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BODY IMAGE AND SELF-ESTEEM: A STUDY OF RELATIONSHIPS AND
COMPARISONS BETWEEN MORE AND LESS PHYSICALLY ACTIVE COLLEGE
WOMEN

By

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ABSTRACT

The purpose of this study was to compare more and less physically active college females related to a number of factors in body image and self-esteem. The specific areas investigated were: body image, self-esteem, and exercise levels for college females.

This study investigated how body image and self-esteem were affected as a result of college females exercising more or less in physical activity. Specifically, college women ages eighteen to twenty-five were the focus of the subjects who participated in this study. Two groups were formed and compared: The college females who were more physically active and the college females who were less physically active.

All subjects were surveyed on body image items and self-esteem items. The Multidimensional Body-Self Relations Questionnaire (MBSRQ)(Cash, 2000) was used to assess self-attitudinal aspects of body image and the Self-Esteem Scale (Rosenberg, 1965) was used to assess self-esteem.

The college females were surveyed in two main locations: females who were enrolled in a activity class under the Lifetime Activities Program and females who were attending classes in the Department of Early Childhood and Elementary Education. The females were then divided into two groups based on more and less physical activity. The more and less were calculated by days per week and minutes per day.

The statistics used for analyzing the survey responses as well as the results of the Multidimensional Body-Self Relations Questionnaire and The Self-Esteem Scale included t-tests, descriptive statistics, correlations, and multiple regression analyses. All statistics were calculated using SPSS for Windows.

Results of this study showed significance when an independent t test was used to compare Exercise Level and Self- Esteem. The results also showed a positive correlation between Exercise Level and Fitness Self-Evaluation, Fitness Orientation, Health Self-Evaluation, Health Orientation, and a negative correlation between Exercise Level and Self-Esteem.

INTRODUCTION

As a girl, a Barbie Doll is the perfect model of the “ideal woman” that society portrays. Girls associate a fantasy life with Barbie. She had the pink car, with a huge house, and a perfect body. Her body is ideal to society because she is tall and thin, with a small waist, tan skin, and long blonde hair with blue eyes. Girls learn early that “looks” begin to define the criteria for our status and what we are worth. Somehow girls stop believing in the power of their own minds and body to identify their own individual beauty and Barbie takes over (Edut, 2000). Even at an early age, girls can associate a Barbie Doll with what they think they are supposed to look like as they mature.

Females realize the effect of the Barbie Doll when they are being evaluated on “looks” and become aware of the role it plays in our culture. The Barbie Doll often gives a girl an impression of what society considers valuable and beautiful. One of the girls in a qualitative study (Oliver & Lalik, 2003) listed a series of qualities that contributed to the ‘stereotypes’ of beauty: ‘big breasts’, ‘small waist’, ‘long hair’, ‘light skin’ (if Black), ‘tan’ (if White), ‘eye color’, and ‘facial features’. If you do not “look” like a Barbie Doll, then you did not fit in. You were worthless, less valuable, and less beautiful (Edut, 2000). This problem starts at an early age by playing with Barbie Dolls, but as puberty starts to take place females become more self-conscious about the way they look. Barbie is not just a children’s doll, but an aesthetic obsession and even an adult cult (Edut, 2000).

Body image may differ between girls of different races and ethnic backgrounds. The ideal body image is represented as a predominantly thin, able-bodied young Anglo woman. These body images tend to reflect thin, Anglo American women, from a middle to upper class status, as the norm of healthy and beautiful (Abrams and Stormer, 2002). Although this is a common problem among white Anglo American women, numerous studies document that women of color, particularly African American females compared to White women have a more positive body image (Abrams and Stormer, 2002). African American, Asian American, Latina, and Native American women are rarely represented in articles pertaining to a woman’s health (Center for Women Policy Studies, 2003). The American culture still represents society’s

standards of an ideal body image by representing a negative body image for Anglo American women.

Women are generally dissatisfied with their physical appearance. This dissatisfaction can come from parents, schools, peers, and even the media. This has been happening over the past 30 years and is not surprising since the media has depicted thinner and thinner women (Hoyt, 2001). The media plays a significant role in how women view their bodies. Thin women are associated as healthy individuals with good looks, desirability, and happy relationships. Our bodies are represented as personal billboards providing others with first impressions (Hoyt, 2001). As women try to meet this unrealistic expectation of thinness, eating disorders can impact women who are trying to reach unrealistic goals.

There are two growing trends among females from childhood to adulthood: either to become dramatically inactive or to become more involved with extreme eating disorders and extreme exercise (Rhea, 1998). Girls who are inactive can have a low body image and eventually their self-esteem will decrease. When girls start to sense dissatisfaction and low self-esteem through their attitudes and feelings, then women turn to their body to exert these negative attitudes and feelings through negative behaviors. A negative behavior can be acted out through extreme dieting. Extreme dieting allows a female to relieve her thoughts and feelings through a temporary restricting or binging of food. Over 90% of severe eating disorder cases are currently diagnosed among adolescent and young adult white females (Barlow and Durand, 1995).

These two trends are associated with body image and self-esteem. Women who are dissatisfied with their bodies often reflect a poor body image resulting in low self-esteem. Through physical activity, women can benefit in many ways. Women benefit physically, socially, mentally, and psychologically. Physical activity is important for all females, but especially, females in a college setting. This is the educational setting where women are now on their own and ready to make lifetime decisions dealing with their mind and body. Women from the ages of eighteen to twenty-five can benefit from a more positive body image and higher self-esteem when they are more physically active.

Women are affected by what society portrays as “an ideal woman” and therefore (1) women wish to be thinner; (2) women who are dissatisfied with their bodies have lower self-esteem; (3) physical activity increases body image and self-esteem; and (4) women who are physically active are more aware of the appearance of their body.

CHAPTER 1

REVIEW OF LITERATURE

This chapter contains a review of literature of body image and self-esteem and its relationship among females in college who are physically active. In addition, it also contains the statement of the problem, significance of the study, research questions, and limitations associated with the study.

Body Image as a Construct

Body image is a perception formed from experiences we have with parents, role models, and peers who give us an idea of what it is like to love and value a body. The body encompasses physical appearance, size, and shape. The image is formed by positive or negative feedback given by people whose opinions are important to us. Body image can impact the way an individual perceives their body, attitudes and feelings towards their body, and the behaviors that affect their body.

Body image is regarded as multi-dimensional self-attitudes towards one's body particularly focusing on appearance (Cash & Pruzinsky, 1990). The body image construct is comprised of at least two independent modalities including perceptual (size estimations) and attitudinal (body-related affects and cognitions) (Cash, 1989). Body image has been defined in numerous ways because it is multidimensional and includes physiological, psychological, and sociological components (Hoyt, 2001). Some examples of the dimensions encompassing body image are: perception, attitude, cognition, behavior, affect, fear of fatness, body distortion, body dissatisfaction, cognitive-behavioral investment, evaluation, preference for thinness, and restrictive eating (Brown, T., Cash, T., & Mikulla, P., 1990).

Body image is viewed as a “ loose mental representation of body shape, size, and form which is influenced by a variety of historical, cultural, and social, individual, and biological factors, that operate over varying time spans” (Slade, 1994:p.497). In general, body image is one's attitude towards one's body, particularly size, shape, and aesthetics (Cash, 1990); it also refers to an individual's evaluations and affective experiences regarding their physical attributes.

As a result of body image being based on feelings, our behavior is directly governed by our perceptions, feelings, and beliefs and is the result of our decision-making.

History of Body Image

Our body today is believed to be the way a woman can express who she is to the world and the way her identity is portrayed. Before the twentieth century, Girls did not organize their thinking around their bodies; but today they are worrying about the contour of their body because they believe it is the ultimate expression of themselves (Brumberg, 1997). These same women were dressing themselves in corsets as a symbol of external control over their bodies (Brumberg, 1997). Today our generation has turned the focus inward and our relationships with our bodies are the signal of how far we still have to go (Edut, 2000). Not only the way we treat our bodies, but the role of our bodies permeates our being and determines the direction of our lives.

After World War I, American culture became one of the pinnacle eras with the rise of radio, film, television, telephone, and electricity. This was the time when women sensed freedom and began to “unveil” their bodies. The cultural and psychological change from external to internal control of the body resulted from a societal transformation that moved from agrarian to industrial society and from a conservative and religious to a secular world (Brumberg, 1997).

This time period allowed women to talk on the phone, ride in automobiles, and experience the society around them unchaperoned. Women were given more autonomy and mobility allowing them to express themselves more freely. Since women were becoming more independent of their mothers, they began to look at external qualities for their self-esteem instead of their inner qualities like strength of character and spirit of generosity (Brumberg, 1997). These internal qualities seemed to be no longer of value in the visual world of the late twentieth century.

In the nineteenth century, when girls wanted to improve themselves they turned to internal qualities and how those qualities would be reflected on their outward behavior. In 1892, a female adolescent wrote in her diary, “Resolved, not to talk about myself or feelings. To think before speaking. To work seriously. To be self restrained in conversations and in actions. Not to let my thoughts wander. To be dignified. Interest myself more in others” (Brumberg, 1997:p.xxi) A century later, American girls began to think a lot differently. A female wrote in a diary for a

New Year's Resolution, "I will try to make myself better in any way I possibly can with the help of my budget and baby sitting money. I will lose weight, get new lenses, already got a new haircut, good makeup, new clothes and accessories" (Brumberg, 1997: p.xxi). This clearly paints a picture of how females today in America will identify themselves through their body and appearance to declare their own identity.

The late twentieth century became a pop driven culture based on the fact that females' activism was directed at our most visible "oppressors" like the media and entertainment industries (Edut, 2000). Movies and magazines began to influence a woman's body image by creating a visual for women to model their appearance leading them to worry about the way they "looked". Women began to use their appearance through clothing, body image, and make up to express their inner convictions, pride, affiliations, identities, insecurities, and other weaknesses (Edut, 2000). By increasing the attention to their bodies, this made the body into a project (Brumberg, 1997). The body has become a project not based on accident or curiosity; but rather, a symptom of historical changes that are only the beginning (Brumberg, 1997).

Biological Influences on Body Image

Females are the group of individuals that are targeted by their body image. According to Brumberg (1997), more than anyone else in the population, girls and their bodies have been the focus of the twentieth century social change. When society changed its culture, females turned to their bodies as all encompassing projects. Girls, young women, and female adolescents were highly visible in the twentieth century Western cultures because they were a marker of immature and malleable identity, as well as, a public image of desirability (Drischoll, 2001). Girls by the 1930's understood the importance of the body becoming a public project (Brumberg, 1997). When the body became a public project, girls felt there must be some display of oneself, eventually leading females to become extremely vulnerable to cultural messages about their body.

Puberty and other aspects of physical maturation at adolescence enhanced feelings of awkwardness and awe. These biological forces have made it more difficult for a female growing up to experience how to handle their bodies in a society where a female's body is exploited. Every girl experiences the onset of menstruation and the appearance of breasts. These biological occurrences are happening earlier and earlier when sometimes mentally females are not capable

of handling the pressures of society. These two particular experiences-menstruation and the development of breasts-shapes the world in which she lives in and each generation develops its own body projects and problems (Brumberg, 1997). At this time, most females develop some type of discontent with their body. Adolescent discontent is persistent, but is raised and lowered by the cultural and social settings.

The biological and nature of the way a woman is made defines the weakness of a woman especially in the capacity of reproduction. Women have been conceptualized as being weak and unstable, because they are ruled by their bodies (Ussher, 1989). In the nineteenth century, women began to question and challenge the narrow role of bearing children prescribed to them. In the twentieth century, women were still confined to their duties of motherhood but they were attending college to become educated (Ussher, 1989). The more women became educated, the more society presented images of independent career women who have escaped their reproductive chains. Women are still socialized by their biology and sexually for their identity and self-definition. The body is an example of a female's identity.

Girls pay a tremendous amount of attention to their body and their concerns about their bodies tends to escalate out of control, transforming into angst and identity crisis, as well as psychological and physical illness (Brumberg, 1997; Pipher, 1994; Brown & Gilligan, 1992). At the age of adolescent, many rapid physical changes began to take place and their acute self-consciousness makes them aware causing many to feel uncertain, insecure, and anxious about their bodies (Eklund and Bianco, 2000). Under these circumstances, girls view the shape and appearance of their bodies to be the primary expression of their individual identity. Many females will spend more time away from productive activity to serve the purpose of worrying about what others and they think about their body (Brown and Gilligan, 1992).

Body Image and the Cultural Mirrors

Girls' bodies mirror American cultural values. These values of girls' bodies are mirrored through parents, school, peers, and the media. These mirrors are a reflection of what a girl values as important to her regarding information given to her about her body. Parents, especially the mother, have a direct influence on how a female views her body. Schools are the places where bodies are viewed by teachers and other peers. Peers are an important focus for a female. Peers

can influence a female how to feel about her body. Then, the media uses female's bodies to portray "an ideal image."

Parents are an important role in the developing of a female's body. Both parents can have an impact on how a female feels towards her body. The need to connect with the female parent is an important aspect during the adolescent years. At the time of the mid-nineteenth century when females lost their role in the economy, females began spending more time in the classroom or at work (Brumberg, 1997). A female models her mother's views on her body since she feels that they have the same experiences. Girls are greatly influenced by predominately a mother's behaviors and actions toward her own body.

A school represents a cultural site where bodies are viewed; however, this is the same site where females should be educated about their bodies. The school is laid on a foundation of hope where good things happen and children are developed to enhance learning (New London Group, 1996). Unfortunately, these are the same cultural spaces where females express their concerns, anxieties, and experiences and where adults really are not aware (Oliver, 1999). These spaces also are a reflection of how a woman's body is viewed in regards to society's measures. The school setting is where women want to show off their bodies to gain popularity, friends, self-worth, and self-esteem. Best (2000) explains that girls view 'attractiveness' as a leading factor in their ability to be popular in social contexts. Not only is the media depicting what we should look like and emphasize, but schools are the direct reflection of what society holds in high regards pertaining to a woman's body.

Schools are the place where peers are found. Girls will do anything to feel part of a group of friends in school. The influence of peers is now accepted from the female. Girls will do anything for friends (Orenstein, 1994). An underweight woman wrote, "I get two reactions about my weight. Some people tell me I would look even better if I put on a little weight, but many of my friends are envious. I don't know how many times I have heard somebody say, 'I hate you, you're so thin' (Cash, T.F., Winstead, B., Janda, L., 1986). Lisa, a student from Weston middle school, says, "School isn't as important as your friends," she continues, "and you can't have a good social life and good grades. That's just the way it is (Orenstein, 1994:p.106). Too often what a female's peers say about their body is believed as true. Girls most importantly want to be supported by other girls. This is why many organizations have formed around saving our girls.

In everyday life, a female's body is objectified and demeaned through different venues (Oliver & Lalik, 2003). The media is the ultimate venue that sends women's bodies in many different ways to be portrayed through the public eye. These venues consist of: toys, television, magazines, movies, books, and the internet. The female body is the center of enticement for the selling and buying of products on the market anywhere from cars and movies to alcohol and beauty products. These images of females have been used to portray messages about the "idealized female body" (Bordo, 1997).

Body image experiences often mirror the cultural context, inter-cultural and racial/ethnic diversity which has been observed in body satisfaction (Cash & Henry, 1995). Race and ethnicity is an important factor in the development of a female's identity in her culture. Body image is a cultural issue and is attributed to the female self among white and black women. While middle class white girls are steeped in the contradictory messages of assertiveness and compliance, of achievement and containment, writer Toni Morrison has said,

"Aggression is not as new to black women as it is to white women. Black women seem to be able to combine the nest and the adventure. They don't see conflicts in certain areas as do white women. They are both safe harbor and ship; they are both inn and trail. We, black women, do both" (Heilbrun, 1998: p.61)

White American girls are most often represented through the media as the "ideal body." According to the national survey of body image in 1985 (Cash & Henry, 1995), significant race/ethnicity effects were found with more positive body images among African American than Anglo or Hispanic women. With respect to ethnic differences, more African American girls (44%) reported having a positive body image than Native American girls (33.3 %) or Caucasian girls (31.8 %) and more than four times as many African American girls as Caucasian girls considered themselves attractive (President's Council, 1997). In this same survey, twelve times as many African American girls as Caucasian girls reported liking the way they looked. Researchers have continually emphasized surveying mostly Caucasian females because there is so much focus on this particular ethnic group.

Cultural ideal are expressed through television, movies, and print media. These mirrors become a direct reflection of ideal female images. The media expresses the ideal image of feminine attractiveness with a particular emphasis on thinness. Many authors believe that it is the media that is the cause for women being discontent with their bodies. A majority of females find

images in the media as threatening, because the female ideal beauty is narrowly defined, exaggerated, and emphasize thinness (Posavac, 1998).

As girls learn to become more involved in their culture, they learn to accept body narratives that shape the way females think and feel about themselves (Oliver, 1999). Females identify themselves through their culture by allowing the media to have an impact on their thoughts and feelings. The media images of women are unrealistic and set dangerous standards of beauty and thinness (Mann, 1994). In countries where a thinner body is ideal, more females have negative feelings about their bodies. The mass marketing of body images through the media has made an impact in creating the 1990's perception of tall, thin, and toned bodies ideal for women (Rabak, 1998). Although the "ideal" physique in today's society is a slender, lean female body, it is much less than ideal with respect to physical and mental health (President's Council, 1997). This ideal woman represents the body image of a Barbie Doll.

The Barbie Doll is one of the most recognized toys played with among girls in the Western culture. Elaine Pedersen, an associate professor at Oregon State University, calculated Barbie if she were five feet, five inches tall, her measurements would be 31-17-28 which is thinner than fashion models (Mann, 1994). "In every country in which a thinner body ideal is held for women, they have more eating disorders, and girls and women have more negative feelings about their bodies and how they look," says Anne Petersen. She, as have many others, pointed to the distorted figure of the Barbie Doll. "That is a powerful message." (Mann, 1994).

Barbie functions as a surface for females to identify themselves with her and desire her at the same time (Driscoll, 2002). Dolls often give girls their first lessons on what society considers valuable and beautiful (Edut, 1998). These dolls can have a first and lasting impression on girls at an early age. A Barbie doll is not lacking anything, and girls can consume themselves and find themselves more attached to this image (Driscoll, 2002). The dolls can have young girls all caught up in being fashion-conscious and self-conscious. Dolls need to encompass ways of expanding girls' ideas on what is valuable and beautiful instead of conforming them to a restrictive means of what society encourages.

Anne Pedersen and colleague Nancy Markee, of the University of Nevada at Reno, looked at fifteen other dolls and found similar patterns of distinct thinness. "Barbie is reinforcing all other images out there in the media of the cartoon women and the young, slim woman you see in fashion magazines. Sometimes they are even worse," said Pedersen. "She's definitely part of

that whole set of nonrealistic images and in some cases unachievable body shapes.” (Mann, 1994). Pedersen and Markee are left wondering if the Barbie Doll encourages girls to “play with a very materialistic part of our world.”

The mass marketing of body images through print media and television advertising is a powerful force in creating the 1990’s perception of the tall, thin, toned woman as ideal (Rabak, 1998). Since the introduction of many cultural mirrors, women focused more on outward appearance than inward appearance leaving negative impacts on young females (Brumberg, 1997). Focusing more on outward appearance leaves women questioning their own body and their concerns with weight issues. In July of 1985, a 28 year-old woman wrote on the Body Image Survey “I wish our culture would get over considering something as superficial and unimportant as physical appearance to be the most important characteristic about a person. We’d all be better off if we could pay more attention to what is inside the person rather than what is on the outside” (Cash, Winstead, & Janda, 1986:p.30). According to Groesz, Levine, & Murnen (2002), their study of thin media images on body dissatisfaction indicates a socio-cultural perspective that mass media like television and magazines promote, if not establish, a standard of females that are tall and slender leading females to feel insecure about their shape and weight. The media plays an important role in sending negative messages to females regarding the health of their body.

Although some magazines address women’s health issues, health issues are often overlooked by articles pertaining to beauty and fashion. Many people claim to learn about health from the popular media. Levine and associates (1994) reported that 70% of teenage women who regularly read fashion magazines in their study considered these magazines to be an important source of beauty and fitness information (Rabak, 1998). Women can learn about health issues from magazines, soap operas or even talk shows (Center for Women Policy Studies, 1994). In a sense these women feel empowered; however, the media distorts and misleads information or studies providing consumers with false knowledge. Many times these health articles are actually beauty titles, for example, “Lose ten pounds in ten days” which encourages thinness as the foundation of health and dieting as a means of achieving that goal (Center for Women of Policy Studies, 1994). The media has made an impact on our society and the way women think and behave toward their bodies.

All young females are not equally affected by media exposure. Women may experience stable satisfaction with their bodies if (1) their shape is not dramatically different than what media pictures portray (which is rare) or (2) their body weight is not a true measurement of their self-worth because they do not rely on physical attractiveness (Posavac, 1998). More women need to rely on their self-worth through their skills and abilities unrelated to physical attractiveness.

What the Mirrors Reflect: Body Dissatisfaction

Women experience negative effects after being exposed to thin media images. Since the American “Ideal” figure is represented in all types of media, females turn to their own bodies in dissatisfaction. An ideal body does not guarantee happiness, nor does a less than ideal body preclude it (Cash et al., 1986). According to a Kenyon College Researcher, women with significant body images were more adversely affected by thin media stimuli than women without body dissatisfaction issues (Groesz, 2002). It has been estimated that two-thirds of young women experience significant dissatisfaction with their body size, shape, or appearance (Rabak, 1998). Body dissatisfaction represents a “normative discontent” among women in our society (Cash & Puzinsky, 1990; P. Fallon et al., 1994; Rodin et al., 1984) because of the pervasive incidences of dieting and weight concerns (Silberstein, Striegel-Moore, Timko, & Rodin, 1988). Women have the tendency to internalize a relentlessly thin standard to determine their attractiveness, they are left with two chances for a good body image, slim and none (Cash et al., 1986).

An experiment reported by Heinberg and Thompson (1995) studied the moderating effects of awareness and acceptance of societal attitudes towards female attractiveness and level of cognitive distortions after college women viewing television commercials depicting the ideal image. They found that women high in cognitive distortions and high in awareness of societal attitudes were more affected in negativity through depression, anger, and dissatisfaction with their bodies after viewing the commercials (Posavac, 1998). Body dissatisfaction, fear of fat, and weight concerns are all issues that affect women who are trying to model their bodies after the American image. At the end of the twentieth century, fear of fat, anxiety about certain body parts, and expectations of perfection will cause women to make a comment like “I hate my body” into a powerful message that will mold the social and spiritual life of too many American girls (Brumberg, 1997).

Females are compared to a certain image leading them to feel dissatisfied with their bodies and resulting in weight concerns and disordered eating habits. Dissatisfaction with body image in women is expressed through their desire to lose weight (Furnham, 2002). Girls and women are constantly judged by their physical attractiveness primarily determined by body weight (Biaggio & Hersen, 2000). According to a U.S. report, half or more of the women reported significant dissatisfaction with their appearance (Cash, 1998). A comparison between the 1972 to 1985 National Body Image Surveys revealed that both men and women's body images have become more negative (Cash & Henry, 1995). The American perception about thin people is they are perceived to be happy, healthy, and successful. Overweight people are classified as being lazy, unattractive, and lacking self-discipline in eating habits. We assume that "fatter" bodies are "over" the weight limit and need management through dieting and exercising; however, people's body sizes are diversified (Kater, 1998). Even if it is not true, society emphasizes these perceptions causing females to be obsessed with their body weight.

A number of studies have concluded that Caucasian women and adolescent girls in the United States express a greater concern for body dissatisfaction than other women from different ethnicities or cultural groups. Some of the reasons why this might be the case is because 1) there is a greater concern for gaining weight since our society is becoming obese and 2) there are strong pressures to be thin in the American culture (Mukai, 1998). Since there is an incline in obesity, researchers believe that they become sensitized to the idea of becoming or staying thin. In most cases, the females adopt these beliefs and become dissatisfied.

The female body image and the dissatisfaction resulting from the "ideal" image has become a significant issue among women in today's society. In the number of studies relating to female body image researchers can be assured that it is an evident problem in the Western culture. In fact, women's dissatisfaction when referring to their bodies has been termed as "normative discontent" (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Obviously, women feeling dissatisfied with their bodies are normal in the United States. Some researchers even claim that dieting among females is normal.

Many studies have been conducted on body dissatisfaction among college women. As body dissatisfaction becomes more and more prevalent among college females, more studies are being replicated. According to Pliner, Chaiken, & Flett (1990) a majority of studies concerning weight have been drawn from student populations who are predominately white and age from

late teens to early 20's (Stevens, 1998). It seems as if this is the time in a female's life where independence is gained and decisions about her body are made such as: what to eat, when to eat, when to exercise or not exercise, and how to measure what is healthy.

Body image is the single most prevalent factor in the development of eating disorders and body dissatisfaction is the most consistent predictor of eating disorders developing (Hoyt, 2001). Body dissatisfaction and the fear of being fat are on the rise with dieting being an ongoing epidemic consisting of about half of adolescent girls (Grigg, Bowman, & Redman, 1996) and 30 % of adult women dieting (Neumark-Sztainer, Jefferey, & French, 1997) at any given time (Biaggio & Hersen, 2000). Regarding body weight, 66 percent of women report feelings of dissatisfaction (Garner, 1997). Women are being influenced to meet certain criteria that society has established causing women to feel negative about their bodies.

Since 1922, the body mass index of Miss America winners has steadily declined to a classification of women who are under nutritioned and the physical appearance of fashion models is now achievable only by three to five percent of the U.S. population (Thompson, 1999). Since more women are exposed and experiencing weight loss behaviors, more women are generally becoming dissatisfied causing more females to buy women's magazines that have a prevalence of diet and exercise articles. The problem is weight cannot be easily or quickly modified leaving women to create a barrier between positive self-regard and what society exemplifies as "healthy" living.

Body Image and Eating Disorders

Among the health issues that are affecting females, eating disorders are most commonly found among this gender. It is scary, but true that ninety percent of all eating disorder cases are related to girls and young women (Phillips, 1998). The societal emphasis placed on female attractiveness does not surprise researchers that a girl's body image becomes the center of her sense of self. A person's belief that her weight and shape are central to her sense of self-worth, along with her belief that her weight is unsatisfactory leads to the classic eating disorder mind set (Devlin, 2001). The pressures for females to maintain the so-called "ideal physique" may produce dysfunctional eating habits where the body weight will drop too low (Freedson & Bunker, 1997). Often this is nearly an impossible ideal image to achieve which could result in a behavior of eating disorders later.

In a society where young women are encouraged to diet, an enormous amount of focus is put on females to improve their body image and strict dieting is considered normal. According to the National Institute of Mental Health (1993), anorexia, weight loss, distorted body image and bulimia are often represented by 3-4% of adolescent girls. Anorexia is classified as self-restrictive eating, weight loss is characterized as 15% below normal body weight, and distorted body image is perceiving yourself to look one way when the actual measurements do not reflect that image are all examples of actions taken by 1% of adolescent girls (Phillips, 1998). Bulimia involves bingeing and purging followed by vomiting, excessive exercise, or use of laxatives and is represented by another 2-3% of adolescent females (Phillips, 1998). Researchers believe that many more females are experiencing with eating disorders because female dieting is expressed as “normal” meaning many eating disorders are not diagnosed.

Gender has an impact on who is mostly being diagnosed with eating disorders. For instance, 95% of individuals being diagnosed are in girls or females (Biaggio & Hersen, 2000). Although many girls across different races and ethnic groups may experience or develop eating disorders, white girls are most often represented followed by Hispanic girls (National Institute of Mental Health, 1993). The girls who are white and middle or upper-middle-class are the ones at the highest risk of vulnerability (Orenstein, 1994). They are the girls who are most likely to receive conflicting messages of silence and assertiveness in the home, at school, or from boys. Among these girls, a negative body image is prevalent: a Gallup poll found as many as a million teenage girls are afflicted with eating disorders; other studies have estimated that 10% of American women and 20% of women on college campuses are anorexic or bulimic and nearly two-thirds of young girls have distorted body images (Orenstein, 1994).

African American girls report more positive body images and there is a less strict societal emphasis placed on men. In 1996, the Melpomene Institute and YMCA of the U.S.A. surveyed more than 150 girls' ages eleven through seventeen and found that 40% of the African American females consider themselves attractive compared to only 9.1% of the white girls (Phillips, 1998). There are many women who develop eating disorders because they have strong feelings in fear of getting fat, intense body dissatisfaction, and obsessive, restrictive eating habits.

Much of the research on eating disorders fails to consider the messages society portrays and the practices and behaviors girls are immersed with causing females to internalize feelings and behaviors. When females internalize feelings or behaviors, the body becomes the place of

absorption for society's standards to be upheld. Many girls approach their bodies as weight being their center of control (Thompson, 1992). Loss of control and excessive restraint in eating seems to be a struggle among women who are suffering from a negative body image. As Brumberg (1997) suggests in *Fasting Girls*, a historical perspective on eating disorders, eating disorders are an assertion of control which is a response to conflicting expectations that girls face. Girls deny themselves food to alleviate anxiety and depression, to express powerlessness, and to restore a sense of control (Orenstein, 1994). This relief is only temporary causing them to repeat the behavior over and over again. The loss of control and excessive restraint in eating seems to be a part of the self-defeating struggle with a negative body image (Cash, 1986).

As girls, they are not allowed to turn their anger outward so their only outlet is their own body. The body becomes the means to a destructive outlet when positive impulses towards mastery and perfectionism are trying to be portrayed (Phillips, 1998). The means of perfectionism toward a woman's body is reflected through society's standards.

Body Image and Self-Esteem

Self-esteem has been defined by many psychologists and researchers. Self-esteem is a positive or negative attitude toward an object usually referring to the self (Rosenberg, 1965). Self-esteem can have two very different meanings. In one meaning, a female might have high self-esteem if she thinks is "very good"; on the other hand, she may think she is "good enough" (Rosenberg 1965: p.30). Rosenberg believes,

"High self-esteem means, the individual respects herself, considers herself worthy; she does not necessarily consider herself better than others, but she definitely does not consider herself worse, she does not feel that she is the ultimate in perfection, but, on the contrary, recognizes her limitations and expects to improve and grow. Low self-esteem, on the other hand, implies self-rejection, self-dissatisfaction, self-contempt. The individual lacks respect for the self she observes. The self-picture is disagreeable, and she wishes it were otherwise (Rosenberg 1965: p.31)."

According to Orenstein (1994), self-esteem originates from two different avenues: how a person views her performance areas in which success is important to her (so if appearance is more important to a girl than academic success, gaining a few pounds may damage her self-esteem more than an "F" in math) and how a person believes others' perceive her such as parents, teachers, and peers. Girls learn to look outward for their sense of value putting our self-esteem in the hands of others to confer our worth.

These are two important aspects of how self-esteem is built up or torn down. Girls with a healthy self-esteem have an appropriate sense of their potential, their competence, and their innate value as individuals. They feel a sense of entitlement or the right to take up space in the world because they feel they are contributing. Their right to be heard and feelings of being able to express human emotions are both very important to feeling a sense of value. Our culture tends to be unsure when women are successful, independent, and have the right to fulfill equal opportunities. Our culture devalues women and their qualities that they often portray such as nurturance, cooperation, and intuition (Orenstein, 1994). Our culture has taught women to undervalue our existence as unimportant. Girls, plain and simple, tend to not give themselves enough credit or ability to achieve and degrade themselves and their abilities.

Girls are often portrayed as a unified group of individuals who have a lack of self-confidence and sense of entitlement. In the last two decades, girls have struggled to maintain a strong sense of self and they have experienced a decrease of self-confidence and positive feelings about themselves as they have gone through adolescence (Phillips, 1998). The transition from girlhood to womanhood usually begins around the time of middle school and is the time where the greatest amount of self-esteem is lost (Orenstein, 1994). Gilligan and her colleagues (1992) at the Harvard Project of the psychology of Woman and the Development of Girls found that before puberty girls feel strong, secure, and wise but when they undergo the transformation to puberty, they emerge as adolescents with less confidence and more negative views about themselves (Phillips, 1998). Dissatisfaction with their body image is associated with low self-esteem (President's Council, 1997).

For both boys and girls, poor body image has been associated with poor self-esteem (Eklund & Bianco, 2000). Many females identify themselves through their body. The reflection of their body gives them positive or negative feelings about themselves resulting in positive or negative self-esteem. Harter (1999) found that there is a common dominant link between self-appraisals of physical appearance and self-esteem. She has found that individuals who favor their appearance through positive feedback tend to report high global self-esteem. According to West & Sweeting (1997), low self-esteem is more characteristic in females than males because of their greater concern about their body and appearance. Their study concluded that those who worry about their weight, looks, and being popular will more likely have "low self-esteem" issues.

Low self-esteem is created by how girls identify their body to themselves and others around them. A large component of self-esteem and self-concept is built mainly on how one feels internally, but also other people's assessments play a factor (Brumberg, 1997). Identity is often collapsed into an oversimplified concept of self-esteem (Phillips, 1998). A woman should be valued by her healthy self-esteem displayed through her body and not dependent on size and appearance.

According to AAUW's national self-esteem poll *Shortchanging Girls, Shortchanging America* (1991) 2,374 girls and 600 boys were surveyed between fourth and tenth grades on self-esteem, experiences, and attitudes towards school, gender, and career goals. Overall, the girls had a lower self-esteem than the boys in grade school and high school. The white girls and Hispanic girls reported lower self-esteem than black girls. Far more African American girls retain their overall self-esteem during adolescence than white or Latina girls, they maintain a stronger sense of self (Orenstein, 1994). The black girls reported a higher self-worth (Phillips, 1998). The black girls are more pessimistic about their teachers and their schoolwork than other girls (Orenstein, 1994).

According to Furnham (2002), dissatisfaction with body image and weight was significantly correlated with self-esteem for girls. His hypothesis was supported in that those who are dissatisfied with their bodies have lower self-esteem. These findings have been supported by (Lerner et al., 1973) where there is a relationship between body dissatisfaction and self-esteem showing that the female body image satisfaction is highly correlated with self-esteem. At a time when slender bodies for women are cherished, women who cherish body satisfaction as a central aspect of self-esteem are more likely to be preoccupied with weight and more susceptible to negative attitudes (Furnham, 2002).

Without a strong sense of self, entering into adulthood, females will be short changed. They will already fall behind feeling less able to fulfill their potential, to climb over barriers. Their successes will not compare to their failures leaving women to reassure themselves of their own self-doubt. It is important to find out what girls value as their "areas of importance" which is what they measure their self-esteem by and focus on those aspects (Orenstein, 1994). On the other hand, if females do not stay focused on what values their self-esteem, they will continue to devalue even some of their valuable characteristics like strength and competence.

Physical Activity and How it Benefits Girls

Physical activity is an effective means of “improving health and enhancing function and quality of life” (President’s Council, 1997). Improving and enhancing life for female girls through physical activity can be accomplished physically, socially, mentally, and psychologically. According to *Physical Activity and Sport in the Lives of Girls*, by the President’s Council on Physical Fitness and Sports (1997), studies show that girls clearly benefit from exercise. “Regular physical activity during childhood and youth may prevent or even impede the development of several adult conditions in which physical activity is one part of a complex, multi-factorial etiology (e.g., obesity, degenerative diseases of the heart)”. Participation in regular exercise contributes to physical and psychological benefits including improved cardiovascular conditioning, reduces hypertension, reduced risk of osteoporosis, and decreased depression and anxiety (Davis & Cowles, 1991).

“Adolescent girls are saplings in a hurricane. They are young and vulnerable trees that the winds blow with gale strength” (Pipher, 1994: p.22). Although most girls “weather the storm of adolescence,” it is important that opportunities are provided for those who cannot “weather the storm.” Girls can be strong, resilient and powerful, as a result of physical activity or sport experiences (President’s Council, 1997).

Benefits of physical activity specifically related to girls are power (i.e. aerobic power or endurance and anaerobic power), strength, weight management, and health related issues (President’s Council, 1997). Armstrong and Weisman (1994) report a decrease in absolute aerobic power in girls at the age of thirteen to fifteen. This decrease is most apparent at the time of puberty when body fat increases. Usually, when aerobic power declines, then aerobic endurance increases.

Participation in physical activity can help females with weight management. Females who participate in regular exercise or sport may reduce the likelihood of childhood obesity. Childhood obesity is “arguably the most prevalent chronic illness among children in North America and represents an immense public health challenge” (Bar-Or & Malina, 1995: p.110). This obesity problem is prevalent in girls from highly urbanized areas, some ethnic groups, and those with disabilities. Exercise is an important factor in weight control for females in high school (Wells, 1991; Moody, Wilmore, Girandola, & Royce, 1972) and women over the age of eighteen (Miller, Linderman, Wallace, & Niederpruem, 1990). Exercise can balance the caloric

intake and the expenditure by reducing the amount of calories taking in and increasing the rate of expenditure. Women are believed to be motivated to exercise primarily to lose weight (Silberstein et al., 1998).

Girls also benefit from physical activity through health-related issues such as immune function and the reproductive maturation (President's Council, 1997). There is a relationship between the immune system and a female's body. As a female becomes physically active her immune system increases to fight off sicknesses or illnesses. However, if the exercise becomes too intense, then the immune system can breakdown. On the other hand, there is a positive influence of physical activity on the menstrual cycles of females' (President's Council, 1997). Many girls report more regular periods and less physical stress when they are physically active. It is believed that being physically active during the exact time of menstruation helps alleviate cramps and pain.

Any form of exercise or physical activity can increase health-related fitness for children for three reasons: 1) it may lead to a habit of physical activity which may carry over into adulthood 2) they may contribute to overall health status later in life, and 3) they may have a preventative function in some adult diseases (President's Council, 1997). There are at least two reasons for encouraging girls to be physically active, according to Bar-Or and Malina (1995),

“Regular physical activity during childhood and youth may prevent or impede the development of several adult conditions in which physical inactivity is only one part of a complex, multi-factorial etiology (e.g., obesity, degenerative diseases of the heart, and specifically osteoporosis” also “Habits of engaging in regular physical activity developed during childhood and adolescence may persist into adulthood and thereby reduce the later incidence of such conditions” (p.10).

Girls involved in physical activity or sports can benefit sociologically. Physical activity or sports for girls is important because they learn their gender, the gender difference, and how to build social skills. Gender is important because physical activity or sport allows girls to learn and reproduce appropriate female styles of movement (Young, 1990). At an early age, girls learn the differences between male and females by learning “a specific repertoire of gestures, postures, and movements” (Bartky, 1998: p. 64) which are quite different from boys. Girls possess the physical capabilities to perform all kinds of movement activities; however, what they do lack is the social support to keep them involved. Females can meet new people, establish old relationships, and even learn to cooperate with others in these particular types of settings. Girls

put a high value on positive social interaction and self-expression (President's Council, 1997). There is a setting where women can confide in others and feel a sense of belonging.

Research suggests two findings related to physical activity and mental health. Physical activity and sport enhances psychological well-being and reduces problem levels of anxiety and depression. The psychological benefits are increased motivation, increased self-esteem, and improved states in mood. Engaging in physical activity significantly enhances mental health. It has a positive impact on elevating mood and improving self-concept and self-esteem (Greensberg & Oglesby, 1997). Plante & Rodin (1990) and Plante (1993) determined from extensive meta-analysis that exercise has a positive impact on enhancing mood, self-concept, and self-esteem.

According to Smyth (1991), feelings of depression and anxiety begin to diminish after exercise. "Physical activity can be a promising aid" for people suffering from symptoms of depression (Singer, 1992: p.199). A majority of studies show that aerobic and non-aerobic exercise can have an anti-depressive effect on patients suffering from mild to moderate depression (Martinsen, 1995; Plante, 1993). Psychological benefits are integrated with physical and social dimensions of female involvement in physical activity and sport and must be interpreted in light of these factors as well (Weiss & Glenn, 1992).

Physical Activity Among College Students

According to Healthy People 2000, postsecondary educational institutions are the settings where exercise should be promoted (Dishman, 1990). The target age group is from ages eighteen to twenty-four. The reason why researchers feel this group should be targeted is because they have access to exercise facilities and training opportunities through classes you can enroll in or participate in at the college or university. The National College Health Risk Behavior Survey in 1995 by Douglas (1997) on college students' health habits indicates that only 35-37% report having a regular schedule that includes physical activity and women (32%) have a lower report than men (40%) on regular exercise (Pinto, 1998). Data from the 1995 National College Health Risk Behavior Survey revealed that 42% of undergraduates ages from eighteen to twenty-four participated in vigorous exercise and 20% participated in regular moderate exercise (Pinto, 1998). Many college women are exercising for the management of weight and appearance rather

than reasons for managing health/fitness, stress/mood, and social interaction (Cash, Novy, & Grant, 1994).

Body Image, Self-Esteem, and Physical Activity: What is the Relationship?

There are benefits of physical activity that affect a female's relationship with her body image and self-esteem. This relationship is built in a positive way. Successful sport experiences and experiences of girls being physically active can also build confidence, self-esteem, and positive body image (Jaffee & Manzer, 1992; "Miller Lite Report on Women in Sports," 1985) which are personal qualities that female adolescents especially need. The potential benefits of physical activity participation such as "self-concept, self-esteem, and body concept" are especially important for the emotional well-being of a woman (Berger, 1984b: p.172).

Women who place an emphasis on fitness and health and do things to improve these two areas find themselves happier with their lives (Cash et al., 1986). The more people care about their fitness and health, the more positive feelings they have about their appearance and is more closely linked to a satisfying body image (Cash et al., 1986). Greater body satisfaction was associated with increases in levels of exercise and body focus in a study on body image and exercise with physically active men and women (Davis & Cowles, 1991). The more women focus on their appearance, the more they are likely to engage in some sort of exercise, but the degree to which they exercise does little to change their current body shape to the "ideal" body shape, and therefore body dissatisfaction is not affected (Davis & Cowles, 1991).

There are immediate effects of exercise that benefit females' confidence, self-esteem, fitness level, and positive body awareness (Phillips, 1998). Running and other forms of physical activity or sport participation build confidence, alleviate anxiety and reactive depression, increase body awareness and body image, reduce weight, and improve sleep (Buffone, 1984). Singer (1992), a comprehensive review of research findings, found many psychological rewards of physical activity including: improved self-image, increased self-confidence, positive changes in mood, relief of tension, relief of premenstrual tension, increased alertness, increased energy and increased ability to cope.

Summary

Females in college struggle everyday with the way their bodies are being portrayed. They struggle from influences of parents, peers, and the media surrounding them. Society measures a woman based on the shape and size of her body instead of what is on the inside. Her beauty is determined on the outside.

Many females struggle with how they feel and think about their bodies. Women idealize and covet an ultra-slender body which is motivated by aesthetic concerns rather than health-related factors (Davis & Cowles, 1991). The cultural standard of females' attractiveness is now a slimmer woman since the 1930's. These feelings of body dissatisfaction and low self-esteem have an impact on every aspect of their lives. Parents, peers, and even the media influence these feelings of negativity about themselves in regards to their bodies because they may not have the American "ideal body". This is tremendous pressure for females and negative behaviors toward their bodies can result from negative feelings.

Conceptual Framework

Primarily because of the prevalence of eating disorders, research including body dissatisfaction, body image, and attitudes on dieting and exercising has focused on female adolescents and young adults. Undergraduate college women perceive the "ideal" body size to be thinner than what they perceive themselves to be and they want to weigh considerably less than they currently do (Davis & Cowles, 1991). Many females from the ages eighteen to twenty-five in a college setting are dissatisfied with their bodies and have low self-esteem when they are not physically active. If research supports body image increasing with physical activity and we know self-esteem increases with physical activity, then women who are physically active in a college setting will increase both body image and self-esteem.

Statement of the Problem

The purpose of this study is to determine if there is a difference among attitudes about body image and self-esteem among college females who are physically active. During adolescence, girls focus a tremendous amount of attention on their body. Their concerns about their bodies can escalate out of control, often transforming into angst and identity crisis, as well as psychological and physical illnesses (Brumberg, 1997; Pipher, 1994; Brown & Gilligan,

1992). Today, girls view the shape and appearance of their bodies to be the primary expression of their individual identity (Brumberg, 1997). They spend an enormous amount of time away from productive activity because they are worrying about what their bodies look like to themselves and others (Brown & Gilligan, 1992). After adolescence, females in college continue to experience a tremendous amount of dissatisfaction with their bodies. This study will determine if physically active women in college have attitudes of dissatisfaction as a result of negative body image and the relationship to self-esteem.

Significance of the Study

Many studies on body image have been conducted on females in a collegiate setting. Generally, women attending college are more dissatisfied with their overall appearance and body image than adolescents, middle aged women, and men. This study is significant in the development of body image and self-esteem in relationship to physical activity patterns among women in college who are physically active. Since 1985 (the year of the U.S. National Survey on body image) there have been few studies that determine the relationship of body image and self-esteem to concepts related to physical activity. Many studies do not include exercise as a means of building positive body image and self-esteem.

Research Questions

The research will answer the following five research questions.

1. What are the thoughts and feelings about the appearance of the body of physically active women in college compared to less physically active women in college?
2. What is the satisfaction with certain areas of their body among women who are physically active and who are less physically active?
3. Do women who are physically active experience fat anxiety, weight vigilance, dieting, and eating restraints compared to less physically active women?
4. What is the self-esteem of physically active college women compared to women in college who are less physically active?
5. Is there a relationship between the independent variables and the dependent variables?

This study intends to answer these research questions.

Limitations

The limitations of this study are as follows:

1. The study cannot be used as a basis for generalization to other individuals and settings.
The questionnaires of these participants do not imply that all women feel the same way.
2. When filling out a questionnaire, the researcher must assume the participants answer the questionnaire honestly.

The researcher made efforts to manage the effect of any of the limitations.

CHAPTER 2

METHODS

College females are constantly represented in body image studies based on the growing interest of why women are dissatisfied with their bodies. Women continue to find discontent with the way their body looks and feels. Women are not content with what they see in the mirror.

Body image is a multidimensional self-attitude towards one's body particularly emphasizing appearance (Cash & Pruzinsky, 1990). Body image attitudes consist of cognitive, affective, self-perceptions, and behaviors. Body image bears a moderate relationship between self-esteem and psychological adjustment (e.g. eating disturbances, depression, social anxiety, and sexual functioning) (Cash & Pruzinsky, 1990; Thompson, 1990).

This study focuses on determining relationships between more and less physically active college females' body image and self-esteem.

Research Technique

This study uses a questionnaire developed by Thomas F. Cash. The Multidimensional Body-Self Relations Questionnaire (MBSRQ) is a 69-item self reported inventory for the assessment of self-attitudinal aspects of the body image construct. Body image is defined as ones' attitudinal disposition toward the physical self (Cash & Pruzinsky, 1990). The MBSRQ is an inventory assessing body image attitudes (Cash, Wood, Phelps, & Boyd, 1991).

The MBSRQ includes these factor subscales: Appearance Evaluation (affective evaluation of appearance), Appearance Orientation (cognitive-behavioral investment in appearance), Fitness Evaluation (feelings of being physically fit or unfit), Fitness Orientation (investment in being physically fit or athletically competent), Health Evaluation (feelings of physical health and/or the freedom from physical illness), Health Orientation (extent of investment in a physically healthy lifestyle), and Illness Orientation (extent of reactivity to being or becoming ill) (MBSRQ Users' Manual, 2000).

Additional MBSRQ subscales include: Body Areas Satisfaction (extent of satisfaction with eight body parts), Overweight Preoccupation (affective, cognitive, and behavioral elements of an attitude about being/becoming fat), and Self-Classified Weight (self-perceived weight and

how others perceive one's weight from "very underweight" to "very overweight") (MBSRQ Users' Manual, 2000).

The questionnaire addresses many subscales related to orientation and evaluation. The evaluation subscales reflect how bad or how good one feels about each area (Cash et al., 1986). In appearance evaluation, high scorers feel mostly positive and satisfied with their appearance; low scorers have a general unhappiness with their physical appearance. The Fitness Evaluation subscale believe high scorers regard themselves as physically fit, "in shape", or athletically active and competent. Low scorers feel physically unfit, "out of shape" or athletically unskilled. High scorers value fitness and are actively involved in activities to enhance or maintain their fitness. Low scorers do not value physical fitness and do not regularly incorporate exercise activities into their lifestyle. In Health Evaluation, high scorers feel their bodies are in good health and low scorers feel unhealthy and experience bodily symptoms of illness or vulnerability to illness (MBSRQ Users' Manual, 2000).

The orientation subscales measure how personally important the various aspects of body image are, how much attention is given to each aspect, and how actively a person maintains or improves her body's appearance (Cash et al., 1986). The Appearance Orientation measures the extent of investment in one's appearance. High scorers place more importance on how they look, pay attention to their appearance, and engage in extensive grooming behaviors. Low scorers are apathetic about their appearance; their looks are not especially important and they do not expend much effort to "look good". Fitness Orientation high scorers value fitness and are actively involved in activities to enhance or maintain their fitness. Low scorers do not value physical fitness and do not regularly incorporate exercise activities into their lifestyle. Health Orientation high scorers are "health conscious" and try to lead a healthy lifestyle. Low scorers are more apathetic about their health. Illness Orientation high scorers are alert to personal symptoms of physical illness and are apt to seek medical attention. Low scorers are not especially alert or reactive the physical symptoms of illness (MBSRQ Users' Manual, 2000).

The Body Areas Satisfaction Scale is similar to the Appearance subscale, except that the BASS taps satisfaction with discrete aspects of one's appearance. High composite scorers are generally content with most areas of their body. Low scorers are unhappy with the size or appearance of several areas. The Overweight Preoccupation scale assesses a construct reflecting fat anxiety, weight vigilance, dieting, and eating restraint. Self-Classified Weight subscale

reflects how one perceives and labels one's weight, from very underweight to very overweight. The MBSRQ is intended for adults and adolescence 15 years or older.

The Multidimensional Body-Self Relations Questionnaire (MBSRQ) norms for the subscales are based on the mean and standard deviation. The MBSRQ subscales are: Appearance Evaluation, Appearance Orientation, Fitness Evaluation, Fitness Orientation, Health Evaluation, Health Orientation, Illness Orientation, Body Areas Satisfaction, Overweight Preoccupation, Self-Classified Weight. The mean and standard deviation are used for each of the following subscales for females: Appearance Evaluation (3.36 M, .87 SD), Appearance Orientation (3.91 M, .60 SD), Fitness Evaluation (3.48 M, .97 SD), Fitness Orientation (3.20 M, .85 SD), Health Evaluation (3.86 M, .80 SD), Health Orientation (3.75 M, .70 SD), Illness Orientation (3.21 M, .84 SD), Body Areas Satisfaction (3.23 M, .74 SD), Overweight Preoccupation (3.03 M, .96 SD), and Self-Classified Weight (3.57 M, .73 SD) (MBSRQ Users' Manual, 2000).

Norms for all, except two subscales, were derived from the U.S. national survey data (Cash et al., 1985, 1986), on 1070 females. Exceptions are the BASS and Self-Classified Weight, whose items or response format were altered subsequent to the 1985 survey. These two subscales' norms were derived from several combined samples studied by Thomas F. Cash with $N_s = 804$ women. The participants were eighteen years of age or older.

The reliabilities of the MBSRQ subscales were based on Cronbach's alpha and one month test-retest. The reliabilities in the subscales pertaining to females are: Appearance Evaluation (.88, .91), Appearance Orientation (.85, .90), Fitness Evaluation (.77, .79), Fitness Orientation (.90, .94), Health Evaluation (.83, .79), Health Orientation (.78, .85), Illness Orientation (.75, .78), Body Areas Satisfaction (.73, .74), Overweight Preoccupation (.76, .89), and Self-Classified Weight (.89, .74). The test-retest correlations are derived from college student samples.

MBSRQ Format

The Multidimensional Body-Self Relations Questionnaire (MBSRQ) developed by Thomas F. Cash is the questionnaire being used in the study. The MBSRQ is a 69-item self-report inventory for the assessment of self-attitudinal aspects of the body-image construct (MBSRQ Users' Manual, 2000). The MBSRQ's factor subscales reflect two dispositional dimensions- "Evaluation" and cognitive-behavioral "Orientation" in each of the three somatic

domains of “Appearance,” “Fitness,” and “Health/Illness.” In addition to the seven factor subscales, the MBSRQ has three special multi-item subscales 1) The Body Areas Subscale 2) The Overweight Preoccupation Scale 3) The Self-Classified Weight Scale (MBSRQ Users’ Manual, 2000).

The questionnaire includes 69-items with the first fifty-seven items answered in a 5-point Likert scale form. The answers are written in the blank in number form from definitely disagree to definitely agree, for example, (1) Definitely Disagree, (2) Mostly Disagree, (3) Neither Agree nor Disagree, (4) Mostly Agree, and (5) Definitely Agree. Question 58 is answered in the form of a 5 point Likert scale with the answers being (1) Never, (2) Rarely, (3) Sometimes, (4) Often, (5) Very Often. Questions 59 and 60 are answered in a 5 point Likert scale from (1) Very Underweight, (2) Somewhat Underweight, (3) Normal Weight, (4) Somewhat Overweight, (5) Very Overweight. Questions 61-69 use a 5 point Likert scale indicating how dissatisfied or satisfied you are with areas or aspects of your body, for example, (1) Very Dissatisfied, (2) Mostly Dissatisfied (3) Neither Satisfied Nor Dissatisfied (4) Mostly Satisfied (5) Very Satisfied.

Self-Esteem Scale

The Self-Esteem Scale developed by Morris Rosenberg (1965) is a 10-item questionnaire. Self-esteem is a positive or negative attitude toward a particular object, namely the self. Each subject rated each item on a 4-point scale. This scale ranges from a strongly agree and agree to disagree and strongly disagree. Higher scores indicate a more positive sense of self. Higher self-esteem expresses the feeling that one is “good enough” (Rosenberg, 1965: p.31). The individual feels that she is a person of worth, she respects herself for what she is, but she does not stand in awe of herself or expect others to stand in awe of her (Rosenberg, 1965).

The 10-item Self-Esteem Scale is a widely used measure with strong reliability and validity (Silberstein, Striegel-Moore, Timko, & Rhodin, 1988). The Self-Esteem Scale has a reproductibility of 93%, a scalability of items at 73%, and a scalability of individuals at 72%. This scale is internally reliable showing a test-retest reliability of .85 by Silber & Tippett (Rosenberg, 1965) and is unidimensional. individuals at 72%.

The Demographic information sheet will ask six questions consisting of: ethnicity, age, how many days a week they use a fitness facility, how many minutes a day, purpose of using the workout facility (activities), and what type of magazines do you buy or read.

Participants

Many studies on body image have used participants anywhere from 180 females to 300 females. (Davis, C. & Cowles, M.,1991; Cash, T., 1994) . The selection and number of participants for a quantitative study is the most important because there is a saturation of information. The women who participate in the study are physically active college females. The target population is physically active college women ranging from the ages of 18-24 who use a workout facility at a Southeastern University.

The purpose of the study is to present the relationships of more and less physically active college women on body image, self-esteem, and exercise. The study included physically active college women to fill out questionnaires on topic areas of body image, self-esteem, and exercise. The answers to the questions help the researcher to understand the attitudes of physically active college females.

The females participants were asked to fill out a volunteer survey. The survey was administered in Lifetime Activities Classes and in Elementary Education and Early Childhood Development Classes. Subjects for the study included female college students aging from 18-25 years old. These female college students were surveyed through Lifetime Activities Classes (Aerobic Conditioning, Aerobic Dance, Self-Defense) in the Department of Sport Management, Recreation Management, and Physical Education and also in Elementary Education and Early Childhood classes in the Department of Education at a Southeastern University. The females were separated into a group who exercised more than 2 hours per week and the second group exercised less than 2 hours per week. The groups were separated by more than 2 hours and less than 2 hours because the groups had the largest difference at 2 hours per week.

The women will be given an informed consent form to fill out ensuring that the Southeastern University cannot be held accountable for any allegations following the completion of the survey. The women will be given an instruction sheet followed by the Multidimensional Body-Self Relations Questionnaire (MBSRQ). A demographic information sheet will follow the

questionnaire. The informed consent form, instruction sheet, questionnaire, and the demographic questions will all be in one packet for the participant to fill out and leave with the researcher. The researcher will guarantee confidentiality by assigning the questionnaire packets by number. No names will be permitted on the questionnaire packets.

Data Analysis

This quantitative study will focus on body image, self-esteem, and exercise among physically active college females' from the ages of 18-25. The independent variables consist of: Age, Ethnic Group, how many days a week they are physically active, how many minutes a day they are physically active, the type of physical activity exercises, and what magazines they read or buy. The dependent variables consist of: Appearance Evaluation & Orientation, Fitness Evaluation & Orientation, Health Evaluation & Orientation, Illness Orientation, Body Areas Satisfaction, Overweight Preoccupation, Self -Classified Weight.

This quantitative study uses SPSS 11.0 to analyze the data gathered from the MBSRQ survey and the Self-Esteem Survey. The SPSS 11.0 program used descriptive analysis to compute the means and standard deviations for each subscale. There are seven factor subscales and three additional subscales: Appearance Evaluation & Orientation, Fitness Evaluation & Orientation, Health Evaluation & Orientation, Illness Orientation, Body Areas Satisfaction Scale, Overweight Preoccupation, Self-Classified Weight. SPSS 11.0 is also used to find the mean and standard deviation of the Self-Esteem scale.

The independent t test will be used to compare means and standard deviations between exercise levels and body image subscales and self-esteem. The independent variables are: Age, Ethnic Group, How many days a week the females use the workout facility, How many hours a week, What activities they are participating in at the facility, and What magazines do they mostly read and/or buy. The dependent variables are: Appearance Evaluation & Orientation, Fitness Evaluation & Orientation, Health Evaluation & Orientation, Illness Orientation, Body Areas Satisfaction, Overweight Preoccupation, and Self-Classified Weight. An analysis of variance (ANOVA) will be used to test differences in means between exercise level and dependent variables (body image subscales). Effect size will be used to determine how each exercise level contributes to the observed differences.

CHAPTER 3

RESULTS

Introduction

The purpose of this study was to determine relationships between more and less physically active college females' body image and self-esteem. A comparison was used to determine the body image and self-esteem of college females based on levels of physical activity. The more and less physically active female college students were assessed through a volunteer survey based on body image and self-esteem.

Sample Description

The subjects for this study included female college students aging from 18-25 years old. These female college students were surveyed through Lifetime Activities Classes (Aerobic Conditioning, Aerobic Dance, Self-Defense) in the Department of Sport Management, Recreation Management, and Physical Education and also in Elementary Education and Early Childhood classes in the Department of Education at a Southeastern University.

Two hundred and fifty-nine female college students were surveyed. The participants were placed into two groups based on level of physical activity. The less physically active group (n=86) participated in physical activity less than two hours per week. The more physically active group (n=169) participated in physical activity more than two hours per week.

The two groups were organized based on exercise levels at more than 2 hours per week and less than 2 hours per week because the more physically active females were more effectively separated from the less physically active females using this categorization scheme.

Results

Descriptive statistics, including means and standard deviation, were calculated for body image, self-esteem, and demographic information. Independent t-tests were used to compare groups. The alpha was set at .05 for all statistical analyses of the Multidimensional Body-Self Relations Questionnaire (MBSRQ) and the Self-Esteem Survey.

Demographic information was analyzed using frequencies to determine the background information on the females' surveyed. The demographic information was collected regarding age, ethnic group, days per week physically active, minutes per day physically active, type of physical activities involved in, and magazines mostly read or bought (Appendix E). According to Appendix E, 52.3% of the females were between 20-21 years old, 74.2 % of the females were Caucasian, 50% of the females were physically active 3-4 days/week, 48.9 % of the females were physically active 30-59 minutes/day, 64.8% of the females were physically active more than 2 hours/week, 37.9% of the females participated in cardiovascular and weight resistance exercises and 32.6% only participated in cardiovascular activities, and 59.1% of the females mostly read/buy fashion magazines.

RQ1: What are the levels of feelings of attractiveness and satisfaction about the appearance of the body of more physically active women in college compared to less physically active women in college? An independent t- test was used to compare more and less physically active groups on Appearance Self-Evaluation and Appearance Orientation. There was no significant difference between females who were more physically active than the less physically active group in Appearance Self-Evaluation($t = -.866(253)$) and Appearance Orientation ($t = -.018(253)$)(Table 1).

Table1. Independent t test comparing Exercise Level and Appearance

Body Image Scale	Exercise Level	N	Mean	Std. Deviation	Sig. (2-tailed)
Appearance Self-Evaluation	Less Than 2 hours/week	86	3.35	.846	.387
	More Than 2 hours/week	169	3.44	.784	
Appearance Orientation	Less Than 2 hours/week	86	3.55	.595	.986
	More Than 2 hours/week	169	3.55	.666	

$p < .05$

RQ2: What is the satisfaction with certain areas of their body among females who are physically active and the females who are less physically active in college? The independent t- test was used to compare means of more and less physically active females on the Body Areas Satisfaction Scale. No significant difference was found between groups in the satisfaction of body areas ($t = -1.120(256)$) (Table 2).

Table 2. Independent t test comparing Exercise Level and Body Areas Satisfaction Scale

Body Image Scale	Exercise Level	N	Mean	Std. Deviation	Sig. (2-tailed)
Body Areas Satisfaction Scale	Less Than 2 hours/week	87	3.36	.685	.264
	More Than 2 hours/week	171	3.46	.673	

RQ3: Do women who are more physically active experience Overweight Preoccupation (fat anxiety, weight vigilance, dieting, and eating restraints) compared to less physically active women? An independent t-test used exercise level to compare the means of more and less physically active women on overweight preoccupation. There was no significant difference between groups in overweight preoccupation ($t = -1.584(253)$)(Table 3).

Table 3. An independent t-test comparing Exercise Level and Overweight Preoccupation

Body Image Scale	Exercise Level	N	Mean	Std. Deviation	Sig. (2-tailed)
Overweight Preoccupation	Less Than 2 hours/week	86	2.65	.891	.114
	More Than 2 hours/week	169	2.86	1.03	

RQ4: What is the self-esteem of more physically active females compared to females in college who are less physically active? The independent t test was used to determine if amount of physical activity made a difference on self-esteem. In this analysis, there was a small but significant difference between the two groups. The author originally anticipated that the more physically active group would have a higher self-esteem. According to the independent t test, females in this study who are more active had a lower self-esteem than the females who are less physically active ($t = 2.066(256)$) (Table 4).

Table 4. Independent t test comparing Exercise Level and Self-Esteem

	Exercise Level	N	Mean	Std. Deviation	Sig. (2 tailed)
Self-Esteem	Less Than 2 hours/week	87	24.4598	2.36645	.040
	More Than 2 hours/week	171	23.8187	2.35069	

RQ5: Is there a significant difference between exercise level and the ten body image subscales (Appearance Evaluation & Orientation, Fitness Evaluation & Orientation, Health Evaluation & Orientation, Illness Orientation, Body Areas Satisfaction, Overweight Preoccupation, and Self-Classified Weight). The analysis of variance (ANOVA) was used to compare the differences between means of all ten body image subscales with exercise level (Table 5). There was a significant difference between groups in Fitness Self-Evaluation ($t = -2.479(253)$), Fitness Orientation ($t = -8.237(252)$), Health Self-Evaluation ($t = -3.219(253)$), and Health Orientation ($t = -3.848(253)$). The females who exercised more had a higher mean in Fitness Self-Evaluation, Fitness Orientation, Health Self-Evaluation, and Health Orientation.

In order to determine which of the exercise levels contributed the most to the observed differences, effect size was measured for each difference. The effect size measures the magnitude of a treatment effect (Cohen, 1988). The effect size can be measured as the standardized difference between two means. Effect size was determined by dividing the difference between the mean by the pooled standard deviation ($d = M1 - M2 / SD \text{ pooled}$) (Cohen, 1988)(Table 6). The largest effect size was for Fitness Orientation (.49) followed by Health Orientation (.25), Health Self-Evaluation (.21) and Fitness Self-Evaluation (.16) Cohen (1988) defined effect sizes as small($d = .2$), medium($d = .5$), and large ($d = .8$).

Table 5. ANOVA comparing differences between means using ten Body Image Subscales and Exercise Level

		Sum of Squares	df	Mean Square	F	Sig.
Appearance Self-Evaluation	Between Groups	.487	1	.487	.751	.387
	Within Groups	164.291	253	.649		
	Total	164.778	254			
Appearance Orientation	Between Groups	.000	1	.000	.000	.986
	Within Groups	104.776	253	.414		
	Total	104.776	254			
Fitness Self-Evaluation	Between Groups	3.614	1	3.614	6.144	.014
	Within Groups	148.843	253	.588		
	Total	152.458	254			
Health Self-Evaluation	Between Groups	3.907	1	3.907	10.361	.001
	Within Groups	95.409	253	.377		
	Total	99.317	254			
Health Orientation	Between Groups	5.748	1	5.748	14.804	.000
	Within Groups	98.233	253	.388		
	Total	103.981	254			
Illness Orientation	Between Groups	.817	1	.817	1.507	.221
	Within Groups	137.091	253	.542		
	Total	137.908	254			
Body Areas Satisfaction Scale	Between Groups	.576	1	.576	1.255	.264
	Within Groups	117.436	256	.459		
	Total	118.012	257			
Weight Class Self-Evaluation	Between Groups	.047	1	.047	.112	.738
	Within Groups	107.086	256	.418		
	Total	107.133	257			
Fitness Orientation	Between Groups	23.276	1	23.276	67.849	.000
	Within Groups	86.451	252	.343		
	Total	109.728	253			
Overweight Preoccupation	Between Groups	2.439	1	2.439	2.510	.114
	Within Groups	245.878	253	.972		
	Total	248.318	254			

Table 6. Effect size of Fitness Orientation, Health Orientation, Health Self-Evaluation, and Fitness Self-Evaluation

Body Image Subscale	Sig. Level	Effect size	Effect size defined
Fitness Orientation	.000	.49	medium
Health Orientation	.000	.25	small
Health Self-Evaluation	.001	.21	small
Fitness Self-Evaluation	.014	.16	small

Independent t tests were used to determine if there were any significant difference between body image scales and the self-esteem scale based on demographics. There were no significant differences found between demographics and any of the body image subscales, but a significant difference was found between ethnicity and self-esteem (Table 7). The mean for self-esteem for African American females in this study was higher than the mean for Caucasian females.

Table 7. Independent t test comparing Self-Esteem and Ethnic Group

	Ethnic Group	N	Mean	Std. Deviation	Sig. (2 tailed)
Self-esteem	Caucasian	196	23.9133	2.34195	.032
	African American	26	24.9615	2.19965	

CHAPTER 4

DISCUSSION

The purpose of this study was to compare more and less active college females on a number of factors related to body image and self-esteem. The current study addressed five research questions in determining if there was a relationship between physical activity and body image and self-esteem.

The first research question examined feelings about the appearance of the body of more physically active college females compared to less physically active college females. No significant difference was found between the more and less physically active college females (Table 1). In Appearance Self-Evaluation (feeling satisfied with their looks), the mean of the more active females was higher than the mean of the less active group but did not reach significance and the mean of both groups in Appearance Orientation (extent of one's investment in appearance) was the same (Appendix F).

The findings of the present study are similar to those of Cash (1985) (Appendix H). The means of less physically active females were similar to the means for all women in the Cash study (Appendix H). On five of the body image subscales, the overall means in the present study were higher than those in the Cash study (Appearance Self-Evaluation, Fitness Self-Evaluation, Illness Orientation, Body Areas Satisfaction, and Fitness Orientation) while on the factor subscales they were lower (Appearance Orientation, Health Self-Evaluation, Health Orientation, Weight Class Self-Evaluation, and Overweight Preoccupation) (Appendix H).

Rabak (1998) estimated that two-thirds of young women experience significant dissatisfaction with their body size, shape, or appearance. According to a U.S. report, half or more of the women reported significant dissatisfaction with their appearance (Cash, 1998). Dissatisfaction with body image in women is expressed through their desire to lose weight (Furnham, 2002). If this is true, one might expect that the more active the college female the higher their satisfaction with appearance. Many college women are exercising for the management of weight and appearance rather than reasons for managing health/fitness, stress/mood, and social interaction (Cash, Novy, & Grant, 1994). In the present study, however, the level of activity did not appear to have an affect on satisfaction with appearance.

The second research question examined the satisfaction with certain areas of the body among females who are more and less physically active in college. Greater body satisfaction was associated with increases in levels of exercise and body focus in a study on body image and exercise with physically active men and women (Davis & Cowles, 1991). In the present study, the mean of more physically active females was higher than the less physically active females, but not significant on Body Areas Satisfaction Scale (Table 2).

Blumberg believed, fear of fat, anxiety about certain body parts, and expectations of perfection will cause women to be molded in a sense to express how they hate their body (Brumberg, 1997). Engaging in exercise significantly enhances your mental health. Exercise has a positive impact on mood, self-esteem, and improving self-concept (Greensberg & Oglesby, 1997) and Plante & Rodin (1990) determined these same results through an extensive meta-analysis.

According to *Physical Activity and Sport in the Lives of Girls*, by the President's Council on Physical Fitness and Sports (1997), studies show that girls clearly benefit from exercise. "Regular physical activity during childhood and youth may prevent or even impede the development of several adult conditions in which physical activity is one part of a complex, multi-factorial etiology (e.g., obesity, degenerative diseases of the heart)". Participation in regular exercise contributes to physical and psychological benefits including improved cardiovascular conditioning, reduces hypertension, reduced risk of osteoporosis, and decreased depression and anxiety (Davis & Cowles, 1991). It is possible that even small amounts of physical activity contribute to body satisfaction.

The third research question asked if females who were more physically active experience Overweight Preoccupation like fat anxiety, weight vigilance, dieting, and eating restraints compared to females less physically active. There are many women who develop eating disorders because they have strong feelings in fear of getting fat, body dissatisfaction, or use it in a way to gain control. According to researchers, many more females are believed to be experiencing eating disorders; but because female dieting is so normal then many eating disorder cases are not diagnosed (Phillips, 1998; Biaggio & Hersen, 2000). No significant differences were found in this study; however, the mean for more physically active females was higher than the mean for less physically active females (Table 3).

The females who exercised more than 2 hours per week had a higher mean in Overweight Preoccupation than the females who exercised less than 2 hours per week. Overweight Preoccupation problem has decreased according to this particular study. These findings are supported by Cash's study in 1985. Cash's mean in Overweight Preoccupation was higher than the mean found in all the physically active females in this study. Even when the females were classified into two groups (more and less physically active), both means were still lower than Cash's findings in 1985 (Appendix H). Although Overweight Preoccupation is believed to be a concern among women, in this particular study Overweight Preoccupation did not appear to be significant between more and less physically active females.

The fourth research question asked about the self-esteem of more physically active females compared to females who are less physically active. A significant difference was found between self-esteem and exercise levels; however, the difference was in an unexpected direction (Table 4). The females who exercised more than two hours per week had a mean lower than females who exercised less than two hours per week.

According to Rosenberg (1965), self-esteem is a positive or negative attitude toward the self. Rosenberg believes high self-esteem means the individual respects herself and low self-esteem implies self-rejection, self-dissatisfaction, and the self-picture is disagreeable (Rosenberg, 1965). Self-esteem can originate from two different venues: how she views performance areas as successful and how others perceive her (Orenstein, 1994). Orenstein (1994) believes if a female views appearance as a performance area in which success is important, gaining a few pounds may damage her self-esteem more than receiving an "F" in an academic subject.

In this particular study, the females who exercise more than two hours per week may have had a lower self-esteem because they were not achieving their desired weight. If that particular performance area (weight) is not reached according to the exercisers' expectations, then self-esteem could be decreased. Davis & Cowles (1991) determined the more women focus on their appearance, the more they are likely to engage in some sort of exercise, but the degree to which they exercise does little to change their current body shape to the "ideal" body shape, and therefore body dissatisfaction is not affected.

The fifth research question asks if there is a significant difference between exercise level and the ten body image subscales (Appearance Evaluation & Orientation, Fitness Evaluation & Orientation, Health Evaluation & Orientation, Illness Orientation, Body Areas Satisfaction,

Overweight Preoccupation, Self-Classified Weight, and Self-Esteem). An independent t-test determined a significant difference between exercise level and Fitness Self-Evaluation, Fitness Orientation, Health Self-Evaluation and Health Orientation.

The mean of the more physically active females (3.77) was significantly higher than the mean of the less physically active females (3.51) ($t=-2.479$) (Appendix F). Higher scorers evaluate themselves as being more physically fit, “in shape”, or athletically active and competent (Cash, 2000). In this study, the females who are physically active more than 2 hours/week viewed themselves as being more physically fit, “in shape”, or athletically active and competent than the females who are less physically active in the Fitness Self-Evaluation subscale.

This study strengthens previous research done by Cash in 1985 with results indicating that in the past ten years females who are more active have a higher body image. This study indicates that the more females are active the higher their means are than females who are inactive.

The mean for the more physically active females in this study (3.77) was higher than the mean for all women in the Cash (1985) study (3.48) (Appendix D). Even the females who were less physically active evaluated themselves higher in fitness evaluations than the females in Cash’s study (Appendix H).

The mean for the more physically active females in Fitness Orientation (3.67) in this study was higher than the mean for all women (3.20) in the Cash (1985) study. Higher scorers, according to Cash (2000), value fitness more and are more actively involved in fitness activities. The females who were more physically active had higher scores meaning they valued fitness more and were involved in activities to maintain or enhance their fitness level (Appendix F). Fitness benefits of physical activity specifically related to girls are power (i.e. aerobic power or endurance and anaerobic power), strength, weight management, and health related issues (President’s Council, 1997). When females are more physically active they benefit from these areas of fitness.

Fitness Orientation is the extent of investment in physical fitness. All the female subjects had a higher mean in investment towards fitness, than all the females in Cash’s study in 1985. The less active female group had a mean lower than Cash’s and the more physically active group had a mean higher in Fitness Orientation than Cash’s study in 1985 (Appendix H).

The mean of the more physically active females (3.78) in this study was lower than the mean for all women in Cash's study in 1985 (3.86) in Health Self-Evaluation. According to Cash (2000), high scorers feel their bodies are in good health. The more physically active females classified themselves as having freedom from physical illness because they were exercising more than two hours per week. According to this study, the females evaluated themselves lower in feelings of physical health than in Cash's study in 1985.

In Health Orientation, the mean for the more physically active females (3.58) in this study was lower than the mean for all women in Cash's study in 1985 (3.75). (Appendix H). According to Cash (2000), higher scorers in the Health Orientation subscale are "health conscious" and try to lead a healthy lifestyle. When the females exercise more than two hours per week, they feel they invest in living a physically health lifestyle. The females in this particular study who are more physically active are more health conscious and try to lead a healthy lifestyle.

Not only are the females in this particular study evaluating themselves lower in Health but they are also investing less in a physically healthy lifestyle. The mean of all the females in this particular study falls lower than Cash's mean in 1985. The mean in the less physically active group is lower than the more physically active group, but they are still both lower than Cash's findings in 1985.

Girls also benefit from physical activity through health-related issues such as immune function (President's Council, 1997). There is a relationship between the immune system and a female's body. As a female becomes physically active her immune system increases to fight off sicknesses or illnesses. The National College Health Risk Behavior Survey in 1995 by Douglas (1997) on college students' health habits indicates that only 35-37% report having a regular schedule that includes physical activity and women (32%) have a lower report than men (40%) on regular exercise (Pinto, 1998). Data from the 1995 National College Health Risk Behavior Survey revealed that 42% of undergraduates' ages eighteen to twenty-four participated in vigorous exercise and 20% participated in regular moderate exercise (Pinto, 1998).

Participation in regular exercise contributes to physical and psychological benefits including: improved cardiovascular conditioning, reduces hypertension, reduced risk of osteoporosis, and decreased depression and anxiety (Davis & Cowles, 1991). Women who place an emphasis on fitness and health do things to improve these two areas find themselves happier

with their lives (Cash, et al., 1986). The females who exercised more than two hours per week invested more time to fitness and health and valued it as important.

In this particular study, an independent t test was used to determine significance between self-esteem and ethnic group. Caucasian women had a mean in self-esteem significantly lower than African American females (Table 7). This helps support the research that Caucasian females overall have a lower self-esteem than African American females. Gilligan and her colleagues (1992) at the Harvard Project of the psychology of Woman and the Development of Girls found that before puberty girls feel strong, secure, and wise but when they undergo the transformation to puberty, they emerge as adolescents with less confidence and more negative views about themselves (Phillips, 1998). Dissatisfaction with their body image is associated with low self-esteem (President's Council, 1997).

Many females identify themselves through their body. The reflection of their body gives them positive or negative feelings about themselves resulting in positive or negative self-esteem. Harter (1999) found that there is a common dominant link between self-appraisals of physical appearance and self-esteem. She has found that individuals who favor their appearance through positive feedback tend to report high global self-esteem. According to West & Sweeting (1997), low self-esteem is more characteristic in females than males because of their greater concern about their body and appearance. Their study concluded that those who worry about their weight, looks, and being popular will more likely have "low self-esteem" issues.

According to AAUW's national self-esteem poll *Shortchanging Girls, Shortchanging America* (1991) 2,374 girls and 600 boys were surveyed between fourth and tenth grades on self-esteem, experiences, and attitudes toward school, gender, and overall career goals. The Caucasian girls reported a lower self-esteem than African American girls. African American girls retain their self-esteem through the adolescent years (Orenstein, 1994) and report a higher self-worth (Phillips, 1998).

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The focus of the present study was to determine relationships between more and less physically active college females' body image and self-esteem. The instruments used for the study included a 69-item Multidimensional Body-Self Relations Questionnaire, a ten-item self-esteem survey, and a demographic information sheet. The first two instruments had been used in previous research studies, and the demographic information sheet was designed by the researcher. Subjects were asked to fill out a volunteer survey. The survey was administered in Lifetime Activities Classes and in Elementary Education and Early Childhood Development classes.

Subjects for the study included female college students aging from 18-25 years old. These female college students were surveyed through Lifetime Activities Classes (Aerobic Conditioning, Aerobic Dance, Self-Defense) in the Department of Sport Management, Recreation Management, and Physical Education and also in Elementary Education and Early Childhood classes in the Department of Education at a Southeastern University.

Two hundred and fifty-nine female college students were surveyed. The participants were placed into two groups based on level of physical activity. The less physically active group (n=86) participated in physical activity less than two hours per week. The more physically active group (n=169) participated in physical activity more than two hours per week.

The two groups were organized based on exercise levels at more than 2 hours per week and less than 2 hours per week because the separation between more than 2 hours per week and less than 2 hours per week were efficiently differentiated. The largest separation occurred between the two groups at 2 hours per week.

Data for the study were analyzed using t-test and descriptive statistics. Significant differences were found between exercise level and the following body image subscales: Fitness Self-Evaluation, Fitness Orientation, Health Self-Evaluation, and Health Orientation. Significant differences were also found between exercise level and self-esteem. There was a significant

difference between the demographic information of ethnic group and self-esteem. There was no significance found between exercise level and the following body image subscales: Appearance Evaluation, Appearance Orientation, Illness Orientation, Body Areas Satisfaction, Overweight Preoccupation, and Self-Classified Weight.

Conclusions

Based upon the results of this study it can be concluded that:

1. There is a relationship between Fitness Self-Evaluation, Fitness Orientation, Health Self-Evaluation, Health Orientation and the exercise level of physically active college females.
2. Self-esteem was lower among physically active females than less physically active females.
3. Self-esteem was higher among African American physically active females than Caucasian physically active females.

Recommendations

The following are recommendations for future studies:

1. Compare physically active college females to college females who are not active. A greater comparison can be made between the two groups. This allows for data at each end of the spectrum.
2. Compare all ages of females who are physically active to females who are not physically active. This would focus on body image problems that could occur as the females gets older and may not have the resources they once had while in college.
3. Develop, test, and validate a self-esteem instrument that relates to physical activity to use with females who are physically active and females who are not physically active. Every available measure was used to find a more recent self-esteem scale yet none was found. Physical activity is a specialized discipline and must have its own survey to measure self-esteem with physical activity.

APPENDIX A

The Multidimensional Body Self-Relations Questionnaire (MBSRQ)

THE MBSRQ

INSTRUCTIONS--PLEASE READ CAREFULLY

The following pages contain a series of statements about how people might think, feel, or behave. You are asked to indicate the extent to which each statement pertains to you personally.

Your answers to the items in the questionnaire are anonymous, so please do not write your name on any of the materials. In order to complete the questionnaire, read each statement carefully and decide how much it pertains to you personally. Using a scale like the one below, indicate your answer by entering it to the left of the number of the statement.

EXAMPLE:

_____ I am usually in a good mood.

In the blank space, enter a 1 if you definitely disagree with the statement; enter a 2 if you mostly disagree;
enter a 3 if you neither agree nor disagree;
enter a 4 if you mostly agree;
or enter a 5 if you definitely agree with the statement.

There are no right or wrong answers. Just give the answer that is most accurate for you. Remember, your responses are confidential, so please be completely honest and answer all items.

*(Duplication and use of the MBSRQ only by permission of
Thomas F. Cash, Ph.D., Department of Psychology,
Old Dominion University, Norfolk, VA 23529)*

1	2	3	4	5
Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree

- _____ 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 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

.continued on next page

1	2	3	4	5
Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree

_____20.I am very conscious of even small weight 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.

continued on the next page

1	2	3	4	5
Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree

- ____ 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.

continued on next page

For the remainder of the items use the response scale given with the item, and enter your answer in the space beside the item.

_____58.I have tried to lose weight by fasting or going on crash diets.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

_____59.I think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

_____60.From looking at me, most other people would think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

continued on next page

61-69. Use this 1-5 scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body.

1	2	3	4	5
Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied

____ 61.Face (facial features, complexion)

____ 62.Hair (color, thickness, texture)

____ 63.Lower torso (buttocks, hips, thighs, legs)

____ 64.Mid torso (waist, stomach)

____ 65.Upper torso (chest or breasts, shoulders, arms)

____ 66.Muscle tone

____ 67.Weight

____ 68.Height

____ 69.Overall Appearance

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APPENDIX B

The Self-Esteem Survey

THE SELF-ESTEEM SURVEY

Instructions:

In the blank space, Enter a **1** if you **Strongly Agree**
Enter a **2** if you **Agree**
Enter a **3** if you **Disagree**
Enter a **4** if you **Strongly Disagree**

Strongly Agree	Agree	Disagree	Strongly Disagree
_____1_____	_____2_____	_____3_____	_____4_____

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

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

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

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

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

_____ I take a positive attitude toward myself.

_____ On the whole, I am satisfied with myself.

_____ I wish I could have more respect for myself.

_____ I certainly feel useless at times.

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

Developed by Morris Rosenberg (1965).

APPENDIX C

The Demographic Information Sheet

DEMOGRAPHIC INFORMATION

Directions: Please write the number to the answer that describes you.

_____1. Age

1. Less than 18 years old
2. 18-19 years old
3. 20-21 years old
4. 22-23 years old
5. 24-25 years old
6. more than 25 years old

_____2. Ethnic Group

1. Caucasian
2. African American
3. Hispanic
4. Other

_____3. How many days a week are you physically active

1. 1-2 days a week
2. 3-4 days a week
3. 5-6 days a week
4. 7 days a week

_____4. How many minutes a day are you physically active

1. 0-29 minutes a day
2. 30-59 minutes a day
3. 60-89 minutes a day
4. 90 minutes or more

_____5. What type of physical activities do you participate in:

1. Weight or resistance exercises (ex. Free weights, machines)
2. Cardiovascular exercises (ex. Treadmill, bike, elliptical)
3. Both cardiovascular exercises and weight/resistance exercises
4. Stretch & Relaxation techniques (ex. Stretching, pilates, yoga)

_____6. What magazines do you **mostly** read or buy

1. Fashion Magazines (ex. Elle, Cosmopolitan, Glamour)
2. Fitness Magazines (ex. Fitness, Muscle & Fitness)
3. Hollywood Fitness Magazines (ex. Shape)
4. Other_____

APPENDIX D

Human Subjects Approval Letter



Office of the Vice President
For Research
Tallahassee, Florida 32306-2763
(850) 644-8673 FAX (850) 6444392

APPROVAL MEMORANDUM
Human Subjects Committee

Date: 1/28/2004

Angie Strickland
2404 Ionic Ct.
Tallahassee, FL 32303

Dept.: **Sport Management**

From: **John Tomkowiak, Chair**~/~

Re: **Use of Human Subjects in Research**
A woman's identity: Physically active college females attitudes on body image and self-esteem

The forms that you submitted to **this office** in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be exempt per 45 CFR § 46.101(b) 2 and has been approved by an accelerated review process.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If the project has not been completed by **1/27/2005** you must request renewed approval for continuation of the project.

You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. Also, the principal investigator must promptly report, in writing, any unexpected problems causing risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is 1RB00000446.

Cc: Charles Imwold
HSC No. 2003.719

APPENDIX E

Descriptive Statistics (Means and Standard Deviations) for Body Image, Self-Esteem, and Demographics including all females in the study.

Descriptive Statistics including Means and Standard Deviations for Body Image

	N	Minimum	Maximum	Mean	Std. Deviation
Appearance Self-Evaluation	261	1.14	5.00	3.4193	.80099
Appearance Orientation	261	1.67	5.00	3.5460	.64252
Fitness Self-Evaluation	261	1.00	5.00	3.6858	.76854
Health Self-Evaluation	261	1.67	5.00	3.6973	.62439
Health Orientation	261	1.38	4.88	3.4679	.64784
Illness Orientation	261	1.20	5.00	3.3395	.74204
Body Areas Satisfaction Scale	264	1.00	5.00	3.4360	.67348
Weight Class Self-Evaluation	264	1.00	5.00	3.1837	.65211
Fitness Orientation	260	1.38	5.00	3.4562	.66538
Overweight Preoccupation	261	1.00	5.00	2.7787	.98359
Valid N (listwise)	260				

Descriptive Statistics including Means and Standard Deviations for Self-esteem.

	N	Minimum	Maximum	Mean	Std. Deviation
SELFEST	262	18.00	30.00	24.0344	2.36408
Valid N (listwise)	262				

Descriptive Statistics including Means and Standard Deviations for Demographics

	N	Minimum	Maximum	Mean	Std. Deviation
Magazines mostly read or buy	259	1.00	5.00	2.0965	1.49494
Type of physical activities	258	1.00	6.00	3.0659	1.14661
Exercise Level	258	.00	1.00	.6628	.47368
MINWKEX	258	22.50	770.00	194.0795	155.95928
Minutes a day physically active	259	1.00	4.00	2.2896	.85653
Days a week Physically Active	259	1.00	5.00	1.9344	.76727
Ethnic Group	259	1.00	4.00	1.4324	.84809
Age	259	2.00	6.00	3.1660	.94389
(Valid N (listwise)	258				

APPENDIX F

ANOVA comparing Exercise Levels, Body Image Subscales, and Self-Esteem

ANOVA comparing Body Image subscales and Exercise Level

		Sum of Squares	df	Mean Square	F	Sig.
Appearance Self-Evaluation	Between Groups	.487	1	.487	.751	.387
	Within Groups	164.291	253	.649		
	Total	164.778	254			
Appearance Orientation	Between Groups	.000	1	.000	.000	.986
	Within Groups	104.776	253	.414		
	Total	104.776	254			
Fitness Self-Evaluation	Between Groups	3.614	1	3.614	6.144	.014
	Within Groups	148.843	253	.588		
	Total	152.458	254			
Health Self-Evaluation	Between Groups	3.907	1	3.907	10.361	.001
	Within Groups	95.409	253	.377		
	Total	99.317	254			
Health Orientation	Between Groups	5.748	1	5.748	14.804	.000
	Within Groups	98.233	253	.388		
	Total	103.981	254			
Illness Orientation	Between Groups	.817	1	.817	1.507	.221
	Within Groups	137.091	253	.542		
	Total	137.908	254			
Body Areas Satisfaction Scale	Between Groups	.576	1	.576	1.255	.264
	Within Groups	117.436	256	.459		
	Total	118.012	257			
Weight Class Self-Evaluation	Between Groups	.047	1	.047	.112	.738
	Within Groups	107.086	256	.418		
	Total	107.133	257			
Fitness Orientation	Between Groups	23.276	1	23.276	67.849	.000
	Within Groups	86.451	252	.343		
	Total	109.728	253			
Overweight Preoccupation	Between Groups	2.439	1	2.439	2.510	.114
	Within Groups	245.878	253	.972		
	Total	248.318	254			

ANOVA comparing Self-Esteem and Exercise Level

		Sum of Squares	df	Mean Square	F	Sig.
Self-esteem	Between Groups	23.697	1	23.697	4.269	.040
	Within Groups	1420.989	256	5.551		
	Total	1444.686	257			

APPENDIX G

Frequencies of Demographics

Age

		Frequency	Percent
Valid	18-19 years old	54	20.5
	20-21 years old	138	52.3
	22-23 years old	50	18.9
	24-25 years old	4	1.5
	More than 25 years old	13	4.9
	Total	259	98.1
Missing	System	5	1.9
Total		264	100.0

Ethnic Group

		Frequency	Percent
Valid	Caucasian	196	74.2
	African American	26	9.8
	Hispanic	25	9.5
	Other	12	4.5
	Total	259	98.1
Missing	System	5	1.9
Total		264	100.0

Days a week Physically Active

		Frequency	Percent
Valid	1-2 days a week	76	28.8
	3-4 days a week	132	50.0
	5-6 days a week	44	16.7
	7 days a week	6	2.3
	5.00	1	.4
	Total	259	98.1
Missing	System	5	1.9
Total		264	100.0

Minutes a day physically active

		Frequency	Percent
Valid	0-29 minutes	41	15.5
	30-59 minute	129	48.9
	60-89 minutes	62	23.5
	90 minutes or more	27	10.2
	Total	259	98.1
Missing	System	5	1.9
Total		264	100.0

Exercise Level

		Frequency	Percent
Valid	Less Than 2 hours/week	87	33.0
	More Than 2 hours/week	171	64.8
	Total	258	97.7
Missing	System	6	2.3
Total		264	100.0

Type of physical activities

		Frequency	Percent
Valid	Weight or resistance machines	7	2.7
	Cardiovascular Exercise	86	32.6
	Both Cardiovascular and Weight resistance	100	37.9
	Stretch & Relaxation techniques	15	5.7
	Cardiovascular, Weights, and stretching	48	18.2
	None	2	.8
	Total	258	97.7
Missing	System	6	2.3
Total		264	100.0

Magazines mostly read or buy

		Frequency	Percent
Valid	Fashion Magazines	156	59.1
	Fitness Magazines	19	7.2
	Hollywood Fitness Magazines	11	4.2
	Other	49	18.6
	None	24	9.1
	Total	259	98.1
Missing	System	5	1.9
Total		264	100.0

APPENDIX H

Comparing Means and Standard Deviations between this study and Cash's U.S. National Survey
in 1985.

Dissertation
(All Females in survey)

Cash's U.S. Nat'l Survey
(1070 Females-All ages)

Dissertation
(All Females Based on
Exercise Levels)

	Mean	Std. Deviation	Mean	Std. Deviation	Exercise Level	Mean	Std. Deviation
Appearance Self-Evaluation	3.42	.80	3.36	.87	Less	3.35	.846
					More	3.44	.784
Appearance Orientation	3.55	.64	3.91	.60	Less	3.55	.595
					More	3.55	.666
Fitness Self-Evaluation	3.69	.77	3.48	.97	Less	3.51	.801
					More	3.77	.749
Health Self-Evaluation	3.70	.62	3.86	.80	Less	3.52	.511
					More	3.78	.619
Health Orientation	3.47	.65	3.75	.70	Less	3.26	.624
					More	3.58	.608
Illness Orientation	3.34	.74	3.21	.84	Less	3.27	.630
					More	3.39	.619
Body Areas Satisfaction Scale	3.44	.67	3.23	.74	Less	3.36	.848
					More	3.46	.672
Weight Class Self-Evaluation	3.18	.65	3.57	.73	Less	3.20	.685
					More	3.17	.673
Fitness Orientation	3.46	.67	3.20	.85	Less	3.03	.512
					More	3.67	.619
Overweight Preoccupation	2.78	.98	3.03	.96	Less	2.65	.891
					More	2.86	1.03

Less= Females Exercising Less Than 2 hours/week

More=Females Exercising More Than 2 hours/week

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BIOGRAPHICAL SKETCH

Angie Strickland is currently teaching at Florida State University as a graduate assistant instructor for Dr. Imwold in Human Movement Studies. She has also been a graduate assistant instructor for Applied Fitness Concepts. She has been teaching Lifetime Activities courses at Florida State University since the Fall of 1999. In the Lifetime Activities Program (LAP) she has taught aerobic conditioning, bowling, stretch and relaxation, volleyball, and weight training. She is also currently teaching at Tallahassee Community College since Spring 2001. She has taught classes such as: Adult Fitness, Aerobics, Sports Officiating, and Theory of Exercise Education.

In addition to teaching, she has also been coaching volleyball in Tallahassee since 1999. Currently she is the Head Volleyball Coach at Lincoln High School. She has also coached Freshman and Junior Varsity teams at Leon High School. In the volleyball off-season, she has coached traveling volleyball teams with Big Bend, Tallahassee Volleyball Association (TVA), and North Florida Volleyball Academy.

Angie Strickland received her Associate of Arts in Physical Education from Indian River Community College in 1997. She earned her Bachelor of Arts degree in Physical Education from Union College in 1999 and her Master of Science degree in Physical Education from Florida State University in 2000. She earned her Ph.D. in Physical Education at Florida State University in 2004.

Angie is currently residing in Tallahassee, Florida. She will be teaching at Lincoln High School and coaching the girls varsity volleyball team, as well as, running the freshman, junior varsity, and varsity volleyball program, She enjoys coaching volleyball, as well as, working out, traveling, and spending time with her friends and family, Alan and Pam, Scott, Cory, Bryan, Grandma B, and Grandma M.

Angie M. Strickland

EDUCATION

Florida State University Philosophy of Doctorate Major: Physical Education	Tallahassee, Fl August 2004
Florida State University Master of Science Major: Physical Education	Tallahassee, Fl Fall 2000
Union College Bachelor of Arts Major: Physical Education Minor: Health	Barbourville, Ky Spring 1999
Indian River Community College Associate of Arts	Ft. Pierce, Fl Spring 1997
The King's Academy High School Diploma	West Palm Beach, Fl Spring 1995

TEACHING EXPERIENCE

Graduate Assistant Human Movement Studies Instructor	Florida State University Summer 2004
Graduate Assistant Lifetime Activities Instructor Aerobic Conditioning, Weight Training, Stretch & Relaxation, Bowling	Florida State University Fall 1999-Summer 2004
Graduate Assistant Applied Fitness Concepts Instructor	Florida State University Fall 2001-Fall 2002
Adjunct Instructor Adult Fitness, Exercise Education, Officiating, & Aerobics	Tallahassee C. C. Spring 2003-Current Day Sports
Instructor/Intern for Personal Fitness Teacher for one semester in Personal Fitness	Leon High School Fall 2000
Supervised Undergraduate Physical Education Majors Helped observe and grade teaching experiences at Leon and Chiles High School	Leon County Schools Fall 2000/ Spring 2002/ Fall 2003

COACHING EXPERIENCE

Lincoln High School Head Varsity Coach	Tallahassee, Fl Fall 2002-Current Day
Leon High School Head Coach Junior Varsity Head Coach Freshmen Assistant Coach Freshmen	Tallahassee, FL Fall 2001 Fall 2000 Fall 1999

North Florida Volleyball Academy
 Head Coach for 18 Elite Team
Tallahassee Volleyball Association
 Co-Head Coach for 18 Elite Team
Big Bend Volleyball Club
 Head Coach 18-1 Team
 Head Coach 18-1 Team
 Head Coach 16-2 Team
Peak Performance Volleyball Camp
 Started and coach my own Volleyball Camp
Florida State University Volleyball Camp
 Individual and Team Nike Camp Instructor
Florida State University
 Office Volleyball Volunteer Assistant
Union College
 Women's Volunteer Assistant Coach
Glades Day High School
 Volleyball Camp Instructor

Tallahassee, Fl
 Spring 2004
Tallahassee, Fl
 Spring 2003
Tallahassee, Fl
 Spring 2002
 Spring 2001
 Spring 2000
Lincoln High School
 Summer 2002 & 2003
Tallahassee, Fl
 Summer 2000
Tallahassee, Fl
 Spring 2000
Barbourville, Ky
 Spring 1999
Belle Glade, Fl
 Summer 1996 & 1997

PLAYING EXPERIENCE

Union College
 Captain
Indian River Community College
 NJCAA Nationally Ranked Program
The King's Academy
 Florida State Champions for 2A
Club Palm Beach
 Competed in Puerto Rico
Oceanside Volleyball Club

Barbourville, Ky
 Fall 1997 & 1998
Ft. Pierce, Fl
 Fall 1995 & 1996
West Palm Beach, Fl
 Fall 1993 & 1994
West Palm Beach, Fl
 Spring 1993 & 1994
West Palm Beach, Fl
 Spring 1992

WORK EXPERIENCE

Undergraduate Advising
 Department of Sport Management & Physical Education
 Advised 175 undergraduate students
 Assisted in program completion

Florida State University
 Fall 2000 & Spring 2001

City of Palm Beach Gardens Pool
 Lead Lifeguard and Swim Instructor
 Coordinated and planned swim lessons
 Lead guard for all lifeguards
 Taught swim lessons to children of all ages

West Palm Beach, Fl
 Summer 1998, 1999, 2000

CERTIFICATIONS

Certified to Teach Physical Education 6-12
 Statement of Eligibility Received
Certified as a Lifeguard

Certified in CPR