight and obesity. Overweight is defined as body weight over ideal weight, based on height- and sex-specific standards. Overweight can result from excesses of bone, muscle, fat, or, more rarely, fluid. Almost everyone who is more than 20 percent overweight is also overfat, or obese (Dwyer , 1970). However, not all people who are heavy are excessively fat. The relative contributions to the overweight bone, muscle, and fat vary from person to person, and it is often hard to recognise these differences. The component that causes weight more than average is less than clear when overweight is in the more moderate range, less than 20 per cent over ideal weight. This brings diagnostic difficulties for over, and the term obesity emerges. Obesity is defined as body fatness more than an age and sex-specific standard. Body weights grossly more than standards are indicative of obesity.

Assessment of Obesity

There are various types of obesity measurements. Commonly used are Standard height-weight tables, Body-Mass Index and Skinfold thickness measures (Must, 1991). In this research Body-Mass Index (BMI) measurement are used. Following part is related with BMI.

Body Mass Index (BMI)

According to Baysal (1988), one of the most valid index to measure obesity is Body-Mass Index (Powers, 1980). It is related to measuring height and weight. BMI (kg/m²) is ascertained by partitioning a man's weight in kilograms by stature in meter squared. BMI cut-purposes of 25 and 30 are utilised to characterise grown-ups as overweight or fat.

As indicated by the World Health Organization (WHO), the weight list (BMI) is an apparatus estimating overweight and obesity. Considering weight and height, it indicates various levels of wellbeing dangers.

Classification

- Healthy Weight (BMI >18.5)
- Overweight (BMI >25)
- Obese Class I (BMI >30) (BMI >30)
- Obese Class II (BMI >30) (BMI >35)
- Obese Class III (BMI >30) (BMI >40) (severe, or morbid obesity)

*Table 1**Classification of BMI scores*

<u>Classification</u>	<u>BMI (kg/m2)</u>	<u>Sub-classification</u>	<u>BMI (kg/m2)</u>
Underweight	< 18,50	Severe Thinness	<16,00
		Moderate Thinnes	16,00 - 16,99
		Mild Thinnes	17,00 – 18,49
Normal Range	18,5 – 24,99	Normal	18,5 – 24,99
Overweight	≥ 25,00	Pre-obese	25,00 – 29,99
		Obese Class 1	30,00 – 34,99
		Obese Class 2	35,00 – 39,99
		Obese Class 3	≥40,00

source: World Health Organization

Table 1 presents classification of body mass index.

Self-esteem

Self-esteem is an important variable to consider when observing the development of any child, adolescent or adult. It has been defined in many different ways, but its basic essence remains the same. It is defined as the level of satisfaction one has with oneself (James, 1890). Rosenberg (1965) has elaborated that if a human is capable of having feelings towards objects;

surely he can have opinions and feelings about himself. Self-esteem is an active form of self-concept and is also described by Maslow (1970) as part of one of the needs that comes after physiological and safety needs. He claimed that self-esteem could be divided into two parts where one includes the need to be recognised and respected by others whereas the other part consists of freedom, independence and confidence.

Self-esteem is an aspect of personality which influences many different areas of an individual. There is a positive correlation between emotional intelligence and self-esteem (Abbas & Ul Haq, 2011). It is also considered to be a preferred quality as it can affect an individual's aggression and level of violence. When an individual feels that his or her self-esteem is at risk, then he would use any means to defend it (Walker & Knauer, 2011). Not only does one become violent, but when there is any threat to his or her self-esteem, he or she can be less forgiving (Strelan & Zdaniuk, 2014). While high levels of self-esteem make a person more forgiving, a low level of self-esteem can make him feel dejected and agitated causing problems in school and peer settings (Zeigler-Hill & Wallace, 2012).

Research shows us that low self-esteem can also cause psychological disorders and psychopathology such as eating disorders or depression (Guillon, Croc, & Bailey, 2003). Other studies such as one conducted by Trzesniewski and Donnellan (2003) in New Zealand was a longitudinal study, which measured the self-esteem of its sample of around 1,000 children at different ages from 5 to 21 and concluded that low self-esteem caused low mental and physical health, a miserable future in terms of economic success and increased levels of delinquent behaviour.

Body Image

Body image has been defined (Banfield, 2002) as a mental representation of the shape, size and form of the body that has been affected by various historical, cultural and social, individual and biological factors. It is evident that modern social standards of female beauty extremely underlies the desirability of thinness, and also the level of thinness which is not possible to achieve a healthy appearance for lots of women. Overcoming the matters respecting body image in female students are being mentioned in the literature. There is a longitudinal study conducted with students and colleagues, Heatherton (2000), found that students who report that they would like to lose weight were 82%. However, only 1.4% of them were an equitably overweight group.

Cohn and Adler (1992) stated that both women and men prefer body size different than their current size, although Fallon and Rozin found that college men do not prefer a thinner or heavier figure. Even though college women tend to prefer a thinner body size other than their current size (Fallon & Rozin, 1985), college men do not display a distinct preference for a thinner body. Specifically, even though a third of men wished a body size that is heavier than their current, approximately a third of other men wished a slimmer body size than their proposing college men also have body dissatisfaction.

Hypothesis

This research lay emphasis on two important things. First one is related with attitudinal tendency against body image. Second one is related to self-esteem level among obese non-obese people. Following part investigates the relationship of obesity with self-esteem and body image. What this research assume is, that people who have higher obesity score will have lower self-esteem score and lower body image score.

Method

Procedure

37 non-obese ($BMI < 30$) and 72 obese ($BMI \geq 30$) individuals were included in the present study. The non-obese and obese groups were compared regarding sociodemographic characteristics, self-esteem score that was obtained by Rosenberg Self Esteem Scale, scores of Body Areas Satisfaction, Appearance Evaluation and Appearance Orientation that were obtained from MBSRQ scale. All participants have enough intellectual capacity to understand the procedure of present study and approved the informed consent.

Participants

$N = 109$ participants participated in this study (33 females, 76 males). The age of participants ranged from 19 to 65 ($M = 31.94$, $SD = 11.74$). All participants were the Turkish citizen. Participants took part in this study voluntarily, and they signed an informed consent form (see Appendix A and B).

Materials:**Demographic Questionnaire**

A demographic questionnaire was applied to all participants. We created this form in the light of literature. This form included the data of age, gender, profession, marital status, education status, economic income, general health condition, sports activity frequency, mental health condition, history of the previous mental disorder, eating habit. All participants were assessed according to BMI (kg/m²) score.

Rosenberg Self Esteem Scale

Rosenberg Self Esteem Scale (Cronbach's alpha: .71) is a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. Rosenberg (1965) The scale is believed to be unidimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to disagree strongly. This scale was created by Rosenberg (1965). It has been reported to be validated and reliable in the Turkish language by Çuhadaroğlu (1986). The original form of this scale consists of 63 questions. In our study, we only used the part of the scale that assesses self-esteem.

The Multidimensional Body-Self Relations Questionnaire-(MBSRQ)

The Multidimensional Body-Self Relations Questionnaire- (MBSRQ) is consist of 140 items. It was created by Winstead and Cash (1984). MBSRQ measures attitudinal tendency against body image. The scale was transformed into a short form of 25 items and nine items related to body

areas and six items related to body weight were included (28). 12th, 13th, 14th, 25th, 26th, 27th, 29th, 30th, 31st, 33rd, 35th, 37th, 39th, 40th, 41st items were reverse worded. In our study, we assessed Body Areas Satisfaction, Appearance Evaluation and Appearance Orientation subscales of MBSRQ. There are seven subscales of MBSRQ Appearance Evaluation (5, 9, 17, 23, 32, 40). Appearance Orientation (1, 2, 10, 18, 24, 25, 33, 34, 41, 42). Physical Competence Evaluation (3, 11, 19, 26, 35, 43). Physical Competence Orientation (4, 12, 13, 20, 27, 28, 36, 44, 45). Fitness, and Health/Illness Evaluation (6, 14, 21, 29, 37, 46). Fitness, and Health/Illness Orientation (7, 8, 15, 16, 22, 30, 31, 38, 39, 47, 48). Body Areas Satisfaction (49, 50, 51, 52, 53, 54, 55, 56, 57).

In our study, we assessed Body Areas Satisfaction, Appearance Evaluation and Appearance Orientation subscales of MBSRQ.

Body-Mass Index (BMI)

Body Mass Index (Powers, 1980) is one of the most valid index to assess obesity. (Baysal et al., 1988). Weight divided by square of height. (w/h^2). From score 20 to 25 is accepted as a normal average of BMI, scores over 25 is indicate obesity, while score blow 20 indicate underweight (Baysal et al., 1988)

Procedure & Ethics

Firstly a short debriefing session was held to explain the plan step by step, afterwards, participants were all informed on what is expected from them, they have the right to withdraw from the research whenever they wish without penalty. They are also told, information obtained from them would be kept confidential, and they would fill out the questionnaires anonymously. They were asked to raise questions if they had any. After that, they were told to sign the consent form and fill up a questionnaire to collect personal demographic information. On completion of this procedure, they were thanked for their contribution and informed about the purpose of the research. The whole data collection took up 15 minutes average in length per participant. All participant had gone through the same series of occurrences to establish a standardized methodology.

Results and Statistical Analysis

Statistical analyses were done with R 3.3.3 and SPSS 20.0. The Kolmogorov-Smirnov test is used to test whether continuous variables have a normal distribution according to the categories. Non-parametric test statistics should be done if normal distribution is not appropriate. In the nonparametric tests, the Mann-Whitney test is used to look at the difference between the two categories of variability, and the Kruskal-Wallis test should be applied to look at the differences when there are more than two categories.

In the parametric tests, the Independent sample t-test is used to look at the difference between the two categories of variability, and more than two categories, the One-way ANOVA is used. Levene's test was used in the homogeneity test of variance. When it is desired to investigate whether there is any difference between two categorical variables, non-parametric test statistics should be used such as a median test for comparing the median.

Table 2

Descriptive Statistics Measurements of obese and non-obese

<i>Measurements</i>	<u>Obese</u>			<u>Non-obese</u>		
	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>
Self-esteem	2.64	0.17	37	2.53	0.21	72
Body satisfaction	4.23	0.88	37	3.03	1.10	72
Rating physical appearance	3.24	0.91	37	2.61	0.97	72
Attention physical appearance	3.86	0.78	37	3.37	0.99	72
Change in physical appearance	3.21	0.67	37	2.97	1.02	72

(N=109)

Table 2 presents descriptive statistics level of obesity and measured questionnaires

The Kolmogorov-Smirnov test was used to test whether continuous variables have a normal distribution according to the categories. Non-parametric test statistics should be done if normal distribution is not appropriate. In the non-parametric tests, the Mann-Whitney test is used

to look at the difference between the two categories of variability. Levene's test was used in the homogeneity test of variance.

As a result, it was observed that Self-esteem was not suitable for normal distribution according to Obese/non-obese, whereas Body satisfaction, Their ratings of their physical appearance, How much attention they pay to physical appearance and To what extend they would like to change their appearance were normally distributed.

Homogeneity of variances should be tested. Levene's test is used in this. According to this test, the variances of Body satisfaction was not homogeneous according to Obese/non-obese $F(7.147) = .009$, $p < .05$. The variances of to what extend they would like to change their appearance was not homogeneous according to Obese/non-obese $F(9.765) = .002$, $p < .05$. There is a significant difference in the 95% confidence level between the Obese/non-obese group of Self-esteem, Body satisfaction, Their ratings of their physical appearance and How much attention they pay to physical appearance. There was no significant difference between Obese/non-obese group of To what extent they would like to change their appearance. It was observed that all of the them were appropriate for normal distribution according to obese-gender.

Table 3

Descriptive Statistics and Independent Samples t-Test (N=109)

<i>Measurements</i>	<u>Obese Male</u>			<u>Obese Female</u>			<i>P- value</i> (male/female)
	<i>M</i>	<i>SD</i>	<i>t-test</i>	<i>M</i>	<i>SD</i>	<i>t-test</i>	
Self-esteem	2.53	0.19	0.29	2.52	0.24	0.29	.767
Body satisfaction	3.56	1.05	6.74	2.24	0.60	6.74	.000*
Physical appearance	2.96	0.91	4.16	2.09	0.81	4.16	.000*
Attention to physical appearance	3.36	1.05	-.062	3.37	0.91	-.062	.950
Change in physical appearance	3.21	0.98	2.50	2.62	0.99	2.50	.015*

*p<0.05

Table 3 presents descriptive statistics and independent sample t-test between measured questionnaires and obese individuals base on their gender

Homogeneity of variances should be tested. Levene's test is used in this. According to this test, the variances of Body satisfaction was not homogeneous according to Obese-gender $F(9.638)=.003$, $p<.05$. There is a significant difference in the 95% confidence level between the Obese-gender of Body satisfaction, Their ratings of their physical appearance and To what

extend they would like to change their appearance. There was no significant difference between Obese/non-obese of self-esteem and How much attention they pay to physical appearance.

Table 4

Correlation Between 5 Measures

Measure	5	4	3	2	1
1.Change appearance		0.45	0.43	0.53	
2.Attention appearance		0.4		0.34	
3.Physical appearance			0.53		
4.Body satisfaction mean	0.28				
5.Rosenberg Self Esteem mean			0.28		

p <0.05

Table 4 presents correlations between measured questionnaires

Also the Pearson correlation was used to determine the correlation between Self-esteem, Body satisfaction, their ratings of their physical appearance, how much attention they pay to physical appearance and to what extend they would like to change their appearance. Furthermore, Self-esteem/ their ratings of their physical appearance, Self-esteem/ how much attention they pay to physical appearance and Self-esteem/ to what extend they would like to change their appearance correlations are statistically significant.

Discussion

In the present study, we compared self-esteem and Body Areas Satisfaction, Appearance Evaluation and Appearance Orientation between obese and non-obese individuals.

It has been well established that people who are suffering from obesity have low self-esteem and low self-body perception compared with non-obese individuals. However, it is not unclear that who has self-esteem and low self-body image perception depends on obesity vice versa. In several studies, they have been reported to be etiological factors. However, it has also been reported that low self-esteem and low self-body image perception were the results of obesity. Self-esteem is described as being aware of self and objective assessment of self-talents and self-powers. It has also been described as love, respect and trust in self. There are items of self-esteem such as emotional, cognitive and factors associated with the body (Çuhadaroğlu 1986, Sadock&Sadock, 2014)

Rosenberg considered self-esteem in two manners; positive attitudes and negative attitudes. If a person has a positive attitude while assesses him or herself, he or she will have high self-esteem. If a person has a negative attitude while assesses him or herself, he or she will have low self-esteem (Rosenberg,1965).

Several studies reported that there had been a negative colouration between self-esteem and BMI (Fremch et al., 1996; Weinberger et al. 2016). However, one study reported that there is not an association between self-esteem and BMI.(95).In literature, obesity has been reported to be associated with low self-esteem. (Delgado et al. 2018; Çolpan et al. 2018; Wu&Berry 2018; Weinberger et al. 2016). In one study 87 obese women have been researched concerning

depression and self-esteem. It has been reported that 42.5% of these women have depressive disorders and %58.6 have lower self-esteem compared with non-obese controls (Pinar, 2002). Ogden and Evans (1996) also reported that individuals with obesity had a higher score in depression and a lower score in self-esteem compared with non-obese controls. In a prospective study, it has been demonstrated that weight loss in obese women resulted in significant improvement in depression and self-esteem (Galletly et al., 1996). In another study, an association between self-esteem and sexual attraction was found (Thomas& Freeman,1996). In western culture being thin is desirable. In contrast being fat and obese is regarded as unfavourable.

Self-esteem is commonly affected by interpersonal relations and the environment (Leary, 1995). Thus negative comments from other people can cause low self-esteem. Humiliating and unrespectful behaviours in obese people are familiar. Stunkard (1995) called this situation "prejudice accepted by society". Moreover, health workers can also consider obese people as lazy, dummy and invaluable. This situation can make obese people depressed and additionally reduction in self-esteem causes dysphoria and depressive mood. (Sobel &Stunkard,1989). In our study, we found that the obese group had significantly lower RSE scores compared with non-obese control group. While considering the studies that mentioned lower self-esteem in obese individuals compared with non-obese people; we can say that our results are consistent with the literature.

Body image perception and self-esteem are closely associated. Perception of self-body image effects various psychologically conditions. Individuals who positively assess their own body have excellent interpersonal communication skills and have better functionality in all areas of life. Despite if individual negatively assesses his/her body, they feel guilty, worthless and

anxious. Shortly we can call the perception of body image, the reflection of our body in our mind (Cash, 2002; Cash, 2004). For decades almost all societies show great importance to seem well and attractive, so almost everyone has put significant efforts for looking desirable. Showing importance to physical appearance transmitted to people via media, so people are conditioned to these views and thoughts. Meaning that has given to appearance can change within time and societies culture. Therapists should explain that perception of the self-body image is more like what they think, how they evaluate their own body than their objective, real physical appearance (Cooper et al., 2008).

It has been well established that body image perception was impaired in obese individuals compared with non-obese ones (McCabe & Ricciardelli, 2004; Tiggemann, 2004). It has been reported that 80% of women who were suffering from obesity had impaired self-body perception compared with controls (Sarwer et al., 1998; Rosen et al., 1995). Most of the obese people do not like their body, and they wish to lose weight for fixing this uncomfortable feeling. They believe that losing weight through any treatment modality would lead to feeling more attractive and more beautiful (Rosen, 2002). In the treatment of obesity, focusing on body shape image was reported to be a significant component of the management of treatment (Rosen, 2002). Women who had to succeed to lose 24% of their weight reported to improve their body image perception in all subdimensions of MBSRQ scale. However, the mild weight loss was not active on the improvement of body image perception (Cash, 1994). However, there have also been confounding data in literature; such as not all individuals who were suffering from obesity had disturbed body image perception. Previous evidence showed that obese people who had a lower prevalence of body image concerns did not seek treatment compared with the ones who had body image concerns [Vieira et al., 2012].

Moreover, individuals with healthy weight cannot be said to be completely satisfied with their body image [Rodin et al., 1984; McLaren&Kuh, 2004]. In a meta-analysis, the severity of body dissatisfaction reported among individuals with obesity and especially among women (Weinberger, 2016). In our study, we assessed Body Areas Satisfaction, Appearance Evaluation and Appearance Orientation subscales of MBSRQ and compared these scores between obese and non-obese groups. We revealed that all scores were significantly lower in the obese group compared with controls.

Furthermore, we compared these scores between men and women in the obese group. We found that obese women had significantly lower scores of Body Areas Satisfaction, Appearance Evaluation and Appearance Orientation subscales compared with obese men. We consider that our findings support the literature regarding body image perception in obese people.

Conclusion

Our study showed that obese participants had significantly lower self-esteem scores, lower Body Areas Satisfaction Score, Appearance Evaluation Score and Appearance Orientation Score compared with non-obese participants. Our results are in the line of literature. Obese people should be regarded concerning psychological support for both in the management of obesity and quality of life. Further studies are needed to explain the effects of psychotherapy that will focus on self-esteem and body satisfaction in the management of obesity.

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Appendices

Appendix A: Inform consent in Turkish

Appendix B: Inform consent in English

Appendix C: Rosenberg Self Esteem Scale

Appendix D: The Multidimensional Body-Self Relations Questionnaire

Appendix A

Bu araştırma, SWPS Üniversitesi, Psikoloji Bölümü, Klinik Psikoloji Yüksek Lisans Programı bünyesinde, Dr. Hab. Prof. USWPS Izabela Krejtz danışmanlığında, Tuna Bereket tarafından yürütülen bir tez çalışmasıdır.

Çalışmanın amacı, obez olan insanların özgüven seviyesi ve beden algısı hakkında araştırma yapmaktadır. Bu araştırmanın hiç bir aşamasında kimlik bilgileriniz sorulmayacaktır. Yanıtlar toplu halde ve sayısal olarak analiz edilecek; sadece bilimsel ve eğitimsel çalışma ve yayın amacıyla kullanılacaktır. Çalışmaya katılım gönüllülük esasına dayanmaktadır. Araştırmanın herhangi bir aşamasında katılmaktan vazgeçebilirsiniz.

Tüm soruları yanıtlamak yaklaşık 20 dakika sürmektedir. Soruların herhangi bir doğru ya da yanlış cevabı yoktur. Çalışmadan güvenilir sonuçlar elde edilmesi açısından samimi cevaplar vermeniz ve soruların tamamını yanıtlamış olmanız önemlidir.

Çalışma hakkında bilgi almak için Tuna Bereket ile berekettuna@gmail.com adresinden iletişim kurabilirsiniz.

Katılımınız ve işbirliğiniz için şimdiden teşekkür ederiz.

Appendix B

This research was carried out by Social Science and Humanities University (SWPS), Department of Psychology, Clinical Psychology Master Program. thesis study conducted by Tuna Bereket under the supervision of Dr. Hab. Prof. USWPS Izabela Krejtz

The aim of the study is to investigate the relationship between self-esteem and body image among obese and non-obese people. The information that you provide here will be highly confidential. Responses will be analyzed collectively and numerically; will be used only for scientific and educational study and publication purposes. Participate in this research is voluntary. You may leave at any stage of the research.

It takes about 20 minutes to answer all questions. The questions have no right or wrong answers. It is important that you give honest answers and answer all questions in order to obtain reliable results from the study.

You can contact Tuna Bereket at bereketuna@gmail.com for more information.

Thank you in advance for your participation and cooperation.

Appendix C

Rosenberg Self-Esteem Scale

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

Strongly Agree Agree Disagree Strongly Disagree

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

Strongly Agree Agree Disagree Strongly Disagree

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

Strongly Agree Agree Disagree Strongly Disagree

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

Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.

Strongly Agree Agree Disagree Strongly Disagree

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

Strongly Agree Agree Disagree Strongly Disagree

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

Strongly Agree Agree Disagree Strongly Disagree

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

Strongly Agree Agree Disagree Strongly Disagree

10. I take a positive attitude toward myself.

Strongly Agree Agree Disagree Strongly Disagree

Appendix D

The Multidimensional Body-Self Relations Questionnaire

1. Before going out in public, I always notice how I look.
2. I am careful to buy clothes that will make me look my best.
3. I would pass most physical-fitness tests.
4. It is important that I have superior physical strength.
5. My body is sexually appealing.
6. I am not involved in a regular exercise program.
7. I am in control of my health.
8. I know a lot about things that affect my physical health
9. I have deliberately developed a healthy lifestyle.
10. I constantly worry about being or becoming fat.
11. I like my looks just the way they are.
12. I check my appearance in a mirror whenever I can.
13. Before going out, I usually spend a lot of time getting ready.
14. My physical endurance is good.
15. Participating in sports is unimportant to me.
16. I do not actively do things to keep physically fit.
17. My health is a matter of unexpected ups and downs.
18. Good health is one of the most important things in my life.
19. I don't do anything that I know might threaten my health.
20. I am very conscious of even small changes in my weight.
21. Most people would consider me good-looking.
22. It is important that I always look good.
23. I use very few grooming products.
24. I easily learn physical skills.
25. Being physically fit is not a strong priority in my life.
26. I do things to increase my physical strength.
27. I am seldom physically ill.

28. I take my health for granted.
29. I often read books and magazines that pertain to health.
30. I like the way I look without my clothes on.
31. I am self-conscious if my grooming isn't right.
32. I usually wear whatever is handy without caring how it looks.
33. I do poorly in physical sports or games.
34. I seldom think about my athletic skills.
35. I work to improve my physical stamina.
36. From day to day, I never know how my body will feel.
37. If I am sick, I don't pay much attention to my symptoms.
38. I make no special effort to eat a balanced and nutritious diet.
39. I like the way my clothes fit me.
40. I don't care what people think about my appearance.
41. I take special care with my hair grooming.
42. I dislike my physique.
43. I don't care to improve my abilities in physical activities.
44. I try to be physically active.
45. I often feel vulnerable to sickness.
46. I pay close attention to my body for any signs of illness.
47. If I'm coming down with a cold or flu, I just ignore it and go on as usual.
48. I am physically unattractive.
49. I never think about my appearance.
50. I am always trying to improve my physical appearance.
51. I am very well coordinated.
52. I know a lot about physical fitness.
53. I play a sport regularly throughout the year.
54. I am a physically healthy person.
55. I am very aware of small changes in my physical health.
56. At the first sign of illness, I seek medical advice.

57. I am on a weight-loss diet.