

Perceived Importance, Causal Attributions and
History of Teasing as Moderators of the Relationship
Between Appearance Esteem and Global Self-Esteem

Cindy Larocque ©

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ABSTRACT

The purpose of this study was to examine the relationships between perceived importance of physical appearance and weight control, appearance esteem, and global self-esteem. Past research has found that perceived importance of appearance and weight control does not moderate the effect of appearance esteem on global self-esteem. The present study examined whether causal attributions and history of teasing play a moderating role in perceived importance effects. Both Lakehead University students and members of the Thunder Bay community completed questionnaires on these topics. We predicted that perceived importance would only play a moderating role when: (1) people felt personally responsible for their physical attractiveness; (2) people felt personally responsible for their body-weight; and (3) people had been teased a lot as children. Our results were significant for the first prediction but were not in the direction we predicted. The second and third predictions were not confirmed. Most of the significant results emerged on measures of eating disorders and not on measures of global self-esteem. The implications of these findings are discussed.

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SELF-ESTEEM

Definition of Self-Esteem

Self-esteem is the degree to which one likes and approves of one's self-concept. A person's self-concept is the set of beliefs and images one has and believes to be true of oneself (Sanford and Donovan, 1984). It is generally believed that the self-concept is a multidimensional construct having one general and several specific facets (Byrne, 1984; Marsh and Shavelson, 1985; Shavelson and Marsh, 1986).

Facet Importance and Self-Esteem

Each image or facet which contributes to a person's self-concept has bearing on their self-esteem. As one common theory explains (Coopersmith, 1967; Harter, 1982; Hoge & McCarthy, 1984; James, 1963; Rosenberg, 1982), the self-concept is not simply a sum of its parts, for when the various images and beliefs individuals have of themselves come together in their

minds, each image is not given equal weight and importance. Rather, the various components are pieced together so that the self-concept resembles a collage. The beliefs that are most important to one's identity and level of self-esteem are supposedly given greater importance and constitute the core of one's self-concept.

As a result, it is possible to have a self-concept containing mostly positive beliefs (facets) and still lack self-esteem. This would be possible because no matter how many positive self-beliefs individuals may have, if they put them off to the side, placing little importance on them, low self-esteem will result.

There are also two types of self-esteem, global and specific, which correspond to the general and specific facets of the self-concept. Global self-esteem is how much a person likes and approves of their perceived self as a whole. Specific self-esteem is the measure of how much one likes and approves of a certain facet of self-concept (e.g., one's physical appearance). In other words, like the self-concept, self-esteem is a composite rather than a single entity.

If individuals place high value on certain facets

of themselves then their global self-esteem should be greatly affected by their standings on those facets. But if a person does not value a certain aspect, then their specific self-esteem in that area should not have much impact on their overall or global self-esteem. In sum, this "interactive hypothesis" of self-esteem states that perceived facet importance moderates the relationship between standings on the facets (specific esteem) and global self-esteem (Coopersmith, 1967; Harter, 1982; Hoge & McCarthy, 1984; James, 1963; Rosenberg, 1982).

Research on Facet Importance

This theory has been advanced by many researchers over the past century and makes intuitive sense, but empirical research has been inconclusive. In 1965, Rosenberg found that individuals with negative self-concepts were more likely to be low in global self-esteem if they considered the negative facets important. He did not, however, report whether those who had positive self-concepts were especially likely to be high in global self-esteem if they considered the facets to be important. In 1980, Kaplan attempted to

replicate Rosenberg's (1965) study and found only weak support for the idea that personally important attributes have a disproportionate impact on global self-esteem.

Hoge and McCarthy (1984), using a large sample of high school boys, examined relations among specific facets of the self-concept, their perceived importance and esteem. They also found little or no support for the hypothesis. However, Marsh (1984), upon examination of Hoge and McCarthy's study, uncovered many statistical problems. After devising mathematical solutions to these problems, Marsh (1984) also attempted to relate global esteem to specific facets of self-concept and to the importance of each facet. He still found only limited support for the hypothesis that perceived importance moderates the relationship between specific facets of the self-concept and global self-esteem.

In 1989, Pelham and Swann found only partial support for the same hypothesis. Their research showed that facet importance is only related to the self-esteem of individuals with relatively negative images of themselves who are also certain of their few

positive self-views. Furthermore, importance was found to be unrelated to the self-esteem of individuals with positive or even moderately positive self-concepts.

The present study will examine one particular facet of the self-concept and its relation to self-esteem. Specifically, it will look at how the perceived importance of body image moderates the relationship between appearance esteem and global self-esteem. Throughout the body image literature references are made to both physical appearance and body weight and so in this study we examined both the perceived importance of physical appearance and the perceived importance of weight control.

BODY IMAGE

Definition of Body Image

A body image is the picture a person has of their body - what it looks like to them and what they think it looks like to others. Body image is one facet of an individual's self-concept.

Often in our culture the message that is conveyed to the public is that in order for a female to be worthy she must be attractive (Sanford & Donovan,

1984). Further, the ideal of attractiveness is one of a very tall and thin woman. Only a minority of females fit this description but a majority of advertising portrays this ideal body image. Thus, many females become frustrated with their own less than ideal images. Males also experience this frustration. There is an "ideal" image of men that is also portrayed in the media: tall and lean, yet well muscled. As a result, even though a male or a female may be at a "normal", healthy weight, frequently they desire to change their weight and/or improve their physical appearance in an attempt to conform to the ideal (Rodin et al., 1984).

Satisfaction with Physical Appearance and Body Weight

A significant amount of research has been conducted on both males' and females' levels of satisfaction with the specific facets of the self-concept, physical appearance and body weight. The fact that eating-disordered patients are dissatisfied with their weight and appearance, and often overestimate their body size, has been well documented (American Psychiatric Association, 1987; Garner, 1981).

Many studies examining non-clinical populations have also been conducted in this area. Berscheid, Walster and Borhnstedt (1972) analyzed the survey responses of 2013 men and women. Almost half of the women and a third of the men said they were unhappy with their weight and twice as many women as men were very dissatisfied. This dissatisfaction with weight correlated with body dissatisfaction in general. In 1984, Wooley and Wooley conducted a similar survey. Forty-one per cent of the respondents reported being unhappy with their weight and 75% reported feeling overweight despite the fact that even by conservative criteria, only 25% actually were overweight. Eisele, Hertsgaard and Light (1986) surveyed adolescent girls and found that although only 19% were overweight and 53% were normal weight, 78% wanted to weigh less.

Collins (1986) found that when asked to indicate their ideal sizes, males' ideal was close to 9% larger than their actual size where females wished to be more than 16% smaller. Dwyer et al. (1969) surveyed female and male high school students and measured their height, weight and fatness. All except the leanest girls (80%) wanted to lose weight, whereas boys tended

to want to be larger, associating weight with muscle and bone.

In a study focusing on body build satisfaction, Young and Reeve (1980) found females with the highest percentage of body fat to be the least satisfied with their body images and the leanest to be more satisfied. Blyth et al. (1981) examined level of body satisfaction in high school boys. They found that the fatter, heavier boys were the most dissatisfied with their weight, with thin boys slightly more dissatisfied than normal weight boys. Tucker (1982) investigated college males' level of body satisfaction. He found that almost 70% of them were dissatisfied, with the thinnest and the fattest being equally dissatisfied and the most athletic looking being most satisfied.

Drewnowski and Yee (1987) examined the relationship between gender, perception of overweight (individuals who believed that they were overweight but were statistically of normal weight) and dissatisfaction with one's body. They reported that females were more likely than males to see themselves as overweight and were significantly less satisfied with their bodies. Men were also dissatisfied,

however, they were evenly divided between wanting to lose weight and wanting to gain weight.

Some dissatisfaction with one's shape and size does seem to be found with reasonable consistency in both clinical and non-clinical populations, including overweight people and normal-weight subjects, especially women. Furthermore, a negative body image seems to be associated with a desire to lose weight, with the exception of some male subjects who wish to gain weight.

Satisfaction with Appearance/Weight and Self-Esteem

Research has also shown that one's physical appearance and body weight are associated with self-esteem in a variety of ways. Hawkins, Turell and Jackson (1983) found that body image dissatisfaction was correlated with lower social self-esteem. In a survey conducted in 1986, Cash, Winstead and Janda found that a negative body image was associated with lower levels of personal adjustment. Blyth et al.'s, (1981) investigation of high school boys' levels of body satisfaction showed that satisfaction with weight is associated with higher self-esteem. Ben-Tovim et

al., (1990) upon evaluation of a group of young female hospital employees, found that negative attitudes toward the body were also closely linked to lower self-esteem.

Thompson and Thompson (1986) examined 60 normal weight asymptomatic individuals. They found that females overestimated their body size to a larger degree than males, and that higher distortions were associated with lower self-esteem. Forehand, Faust and Baum (1985) also found that inaccurate perceptions of weight are common in young adolescent females and that such perceptions are related to low self-esteem.

Obese Subjects' Appearance/Weight Satisfaction and Self-Esteem

Many studies examining obese children, adolescents and adults have found that obese individuals are more likely than normal-weight people to evaluate their appearances negatively and to have low self-esteem. Furthermore, the older the overweight individuals were the stronger the relationship between body-esteem and global self-esteem (Hammar et al; Hendry & Gillies, 1978; Mendelson & White, 1982; Mendelson & White, 1985;

Stunkard & Burt, 1967; Wooley et al., 1979).

Zion (1964) surveyed both overweight and average-weight subjects. He reported a significant positive relationship between body-concept and general self-concept. Similarly, Franzoi and Herzog (1986) found a significant relation between body-esteem and general self-esteem, and Mable et al. (1986) reported that body dissatisfaction was associated with low self-esteem.

However, it seems that there are mixed results in this area. Rohrbacher's (1973) investigation of overweight boys, aged 8 to 18, showed that weight loss maintained over longer periods of time was related to improved body image esteem, but the overall self-concept of the subjects did not change. Also, when Doell and Hawkin (1981) surveyed college students, the overweight subjects' global self-ratings were about as positive as those of normal-weight subjects.

Appearance/Weight and Facet Importance

In North America great emphasis is placed on appearance and on the types of body images that are portrayed in the media. This appears to affect many people's satisfaction with their appearance and weight.

Further, it has led to a certain logical assumption that seems to be implicit in much of the literature on body image satisfaction and eating disorders: the emphasis on physical appearance and weight control in our society should lead people to value these facets of the self-concept more strongly, which should make appearance and weight more important to general self-esteem. This assumption is in accordance with the interactive hypothesis of self-esteem, which states that the perceived importance of a facet should moderate the relationship between standing on the facet and self-esteem. However, almost no studies have simultaneously examined physical appearance/weight, perceived importance of appearance/weight, and self-esteem. Most studies have focused on just one or two of these components.

For example, Fairburn and Garner (1988) found that persistent beliefs and attitudes about the importance of weight and shape to self-evaluation are characteristic of patients with bulimia. Similarly, Garner and Bemis' (1985) research describes how anorexic patients' assumptions, attitudes and beliefs about the meaning of body weight are central to self-

evaluation. Striegel-Moore et al. (1986) postulated, but did not investigate, that many women who feel fat have self-schemas in which body weight is a central component.

Rodin and Striegel-Moore (1984) found that weight and body shape constituted the central determinants of a woman's perception of her physical attractiveness. For men, weight and body shape were important but not central in perceived attractiveness. A study using adolescent males and females found that girls' self-concepts were more strongly related to their body attractiveness, whereas boys' self-concepts derived from perceptions of physical instrumental effectiveness (Lerner, Orlos & Knapp, 1976).

In a survey conducted in Glamour magazine, Wooley and Wooley (1984) found that 63% of the young women in their sample reported that weight often affected how they felt about themselves; 33% reported that weight sometimes affected how they felt about themselves; and only 4% reported that weight was never important.

Only one study has systematically examined the perceived importance of appearance and weight control in relation to esteem. Pliner, Chaiken and Flett

(1990) examined the relationship between global self-esteem and appearance self-esteem in individuals differing in the self-rated importance of appearance and weight control. Their results indicated that global self-esteem and appearance self-esteem were strongly related, and that neither gender nor age moderated the relationship. Furthermore, they reported that the perceived importance of appearance only marginally moderated the relation between the two esteem variables, and only in women.

In sum, there is a popular belief that perceived importance of physical appearance and/or body weight moderates the effect of appearance esteem on general esteem, but this theory has rarely been tested and has not received strong empirical support (Pliner et al., 1990). The present study will examine the reasons why perceived importance of appearance and weight control do not moderate the effect of appearance esteem on global self-esteem.

Attributional Style and Self-Esteem

It has been found that the attributions people make about their performances affect their level of

self-esteem (Pyszczynski & Greenberg, 1987). A frequent finding is that the tendency to take credit for successes is associated with higher levels of self-esteem and that the tendency to attribute failure to oneself is associated with lower levels of self-esteem. For example, Fielstein et al. (1985) found that children with high self-esteem are more likely to attribute successes on a test to ability, and failure to lack of effort or bad luck. Whereas, children with low self-esteem make external, unstable attributions for successes and stable, internal attributions for failures.

Ogden and Wardle (1990) conducted similar research with overweight subjects. They found that an internal attributional style for negative events was associated with more frequent failures of dietary control. Wooley et al. (1979) also conducted research with obese individuals to examine their attributional styles. They found that obese individuals commonly attributed their failures at losing weight to their lack of willpower (internal attribution), or even gluttony, despite the overwhelming evidence that obese people do not eat more than nonobese people.

The research on attributional style suggests that events that one attributed to personal causes have greater impact on self-esteem and it is possible that attributional styles moderate perceived importance effects. Specifically, we hypothesized that the appearance esteem and global self-esteem would be strongest among individuals who considered appearance and weight control to be important and who experienced personal responsibility for their appearance. There may be no perceived importance effects among individuals who do not experience personal responsibility for their appearance.

Appearance Esteem and History of Teasing about Weight

The various beliefs and images that are part of individuals' self-concepts are not with them at birth. People are not born knowing whether they are smart, pretty or unlovable; they learn it. This information is acquired from personal experiences, from the judgements made of an individual by others, and from identification with family and friends (Beck, 1967). Sanford and Donovan (1984) believe that the most important information people receive about their self-

concepts comes from information that others convey to them: from what others say about them and from how others treat them.

If others are a major force in shaping our overall self-concepts, they may also play a role in shaping one's body image. Specifically, as a result of the stigma placed on overweight individuals one might expect the majority of obese subjects to be dissatisfied with their bodies. Often adults with low appearance esteem can recall very clearly being teased by others when they were children and adolescents. Further, these same individuals often feel that the teasing had a great impact on how they presently feel about their bodies.

Wadden and Stunkard (1987) found that dissatisfaction occurs mainly in women who have been overweight since childhood or adolescence, and who have been negatively evaluated for their weight by family or peers. Stunkard and Mendelson (1967), and Stunkard and Burt (1967), found that adult-onset obese individuals were least likely to be dissatisfied with their bodies as compared to child onset and adolescent onset individuals. As a result, they concluded that negative

body images are more likely to occur as a result of derogatory comments by parents, peers or others during the adolescent years. Cash, Winstead and Janda (1986) found that adult women who had been teased about their appearance during childhood were more dissatisfied with their appearance than women who had been rarely teased. Fabian and Thompson (1989) found that lower body-esteem was associated with history of teasing about weight in both premenarcheal and postmenarche subjects. Thompson and Psaltis (1988) found significant correlations between history of teasing and current levels of body image dissatisfaction and eating disturbance in college women. Further, Thompson (in press, cited in Thompson et. al., 1991) found that college women with high levels of eating disturbance had a greater history of being teased about their appearance than women with low levels of eating dysfunction.

However, many other studies (Allon, 1979; Altshul, 1981; Brownell, 1979) have found that overweight people tend to hate their bodies regardless of time of onset of obesity and overt evaluation by others. Moreover, other studies comparing overweight and average weight subjects have found that many overweight individuals do

not have low body-esteem (Karpowitz and Zeis, 1975; Lawson, 1980; Sallade, 1973).

Evidently, the results from various empirical studies that have examined body-image and history of teasing are unclear. Furthermore, studies which have noted disturbances in self-concept and body image as a result of stigmatization have frequently sampled clinical populations (individuals seeking medically supervised weight reduction). Studies that have examined non-clinical populations have often not found psychological difficulties.

The present study hopes to further clarify this issue by examining the effects of history of teasing about weight on appearance esteem in a non-clinical sample. Specifically, this study will examine how labels or "teasing" affect an individual's appearance esteem and global self-esteem. It is hypothesized that individuals who were teased about their weight as children will tend to report low appearance esteem. As well, it is predicted that individuals who were teased about their weight will consider physical appearance and weight control to be important.

Feedback and the Accessibility of Cognitive Structures

It is also possible that teasing and feedback about one's appearance and weight do more than simply affect the perceived importance of appearance and weight control. Specifically, teasing and feedback may also increase the "accessibility" of body image as a facet of the self-concept.

Thorndike (1898) proposed in his law of exercise that the more frequently a stimulus-response bond is exercised, the more effectively it is stamped in. Furthermore, there is plenty of evidence that shows that frequent activation of a construct (e.g., body image) increases how long the construct will remain predominant (Higgins, Bargh & Lombardi, 1985; Lombardi, Higgins & Bargh, 1987; Srull & Wyer, 1979, 1980). Within the literature, frequently activated constructs are referred to as "chronically accessible". Lau (1989) found that chronically accessible constructs are relatively stable over time. Bargh and Pratto (1986) found that subjects' chronically accessible constructs were at a high level of activation readiness. The decay over time of the excitation level of a construct following its last activation is slower when the

construct has been frequently activated than when it has been activated only once (Higgins et al., 1985).

Cognitive "accessibility" may therefore be one reason why researchers have had difficulty finding support for the interactive hypothesis of self-esteem. Facets of the self-concept may be considered important by individuals, but the facets and their perceived importance may remain relatively "dormant" until they are primed or activated. In the case of body image, it is possible that teasing increases the accessibility of body image and its perceived importance, which in turn increases "importance" effects on self-esteem. All individuals may have beliefs about their body image and how important they consider it to be. But it may only be among individuals who frequently think about their body images (as a result of a history of being teased) that perceived importance has a moderating influence on self-esteem.

Summary of Hypotheses

To reiterate, the purpose of this study was to examine the relationships between perceived importance of physical appearance and weight control, appearance

esteem, and global self-esteem. The study focused on the reasons why perceived importance of physical appearance and weight control do not moderate the effect of appearance esteem on general esteem. It was predicted that perceived importance of appearance/weight control would only be important when: (1) people attributed their physical appearance to personal responsibility; (2) people attributed their current body weight to personal responsibility; and (3) people had been teased a lot.

METHOD

Subjects

Subjects were 149 males and 322 females. Of these subjects, 315 were recruited from the community, through signs posted at a local medical clinic. The other 158 subjects were recruited from an introductory psychology class at Lakehead University. Two subjects did not report their gender. In all 488 subjects completed surveys and 473 of these were usable. Their ages ranged from 12 to 80 years, their heights from 4 feet 7 inches, to 6 feet 7 inches and their weights from 70 pounds to 320 pounds.

Procedure

After an explanation of this study's purpose, the subjects from the introductory psychology class were asked to remain after class if they wished to participate in this study. Before participating subjects were told that they could leave at any time and that anonymity would be maintained. All subjects were reminded to read the instructions at the top of every page carefully and to ask questions if they were at any time unsure of what to do. These subjects signed a consent form (see Appendix A) and received course credit for their participation.

The subjects who completed a questionnaire at the local clinic read an attached cover page (see Appendix B) before completing the questionnaire. Upon completion, these subjects were asked to either drop the completed questionnaire into one of the boxes provided in the clinic waiting rooms, or mail it to the university using one of the self-addressed stamped envelopes supplied.

Measures

The questionnaire consisted of the following

measures.

Global Self-Esteem Scale. Rosenberg's (1965) 10-item Self-Esteem Scale was used to measure global self-esteem. Typical items included, "I feel that I am a person of worth, at least on an equal basis with others." and "All in all, I am inclined to feel that I am a failure.". This scale was modified slightly by expanding the 4-point likert scale to a 10-point likert scale. This scale can be found in Appendix C.

Appearance Self-Esteem Scale. Appearance esteem was measured using the six items developed by Pliner et al. (1990) which were modeled after the original Janis-Field (1959) items. Individuals were asked to rate items, such as "I often feel I am unattractive.", on a ten point scale. This measure can be found in Appendix D.

Importance of weight and appearance. Scales designed by Pliner et al. (1990) were used to measure the Importance of Physical Appearance and the Importance of Weight Control. Subjects rated twelve phrases representing personal qualities or achievements in terms of how important each factor was to them. Scores on these scales could range from 1 (strongly

disagree) to 10 (strongly agree).

Seven of these items were related to the importance of physical attractiveness. For example, "It is important to me to have a good figure or physique.". The remaining five were related to the importance of weight control. For example, "Keeping off excess weight is important to me.". These measures can be found in Appendix E.

Attributional style. Attributional style was assessed using two internally oriented attribution items. These items were concerned with one's feelings about personal responsibility for physical attractiveness and current body weight. These items were composed specifically for this study and individual's were once again asked to rate, on a 10-point scale, how strongly they agreed with each statement.

Physical Appearance Related Teasing Scale. An individual's history of being teased about their weight and size was measured by the Weight and Size Subscale (WSS) of the Physical Appearance Related Teasing Scale created by Thompson, Fabian, Moulton, Dunn and Altabe (1991). These scales were created using a 4-point

likert scale, we modified the likert scale to a 10-point scale. This scale can be found in Appendix F.

Eating Disorder Inventory - 2. Two subscales of this measure were used, the Drive for Thinness (DT) scale and the Bulimia (B) scale. The Eating Disorder Inventory-2 was created by Davis M. Garner in 1991. It was included in this questionnaire to measure symptoms common to individuals with eating disorders. For this study the 10-point likert scale was once again used for each of the subscales.

Items on the Drive For Thinness subscale assess excessive concern with dieting, preoccupation with weight and fear of weight gain. The Bulimia subscale assesses one's tendencies to think about and to engage in bouts of uncontrollable overeating. These scales can be found in Appendix G.

RESULTS

Measures

For statistical analysis all negatively worded questionnaire items were recoded. Descriptive statistics for the measures used in this research appear in Table 1. Table 1 also lists the

reliabilities (Cronbach's Alphas) for each scale used.

Data Analysis Strategy

Pearson correlations were computed among all of the scales. Following this, moderated regression was used to test the key hypotheses, which were all predicted interactions. This is a hierarchal procedure in which main effects are first entered in a regression equation, followed by their product terms. A significant increase in variance accounted for by the product terms indicates significant interactions (see Cohen & Cohen, 1983, p. 310). Both two-way and three way interactions were examined for significance, first using global self-esteem as the criterion, then drive for thinness and finally bulimia as the criterion. A significance level of $p < .05$ was adopted.

The predicted simple correlations are reported separately for males and females within the text. All other simple correlations are presented in tables to which the reader will be referred. There were few significant differences between the genders for the two and three-way interactions, and the results are therefore presented for all subjects combined, with any

significant differences between males and females reported separately.

The results for each key hypothesis are presented in their own subsection. Within each subsection, any predicted simple correlations, two-way interactions and three-way interactions are reported.

Importance of Physical Appearance

Simple Correlations. No simple correlation predictions were made for importance of physical appearance and so the Pearson correlations will not be presented within the text. However, these simple correlations can be found in Table 2.

Two-Way Interactions. In past research only weak support has been found for the hypothesis that perceived facet importance moderates the relationship between esteem on individual facets and global self-esteem. Pliner (1990) found that the importance of appearance marginally moderated the relationship between global self-esteem and appearance self-esteem for women. However, our results did not duplicate this finding, $R_{sqCh} = 0.0001$, $F = 0.288$, $p = 0.144$, partial $corr. = -0.05$. That is, the self-rated importance of

physical appearance did not moderate the relation between global self-esteem and appearance self-esteem. Therefore, even though physical appearance may be considered very important to an individual and should, according to the interactive hypothesis, have an effect on the relationship between an individual's appearance-esteem and their global esteem, empirical support was not found in the present study.

When Drive for Thinness was used as the criterion instead of Global Self-Esteem there was a significant two-way interaction, $R_{sqCh} = .008$, $F = .10$, $p = .005$, partial corr. = $-.12$. Drive For Thinness is the subscale of the Eating Disorder Inventory-2 found to be most highly correlated with eating disorders. This interaction indicated that the importance of physical appearance moderates the relationship between appearance self-esteem and drive for thinness. The nature of the moderated relationship was elucidated by graphing the regression lines for Drive for Thinness on appearance esteem for three levels of importance of physical appearance. (The three levels were chosen from the distribution of the moderator variable scores: the mean, one standard deviation below the mean and one

standard deviation above the mean. This procedure was used for all of the graphs reported below.) As can be seen in Figure 1, appearance esteem was more strongly related to Drive for Thinness among individuals who considered appearance more important. (The slopes of the lines in Figure 1 are quite steep, indicating generally strong relationships between Appearance Esteem and Drive For Thinness. The interaction statistics reported above (e.g. partial corr. = $-.12$) do not refer to the slopes of these lines but to the degree of differences in the slopes.)

Importance of Weight Control

Simple Correlations. There were no simple correlations predicted for importance of weight control. However, all Pearson correlations for the Importance of Weight Control can be found in Table 2.

Two-Way Interactions. Once again the interactive hypothesis was not supported. The perceived importance of weight control did not moderate the relationship between appearance self-esteem and global self-esteem, $R_{sqCh} = 0.004$, $F = 0.14$, $p = 0.07$, partial corr. = $-.08$. However, when Bulimia was used as the criterion

instead of Global Self-Esteem, there was a significant two-way interaction. The importance of weight control moderated the relationship between appearance self-esteem and self-report of bulimic symptoms, $R_{sqCh} = .024$, $F < .0001$, $p < .0001$, partial corr. = $-.20$. The nature of the moderated relationship was elucidated by graphing the regression lines for Bulimia on appearance esteem for three levels of importance of weight control. As can be seen in Figure 2, appearance esteem was more strongly related to Bulimia among individuals who considered weight control more important.

The perceived importance of weight control also moderated the relationship between appearance self-esteem and one's drive for thinness, $R_{sqCh} = .014$, $F < .0001$, $p = .0001$, partial corr. = $-.17$. The nature of the moderated relationship was elucidated by graphing the regression lines for Drive for Thinness on appearance esteem for three levels of importance of weight control. As can be seen in Figure 3, appearance esteem was more strongly related to Drive for Thinness among individuals who considered weight control more important.

Attributional Style

The purpose of this study was to examine potential reasons why the perceived importance of physical appearance/weight control do not moderate the effect of appearance esteem on global esteem. Our first hypothesis was that there should only be a perceived importance moderator effect when individuals attribute their physical attractiveness to personal responsibility rather than to external factors.

Attributions about Physical Attractiveness

To test our hypothesis, subjects were asked to indicate their degree of agreement with the statement: "I feel personally responsible for how physically attractive (or unattractive) I am". Subjects were required to rate on a 1 (strongly disagree) to 10 (strongly agree) scale how personally responsible they felt for their physical attractiveness.

Simple Correlations. No simple correlation predictions were made for personal responsibility for physical attractiveness and so the Pearson correlations will not be presented within the text. However, these simple correlations can be found in Table 3.

Two-Way Interactions. A tendency to feel personally responsible for how attractive one is did not moderate the relationship between appearance self-esteem and global self-esteem, $R_{sqCh} = 0.00001$, $F = .92$, $p = .46$, partial corr. = 0.004. However, feelings of personal responsibility about one's attractiveness moderated the relationship between appearance self-esteem and bulimia, $R_{sqCh} = .010$, $F = .006$, $p = .003$, partial corr. = $-.126$. The nature of the moderated relationship was elucidated by graphing the regression lines for Bulimia on appearance esteem for three levels of personal responsibility. As can be seen in Figure 4, appearance esteem was slightly more strongly related to Bulimia among individuals who felt more responsible for their attractiveness.

The relationship between appearance self-esteem and drive for thinness also varied as a function of one's sense of personal responsibility, $R_{sqCh} = .014$, $F = .001$, $p < .0001$, partial corr. = $-.158$. The nature of the moderated relationship was elucidated by graphing the regression lines for Drive for Thinness on appearance esteem for three levels of personal responsibility. As can be seen in Figure 5, appearance

esteem was slightly more strongly related to Drive for Thinness among individuals who felt more responsible for their attractiveness.

Three-Way Interactions. A sense of personal responsibility for physical attractiveness moderated the effect that importance of physical appearance had on the relationship between appearance-esteem and global self-esteem, $RsqCh = .004$, $F = .049$, $p = .025$, partial corr. = .091. The nature of the moderated relationship was elucidated by graphing the regression lines for Global Self-Esteem on appearance esteem for three levels of personal responsibility and three levels of importance of physical appearance. As can be seen in Figure 6, appearance esteem was more strongly related to Global Self-Esteem among individuals who felt less responsible for their attractiveness and who also considered appearance less important. Therefore, we found the opposite of what we hypothesized. There is a perceived importance effect (in the direction opposite to predictions) when people feel less personally responsible for their physical attractiveness.

As well, a sense of personal responsibility for

physical attractiveness moderated the effect that importance of weight control had on the relationship between appearance-esteem and global self-esteem, $R_{sqCh} = .008$, $F = .009$, $p = .005$, partial corr. = .121. The nature of the moderated relationship was elucidated by graphing the regression lines for Global Self-Esteem on appearance esteem for three levels of personal responsibility for attractiveness and three levels of importance of weight control. Again, as can be seen in Figure 7, appearance esteem was more strongly related to Global Self-Esteem among individuals who felt less responsible for their attractiveness and who also considered weight control less important. Therefore, our hypothesis was again not supported.

Attributions about Body Weight

To test our hypothesis we asked subjects to indicate their degree of agreement with the statement "I feel personally responsible for my current body weight".

Simple Correlations. No simple correlation predictions were made for personal responsibility for current weight and so the Pearson correlations will not

be presented within the text. However, these simple correlations can be found in Table 3.

Two-Way Interactions. Feelings of personal responsibility for one's current body weight moderated the relationships between appearance esteem and global self-esteem, $R_{sqCh} = .005$, $F = .036$, $p = .018$, partial corr. = $-.096$, appearance esteem and bulimia, $R_{sqCh} = .023$, $F < .0001$, $p < .0001$, partial corr. = $-.194$ and appearance esteem and drive for thinness, $R_{sqCh} = .004$, $F = .045$, $p = .023$, partial corr. = $-.092$.

For each of the above interactions, the regression lines were graphed so as to depict the nature of the moderated relationships. First, we graphed the regression lines for Global Self-Esteem on appearance esteem for three levels of personal responsibility for weight. As can be seen in Figure 8, appearance esteem was very slightly more strongly related to Global Self-Esteem among individuals who felt more responsible for their current weight.

Next, we graphed the regression lines for Bulimia on appearance esteem for three levels of personal responsibility for weight. As can be seen in Figure 9, appearance esteem was moderately more strongly related

to Bulimia among individuals who felt more responsible for their body weight. Third, we graphed the regression lines for Drive for Thinness on appearance esteem for three levels of personal responsibility for weight. As can be seen in Figure 10, appearance esteem was very slightly more strongly related to Drive for Thinness among individuals who felt more responsible for their weight.

Three-Way Interactions. Although an individual's sense of personal responsibility for physical attractiveness moderated the effect that both the importance of physical appearance and weight control had on the relationship between appearance self-esteem and global esteem, individual's feelings of personal responsibility for their current weight did not have a similar effect (Importance of Physical Appearance: $R_{sqCh} = 0.002$, $F = 0.15$, $p = 0.07$, partial corr. = 0.07; Importance of Weight Control: $R_{sqCh} = 0.0003$, $F = .60$, $p = .30$, partial corr. = .02). These results did not support our hypothesis that there would be a perceived importance effect when people attributed their current body weight to personal responsibility and not to situational factors.

Feelings of personal responsibility for current weight did, however, moderate the effect that importance of weight control had on the relationship between appearance esteem and drive for thinness. That is, there is a perceived importance effect on the relationship between appearance esteem and drive for thinness when people attribute their current body weight to personal responsibility rather than to external or situational factors, $R_{sqCh} = .006$, $F = .008$, $p = .004$, partial corr. = .122. However, there was a gender difference. For females, the nature of the moderated relationship was elucidated by graphing the regression lines for Drive for Thinness on appearance esteem for three levels of personal responsibility for weight and three levels of importance of weight control by gender. As can be seen in Figure 11, appearance esteem was more strongly related to Drive for Thinness among females who felt high responsibility for their current weight and who considered weight control less important.

For males, the nature of the moderated relationship was elucidated by graphing the regression lines for Drive for Thinness on appearance esteem for

three levels of personal responsibility for weight and three levels of importance of weight control by gender. As can be seen in Figure 12, appearance esteem was more strongly related to Drive for Thinness among males who felt high responsibility for their current weight and who considered weight control more important.

History of Teasing about Weight

We also hypothesized that a history of being teased about one's weight would moderate the effect of importance on the relationship between appearance esteem and global esteem.

Simple Correlations. It was predicted that individuals who were teased about their weight as a child would experience lower appearance esteem. The results supported this prediction. Individuals who reported being teased about their weight as children reported low appearance esteem (females: $r = -.34$, $p < .0001$; males: $r = -.51$, $p < .0001$). They also reported lower global self-esteem (females: $r = -.33$, $p < .0001$; males: $r = -.35$, $p < .0001$).

Further, although it was predicted that a history of teasing would be related to both increased

importance of appearance and weight control, the correlations were significant only for males, for teasing and importance of weight control ($r = .24, p = .003$). The Pearson correlations were not significant for males for importance of appearance ($r = .001, p = .99$) or for females for importance of weight control ($r = .06, p = .27$) or importance of appearance ($r = .08, p = .14$). As no other Pearson correlations were predicted for a history of teasing, the remaining correlations are reported in Table 4.

Two-Way Interactions. As well as being correlated with both appearance and global esteem, a history of being teased about one's weight was found to moderate the relationship between appearance-esteem and global self-esteem, $R_{sqCh} = .005, F = .018, p = .036$, partial $corr. = .096$. The nature of the moderated relationship was elucidated by graphing the regression lines for Global Self-Esteem on appearance esteem for three levels of a history of being teased about weight. As can be seen in Figure 13, appearance esteem was slightly more strongly related to Global Self-Esteem among individuals who had been teased more often about their weight.

A history of being teased about weight also moderated the relationship between appearance esteem and the presence of bulimic symptoms, $R_{sqCh} = .006$, $F = .024$, $p = .012$, partial corr. = $-.104$. The nature of the moderated relationship was elucidated by graphing the regression lines for Bulimia on appearance esteem for three levels of a history of being teased about weight. As can be seen in Figure 14, appearance esteem was slightly more strongly related to Bulimia among individuals who had been teased more often about their weight.

Three-Way Interactions. We hypothesized that a history of being teased about one's weight would moderate the effect that importance of physical appearance and/or weight control had on the relationship between appearance-esteem and global self-esteem. We found no support for these predictions (Importance of Physical Appearance: $R_{sqCh} = 0.003$, $F = 0.11$, $p = 0.06$, partial corr. = 0.07 ; Importance of Weight Control: $R_{sqCh} = 0.004$, $F = 0.07$, $p = 0.04$, partial corr. = -0.08). There were no significant interactions for the criterion, Drive for Thinness or Bulimia for a history of teasing.

DISCUSSION

The interactive hypothesis of self-esteem has been advanced by many researchers and appears to make sense. To recapitulate, the interactive hypothesis asserts that the self-concept is not simply a sum of its parts. Rather, each facet of the self-concept is given different weight and importance. The facets that are most important to one's identity and level of self-esteem are supposedly given greater importance and constitute the core of one's self-concept.

Following from this, it is assumed that if individuals place high value on certain facets of themselves then their global self-esteem should be greatly affected by their standings on those facets. But if a person does not value a certain aspect, then their specific self-esteem in that area should not have much impact on their overall or global self-esteem. In other words, the "interactive hypothesis" of self-esteem predicts that perceived facet importance moderates the relationship between standings on the facets and global self-esteem.

Research has been conducted examining many facets of the self-concept to try and verify the interactive

hypothesis (Hoge & McCarthy, 1984; Marsh, 1984; Pelham & Swann, 1989; Pliner, 1990; Rosenberg, 1965). However, there has been little success. The purpose of this study was to examine potential reasons why perceived facet importance does not moderate the relationship between global self-esteem and appearance esteem for one specific facet, appearance/weight. Specifically, we hypothesized that appearance and weight control would only be important when: (1) people felt personally responsible for their physical attractiveness; (2) people felt personally responsible for their body weight; and (3) people had been teased a lot as children. We found only partial support for these predictions. As a result, we tested our predictions using different outcome variables, specifically, Drive for Thinness and Bulimia. We chose these two criteria because individuals with eating disorders frequently suffer from both low appearance and low self-esteem.

Global Self-Esteem

Importance. Previous research has provided weak, partial or no support for the interactive hypothesis

using individual facet measures (Hoge & McCarthy, 1984; Marsh, 1984; Pelham & Swann, 1989; Rosenberg, 1965). Pliner, Chaiken and Flett (1990) examined one specific facet, physical appearance, using a composite scale measure and found only marginal support for the interactive hypothesis and only for women. However, in the present study, we examined the same facet using the same measure as Pliner et al., and we found no support for the interactive hypothesis for either females or males. The perceived importance of physical appearance and the perceived importance of weight control do not moderate the relationship between appearance-esteem and global self-esteem.

It is likely that the sizes of the samples contributed to the differences in results. The Pliner et al. (1990) study analyzed the data of 639 people whereas we surveyed only 473 subjects. This difference in sample size could help to explain why Pliner found marginal support for the interactive hypothesis and we did not.

Although there was a difference in overall sample size between the Pliner et al. study and ours, the difference is much smaller when you compare the number

of women sampled. Pliner et al. surveyed 334 women while we surveyed 322 females. Pliner's results were only significant for women. Given that we sampled a similar number of females and found no support for the hypothesis, it is likely that there are other reasons contributing to the different findings. It could be that although approximately the same number of females were surveyed, there is a difference between the types of subjects sampled. It is possible that the facets of the self-concept, physical appearance and weight, are more important to women living in a large urban area versus females living in a more remote, smaller community. Perhaps in more densely populated areas the competition and emphasis on appearance is greater. This competition may lead women to value this facet of the self-concept more strongly, which in turn makes appearance more important to general esteem.

Attributional Style. We hypothesized that a tendency to feel personally responsible for one's attractiveness and current weight would moderate the effect that importance of appearance/weight control had on the relationship between appearance esteem and global self-esteem. Our results indicated that there

were no significant interactions for one's feelings of personal responsibility for current weight or attractiveness. In fact, our results suggested that the opposite is occurring. It appears that appearance esteem was more strongly related to global self-esteem among individuals who felt less responsible for their attractiveness and who also considered physical appearance and weight control less important.

However, as we did find that appearance esteem was more strongly related to global self-esteem among individuals who felt more responsibility for their current weight, it is likely that there is some relationship occurring that our items did not address. Perhaps a scale of items looking specifically at attribution of responsibility for attractiveness and current weight needs to be developed, rather than using only one item to examine this relationship. As well, because previous research has identified overweight individuals as feeling more responsible for their weight (Ogden & Wardle, 1990; Wooley & Wooley, 1979) it may be useful to examine an overweight population to test the hypothesis that an internal attributional style moderates the effect that importance has on the

relationship between appearance esteem and global esteem.

As well as moderating the relationship between appearance esteem and global esteem, a tendency to attribute one's physical attractiveness and current weight to personal responsibility was, for females, significantly correlated with lower appearance esteem and lower global self-esteem. These findings have some implications for treatment.

In particular, it would be important for personnel helping individuals who are attempting to lose weight, to examine their clients' attributions. One would want to be sure that before implementing any weight loss program, that the client's sense of personal responsibility was not unrealistically high. That is, although one would want a client to have a sense that her weight can be changed, it is necessary to make sure that the client is not setting unrealistic, unachievable goals and is aware of the biological considerations of weight loss. Further, this finding underlines the importance of making the biological dynamics clear to a client so that they are not taking responsibility for failing to change aspects of

themselves that, realistically, cannot be changed.

History of Teasing About Weight. It was predicted that a history of being teased about weight would moderate the effect that importance of appearance/weight control had on the relationship between appearance esteem and global self-esteem. We hypothesized that "cognitive accessibility" (Higgins, Bargh & Lombardi, 1985; Lombardi, Higgins & Bargh, 1987; Srull & Wyer, 1979, 1980) might be a reason why researchers have had difficulty finding support for the interactive hypothesis of self-esteem. We posed that perhaps facets of the self-concept were considered important by individuals, but the facets and their perceived importance remained relatively dormant until they were primed or activated.

In the case of physical appearance, we thought it was possible that being teased increased the accessibility of body image and its perceived importance, which in turn increased importance effects on self-esteem. Although all individuals may have beliefs about their body and how important they considered it to be, we thought it would only be among individuals who frequently thought about their body

images that perceived importance had a moderating influence on self-esteem. However, our results did not support this hypothesis. A history of being teased about one's weight did not affect the relationships among perceived importance of appearance, appearance self-esteem and global self-esteem.

Although our hypothesis was not supported, we did find that a self-reported history of being teased about one's weight as a child is correlated with lower appearance self-esteem and lower global esteem in both males and female, in a non-clinical population. As well, we found that the relationship between appearance esteem and global self-esteem does vary as a function of a history of being teased.

These findings are not surprising since social learning theory suggests that individuals acquire beliefs about themselves that are a reflection of the way they are treated by their social environment (Bandura, 1986). In essence, people come to view and value themselves in much the same way that they are viewed and valued by others. According to this view, individuals who receive approval and affection from their environment, particularly from significant others,

are more likely to have high levels of self-esteem. Our findings follow from this: those individuals who receive predominantly negative feedback about their appearance and weight come to view this aspect of themselves negatively as well, which in turn affects their appearance and global self-esteem.

Given our findings, parents and significant others should give careful consideration to the comments they make about their children's appearance, as well as to what they teach their children about teasing others. This consideration is recommended as teasing appears to have a significant impact on the development of high appearance esteem and high global self-esteem, and high self-esteem has consistently been viewed as being an important part of a happy and effective human being. Bednar, Wells and Peterson (1992) could not find a single article in the psychological literature that had identified or discussed any undesirable consequences due to high self-esteem. However, low self-esteem seems to be one of the basic warning signs of a dysfunctional personality; low self-esteem is associated with virtually all types of emotional and behavioural problems.

Drive For Thinness and Bulimia

Importance. The construct of drive for thinness was derived by Hilda Bruch (1973, 1982). She described "drive for thinness" or the relentless pursuit of thinness as the cardinal feature of eating disorders. The clinical manifestation of an intense drive to be thinner or fear of fatness is one of the requirements for a DSM III-R diagnosis of both anorexia nervosa and bulimia nervosa.

The Bulimia subscale of the EDI-2 assesses tendencies to think about and to engage in bouts of uncontrollable overeating. The occurrence of binge eating is one of the defining features of bulimia nervosa. Research has shown that bulimia is common in individuals who do not meet all of the criteria to qualify for a formal diagnosis of an eating disorder.

In the present study, the importance of physical appearance and the importance of weight control moderated the relationship between appearance esteem and drive for thinness. Only the importance of weight control moderated the relationship between appearance self-esteem and bulimia. In other words, the more

important appearance and weight are to a person the more presentation of eating disordered behaviours and appearance esteem are related. We also found that both individuals who reported a high drive for thinness and many bulimic symptoms tended to have low appearance esteem and low global esteem for both females and males. Further, females who considered appearance and weight control important reported a high drive for thinness and high number of bulimic symptoms. For males only increased importance of weight control and elevated drive for thinness and bulimia scales were related.

These findings suggest that importance effects may be stronger for individuals with eating disorders or for those people who may be more prone to developing eating disorders. This suggests that the great emphasis that is placed on appearance and weight control in our society, has the strongest effects on certain individuals in the population, rather than all people.

It is likely that the messages about the importance of physical attractiveness and thinness in our society lead the most susceptible individuals to value this facet of the self-concept more strongly.

The ideal physical appearance in our society includes, for women, a very low body weight and for men a very low muscle to fat ratio. However, to attain and maintain these 'ideals' is very difficult and likely leads many to engage in eating disordered behaviour. Fairburn and Garner (1988) reported that persistent beliefs and attitudes about the importance of weight and shape are characteristic of patients with bulimia. Similarly Garner and Bemis' (1985) described how anorexic patients' assumptions, attitudes and beliefs about the meaning of body weight are central to self-evaluation. Further, as it is so difficult to reach these appearance ideals, many people never and can never reach them. This failure contributes to lowered appearance esteem.

Personal Responsibility for Attractiveness and Weight Control. Our results indicated that for males appearance esteem was more strongly related to drive for thinness among men who felt more responsible for their attractiveness and who also considered weight control more important. The findings for females were different: appearance esteem was more strongly related to drive for thinness among women who felt less

responsible for their attractiveness and who also considered weight control important.

Appearance esteem was more strongly related to bulimia and drive for thinness among individuals who felt more responsible for their attractiveness and their weight. The findings for males and females indicating that importance of and responsibility for attractiveness and weight affect the relationship between eating disorders and esteem are not surprising. Hilda Bruch (1962, 1973) originally described the overwhelming sense of ineffectiveness as the underlying disturbance in eating disorders. Eating disorders often offer an individual a way to gain control and responsibility for some part of their life. Due to a belief that they are personally responsible for their weight and attractiveness, their appearance esteem will be affected in a negative or positive way depending upon whether they are controlling their weight or not.

The finding that for females appearance esteem was more strongly related to drive for thinness among women who felt low responsibility for their weight, who considered weight control important is somewhat puzzling. Since our findings with regard to personal

responsibility were mixed, future research should re-examine these relationships looking both at a specifically eating disordered population compared to a sample of non-eating disordered subjects. It would be useful to use a scale that measured attributions about responsibility rather than single items when examining these populations for importance and attribution effects on the relationship between appearance esteem and drive for thinness and bulimia.

A History of Being Teased About Weight.

Individuals who reported a history of being teased about their weight as a child tended to report low appearance esteem and low global self-esteem. The relationship between appearance esteem and bulimia differs depending upon an individual's history of being teased. That is, appearance esteem was more strongly related to bulimia among individuals who had been teased about their weight as children. Further, individuals who reported a high number of symptoms characteristic of bulimics tended to report low appearance esteem and low global self-esteem.

These results suggest that as a result of being teased about their weight, individuals may experience

low appearance esteem and resort to bulimic patterns to change their appearance to try to feel better about themselves. These results may have implications for treating clients with bulimia. They suggest that one of the variables which may be important to examine in a clients history is a history of being teased about their weight. This may be important to focus on when trying to change a bulimics' perception that in order to be liked and approved of by others it is important to be thin.

Global Self-Esteem versus Eating Disorders

Most of the significant effects in the study occurred not on the measure of Global Self-Esteem (as was expected), but on the measures of Drive for Thinness and Bulimia. This could possibly be due to what are called positive illusions.

There is plenty of self-report evidence for overly positive illusions. Taylor and Brown (1988) conducted a review of the literature and found that research shows that many people, rather than maintaining accurate views of themselves, hold unrealistically positive views of themselves. It is possible that

these positive illusions occur only at a relatively superficial or conscious level. For example, positive illusions may be prompted when people are asked questions about their general self-esteem. The existence of various motivational self-esteem protecting/enhancing biases, as documented in social cognition research, suggests that actual self-esteem may not really be so high or stable. This suggested that, people may not have access to their actual self-esteem. Perhaps the reason that we found most of our effects on the eating disorder measures instead of the global esteem measure is because the eating disorder measures tapped into actual esteem to a greater degree than the general questions about global esteem.

Limitations With the Present Study

It is possible that we did not find importance effects because our sample was not large enough. Although more females would have been advantageous, it would have been even more useful to sample a larger group of men. Our low number of males may also account for why we found very few gender differences across the hypotheses.

For the significant effects that we did find, the results were generally quite weak. This may be indicating that variables other than the ones we focused on are important.

With regard to the variables we examined, such as the attribution variables, it will be important in future research to examine attributions using a scale of items rather than single items.

Further, to find significant effects it may be necessary to look at specific populations rather than sampling a broad range of subjects. For example, it may be more useful to examine a population to which importance of appearance/weight has been found to be central, such as eating disordered individuals, for effects of importance on appearance and global esteem. It might also be useful to examine 'personal responsibility for weight control' in an overweight population as this variable has been found to influence this population.

Like our study, future research could focus on the circumstances under which the interactive hypothesis holds true, rather than continuing to try and prove the interactive hypothesis. It could also be useful to

explore different types of models of self-esteem. That is, rather than continuing to examine this interactive model of self-esteem, research could examine a more configural model of self-esteem, in which different facets of the self-concept would be more or less important based on the context or situation and depending upon the cues received by an individual.

CONCLUSION

The purpose of our study was to examine potential reasons why perceived facet importance does not moderate the relationship between global self-esteem and appearance esteem for one specific facet, appearance/weight. We hypothesized that feelings of perceived responsibility and a history of teasing would be important, but few significant effects emerged. Our study is thus the latest in a series of investigations to find no support for an intuitively appealing theory. Perhaps, the theory should be abandoned. Or perhaps researchers could examine why the predicted relationships are so weak or non-existent. In this study we found that some of the effects showed up on the measures of eating disorders instead of on the

measure of global self-esteem. A focus on the reasons for these findings might help answer questions about the elusive interactive hypothesis.

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APPENDICES

Consent Form

1. **Body Image and Self-Esteem**
2. **I consent to take part in the above study on body image and self-esteem. I understand that the study examines the relationship between self-esteem, body image and variables such as self-consciousness, attributions, and history of teasing.**
3. **The investigator has explained to me that the study involves filling out a questionnaire on these variables, and that it should require about 15 minutes.**
4. **I understand that there are no direct benefits to me for participating in the study, and that there are no risks. My responses will remain completely anonymous and confidential. My participation in the study was completely voluntary and I may withdraw at any time. I have also been told that I may obtain a copy of the final results from Cindy Larocque, Department of Psychology, Lakehead University, Thunder Bay, Ontario, P7B 5E1.**
5. **I understand that this page with my signature will be kept separate from my survey responses.**

Signature: _____

Name (please print): _____

Date: _____

L A K E H E A D



U N I V E R S I T Y

Oliver Road, Thunder Bay, Ontario, Canada P7B 5E1

Department of Psychology
Telephone (807) 343-8441

Body Image and Self-Esteem

I am from the psychology department of Lakehead University and I'm looking for people to participate in a study I'm conducting. The purpose of the study is to examine factors that are associated with self-esteem and body image. In particular, I'm interested in the relationship between self-esteem, body image and variables such as self-consciousness, attributions, and history of teasing.

The study involves filling out a brief questionnaire and should require about 15 minutes of your time. There are no direct benefits to you for participating in the study, and there are no risks. Your responses will remain completely anonymous and confidential, and you will not be asked to sign your name on the questionnaire. There are no right or wrong, or good or bad answers. Your participation in the study is completely voluntary and you may withdraw at any time. The data from all participants will be pooled and analyzed as a group, as the responses of any single individual are meaningful only in relation to the responses of others. You may obtain a copy of the final results of the study by writing or calling me.

You may either complete the survey right here, in which case you can drop it off in the box where you picked it up. Or you may complete the survey at home, in which case you should take one of the stamped self-addressed envelopes so that you can mail it back to me.

Thanks a lot for your help.--I very much appreciate it.

Cindy Larocque
Department of Psychology
Lakehead University
Thunder Bay, Ontario
P7B 5E1
343-8322

Appendix C

Measure of Global Self-Esteem

The following questions are in the form of statements with which you may agree or disagree. Using the 10 point scale below, indicate your degree of agreement with each statement by placing the appropriate number in the corresponding dash provided.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

_____ On the whole, I am satisfied with myself.

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

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

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

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

_____ I certainly feel useless at times.

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

_____ I wish I could have more respect for myself.

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

_____ I take a positive attitude toward myself.

Appendix D

Appearance Esteem Scale

The following questions are in the form of statements with which you may agree or disagree. Using the 10 point scale below, indicate your degree of agreement with each statement by placing the appropriate number in the corresponding dash provided.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 **Strongly Agree**

_____ I often feel that I am unattractive.

_____ After I am dressed for the day I feel pleased with my appearance.

_____ I am frequently dissatisfied with the way I look.

_____ I often feel as attractive as the people I know.

_____ I frequently worry about my appearance.

_____ I frequently worry about my weight.

Appendix E

Measure of Importance of Physical Appearance

The following questions are in the form of statements with which you may agree or disagree. Using the 10 point scale below, indicate your degree of agreement with each statement by placing the appropriate number in the corresponding dash provided.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 **Strongly Agree**

- _____ Facial attractiveness is important to me.
- _____ It is important to me to have a good figure or physique.
- _____ Being well dressed is important to me.
- _____ It is important to me to looking good in my clothes.
- _____ Being well groomed is important to me.
- _____ It is important to me to have a body that others admire.
- _____ Having nice hair is important to me.

Measure of Importance of Weight Control

- _____ Keeping off excess weight is important to me.
- _____ It is important to me to be slim.
- _____ Successfully watching what I eat is important to me.
- _____ It is important to me to eat appropriate amounts of food.
- _____ It is important to me to keep in good physical condition.

Appendix F

Weight and Size Subscale of the Physical Appearance Related
Teasing Scale

Each of the following statements pertains to the time when you were growing up. Using the ten point scale below, please respond by writing the appropriate number in the corresponding space provided.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 **Strongly Agree**

_____ When I was a child I felt that my peers were staring at me because I was overweight.

_____ When I was a child, I felt like people were making fun of me because of my weight.

_____ I was ridiculed as a child about being overweight.

_____ When I was a child, people made jokes about my being too fat.

_____ When I was a child, I was laughed at for trying out for sports because I was too heavy.

_____ My sibling(s) or other relatives called me names like "fatso" when they got angry at me.

_____ My parents made jokes that referred to my weight.

_____ Other kids called me derogatory names that related to my size or weight.

_____ I felt like people were pointing at me because of my weight or size.

_____ I was the brunt of family jokes because of my weight.

_____ People pointed me out of a crowd because of my weight.

_____ I heard my classmates snicker when I walked into the classroom alone.

Appendix G

Drive For Thinness Scale of the EDI-2

The following questions are in the form of statements with which you may agree or disagree. Using the 10 point scale below, indicate your degree of agreement with each statement by placing the appropriate number in the corresponding dash provided.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 **Strongly Agree**

_____ I eat sweets and carbohydrates without feeling nervous.

_____ I think about dieting

_____ I feel extremely guilty after overeating.

_____ I am terrified of gaining weight.

_____ I exaggerate or magnify the importance of weight.

_____ I am preoccupied with the desire to be thinner.

_____ If I gain a pound, I worry that I will keep gaining.

Bulimia Scale of the EDI-2

_____ I eat when I am upset.

_____ I stuff myself with food.

_____ I have gone on eating binges where I felt I could not stop.

_____ I think about bingeing (overeating).

_____ I eat moderately in front of others and stuff myself when they are gone.

_____ I have the thought of trying to vomit in order to lose weight.

_____ I eat or drink in secrecy.

TABLES

Table 1
Means, Standard Deviations and Reliabilities

Variable	Males	Females	Cronbach's Alpha
Global Self-Esteem	M 7.60 SD 1.65	M 7.32 SD 1.54	0.89
Drive For Thinness	M 3.34 SD 2.01	M 5.12 SD 2.58	0.92
Bulimia	M 2.55 SD 1.67	M 3.32 SD 2.29	0.89
Importance of Physical Appearance	M 6.85 SD 1.80	M 7.47 SD 1.48	0.89
Importance of Weight Control	M 5.65 SD 1.86	M 6.78 SD 1.91	0.81
Appearance Esteem	M 6.84 SD 1.71	M 5.97 SD 1.92	0.82
Teasing About Weight	M 2.21 SD 1.96	M 2.40 SD 2.15	0.96
Personal Responsibility for Attractiveness	M 6.77 SD 2.27	M 7.41 SD 2.33	
Personal Responsibility for Weight	M 6.72 SD 2.86	M 7.61 SD 2.33	

Note. All of the means are on a 1-10 scale.

Table 2

Simple Correlations for Importance of Appearance and Weight Control

	Importance of Appearance	Importance of Weight Control
<u>Males:</u>		
Global Self-Esteem	.18*	-.01
Appearance Esteem	.06	-.27***
Drive For Thinness	-.03	.46***
Bulimia	.04	.32***
Responsibility for Attractiveness	.23**	.23**
Responsibility for Weight	.11	.30***
Teasing About Weight	.001	.24**
<u>Females:</u>		
Global Self-Esteem	-.04	-.18***
Appearance Esteem	-.16**	-.33***
Drive For Thinness	.26***	.51***
Bulimia	.12	.21***
Responsibility for Attractiveness	.32***	.30***
Responsibility for Weight	.20	.31***
Teasing About Weight	.08	.06

* indicates $p < .05$ ** indicates $p < .01$ *** indicates $p < .001$

Table 3

Simple Correlations for Personal Responsibility for Attractiveness and Weight

	Responsibility for Attractiveness	Responsibility for Weight
Males:		
Global Self-Esteem	-.01	.16*
Appearance Esteem	-.11	-.19**
Drive For Thinness	.10	.18*
Bulimia	.11	.11
Importance of Appearance	.23*	.10
Importance of Weight	.23*	.30***
Teasing About Weight	.10	.10
Females:		
Global Self-Esteem	-.16**	-.15**
Appearance Esteem	-.28***	-.28***
Drive For Thinness	.26***	.37***
Bulimia	.25***	.23***
Importance of Appearance	.32***	.20***
Importance of Weight	.29***	.31***
Teasing About Weight	.16**	.09

* indicates $p < .05$
 ** indicates $p < .01$
 *** indicates $p < .001$

Table 4

Simple Correlations for Teasing About Weight

Teasing about Weight

Males:

Global Self-Esteem	-.35***
Appearance Esteem	-.51***
Drive For Thinness	.44***
Bulimia	.56***
Importance of Appearance	.001
Importance of Weight	.24**
Responsibility for Attractiveness	.10
Responsibility for Weight	.11

Females:

Global Self-Esteem	-.33***
Appearance Esteem	-.34***
Drive For Thinness	.36***
Bulimia	.40***
Importance of Appearance	.08
Importance of Weight	.06
Responsibility for Attractiveness	.16**
Responsibility for Weight	.09

* indicates $p < .05$ ** indicates $p < .01$ *** indicates $p < .001$

FIGURES

FIGURE 1
REGRESSION LINES FOR DRIVE FOR THINNESS
ON APPEARANCE ESTEEM FOR DIFFERENT
LEVELS OF IMPORTANCE OF PHYSICAL APPEARANCE

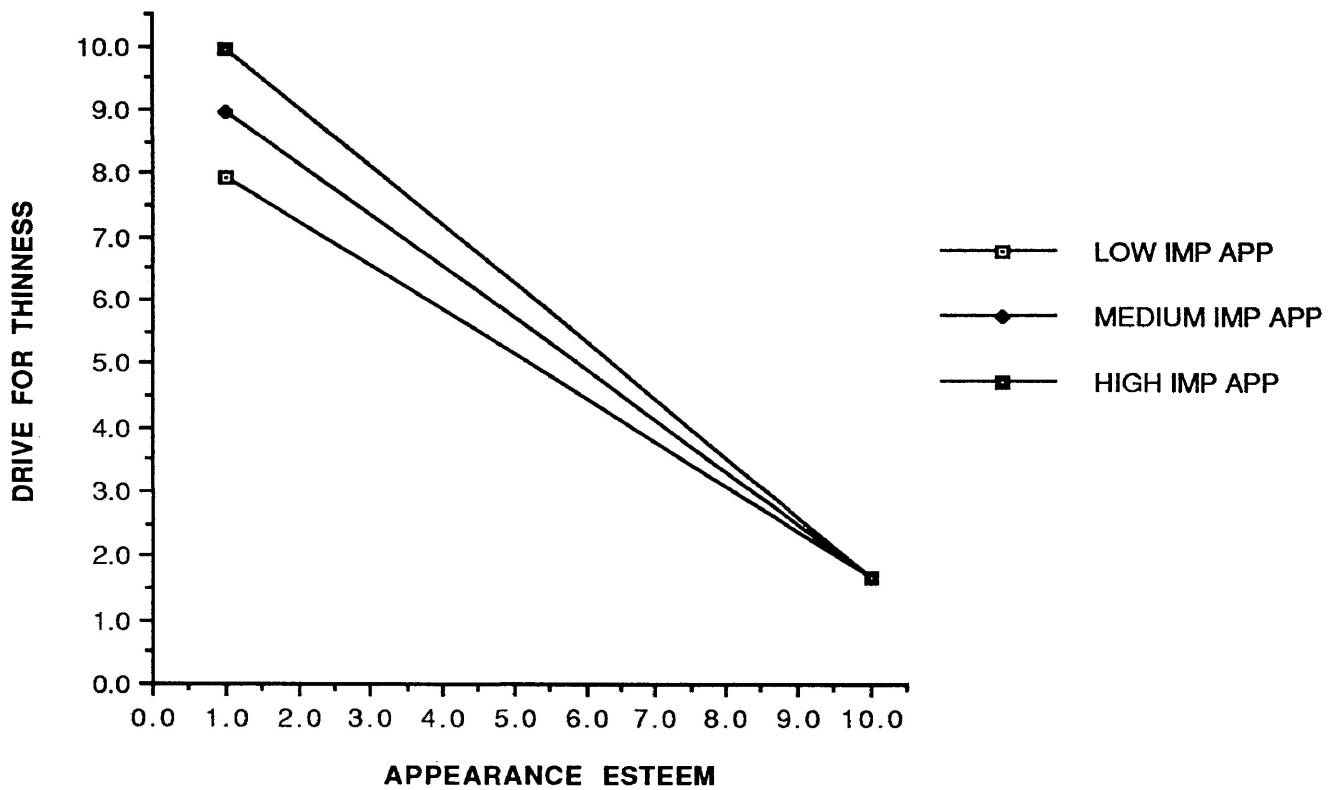


FIGURE 2
REGRESSION LINES FOR BULIMIA ON
APPEARANCE ESTEEM FOR DIFFERENT
LEVELS OF IMPORTANCE OF WEIGHT CONTROL

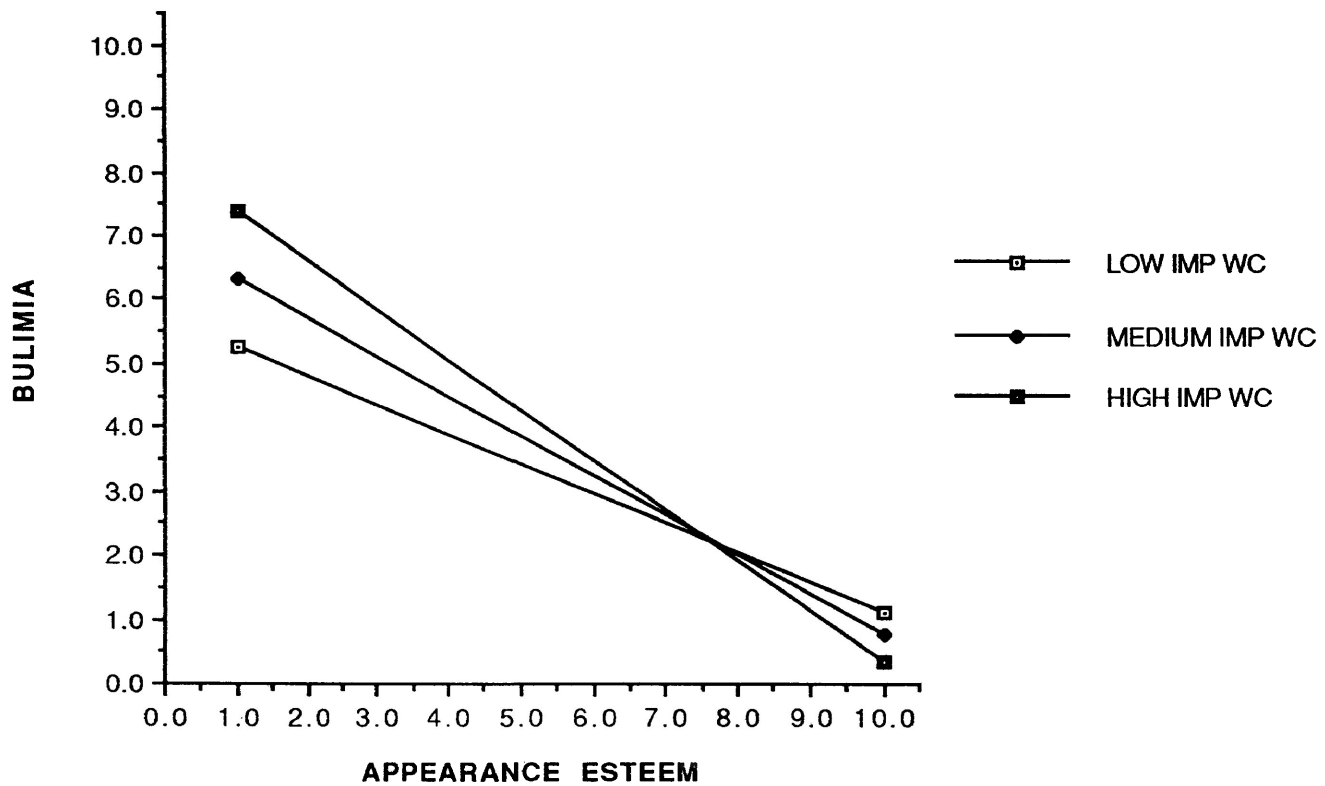


FIGURE 3
REGRESSION LINES FOR DRIVE FOR THINNESS
ON APPEARANCE ESTEEM FOR DIFFERENT
LEVELS OF IMPORTANCE OF WEIGHT CONTROL

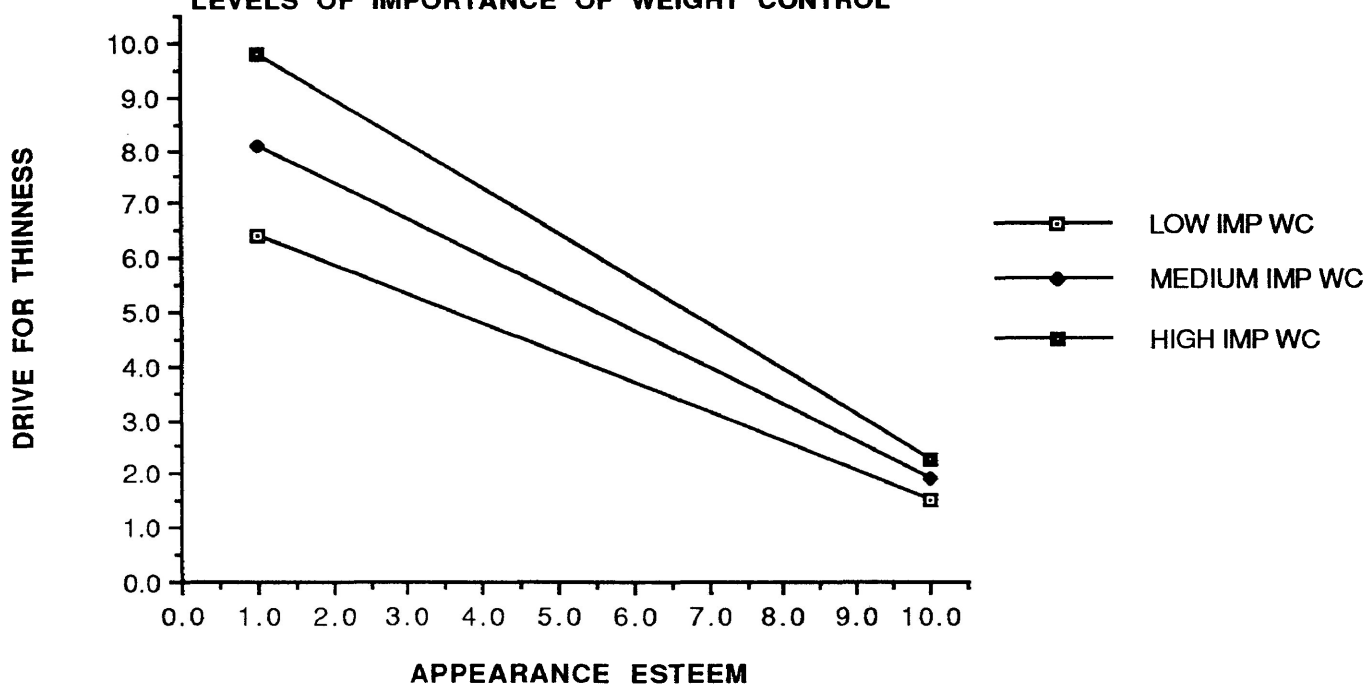


FIGURE 4
REGRESSION LINES FOR BULIMIA ON
APPEARANCE ESTEEM FOR DIFFERENT LEVELS
OF RESPONSIBILITY FOR ATTRACTIVENESS

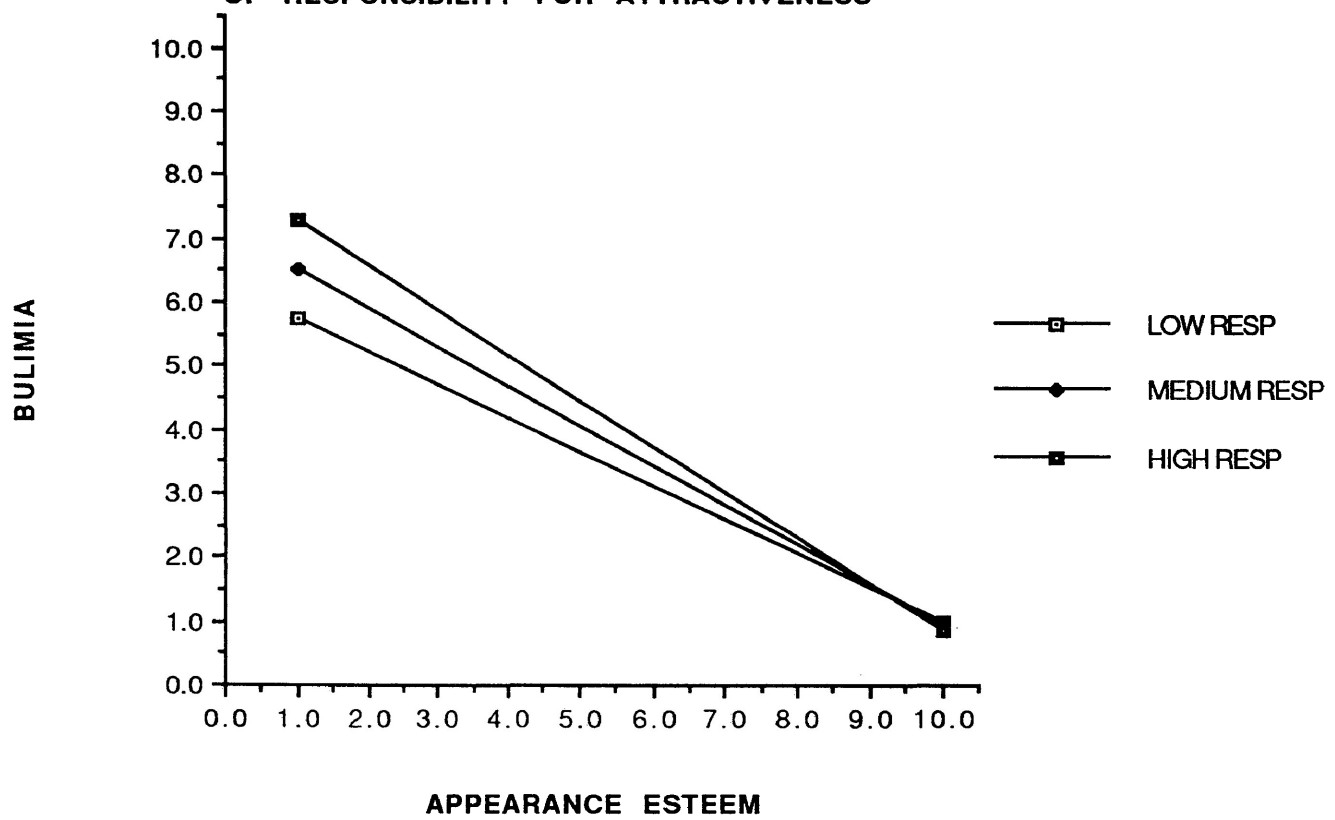


FIGURE 5
REGRESSION LINES FOR DRIVE FOR THINNESS
ON APPEARANCE ESTEEM FOR DIFFERENT
LEVELS OF RESPONSIBILITY FOR ATTRACTIVENESS

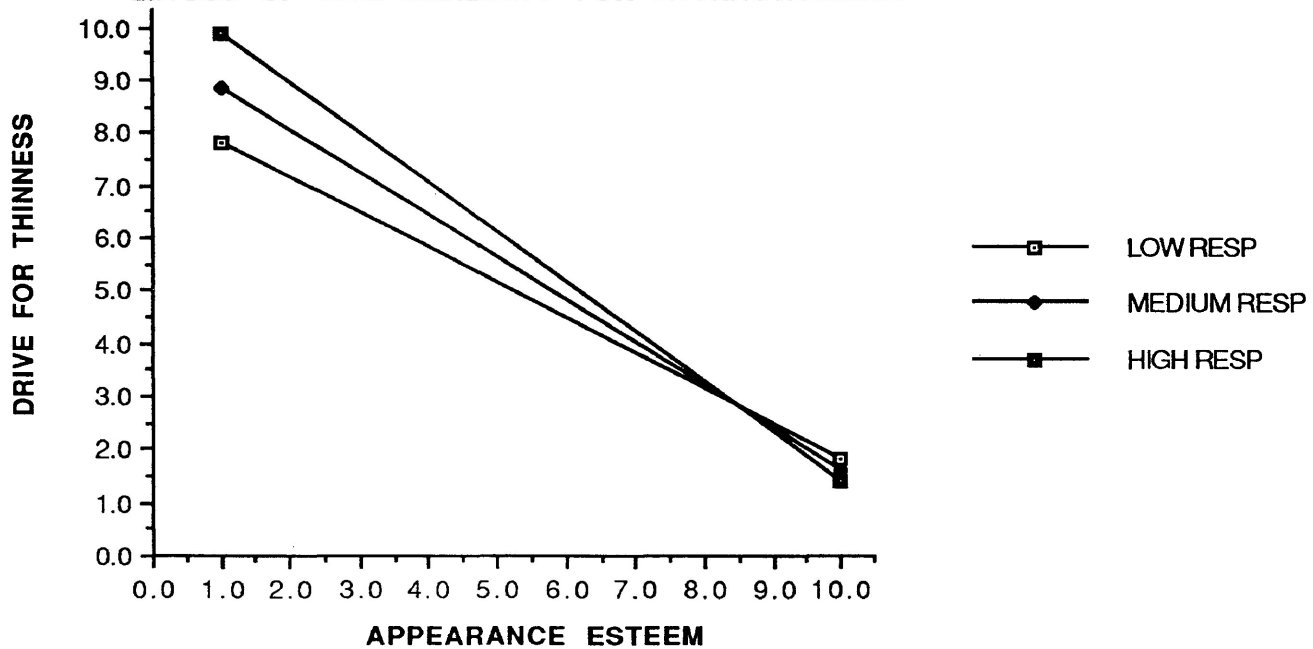


FIGURE 6
REGRESSION LINES FOR GLOBAL SELF-ESTEEM
ON APPEARANCE ESTEEM FOR DIFFERENT LEVELS
OF RESPONSIBILITY FOR ATTRACTIVENESS
AND IMPORTANCE OF APPEARANCE

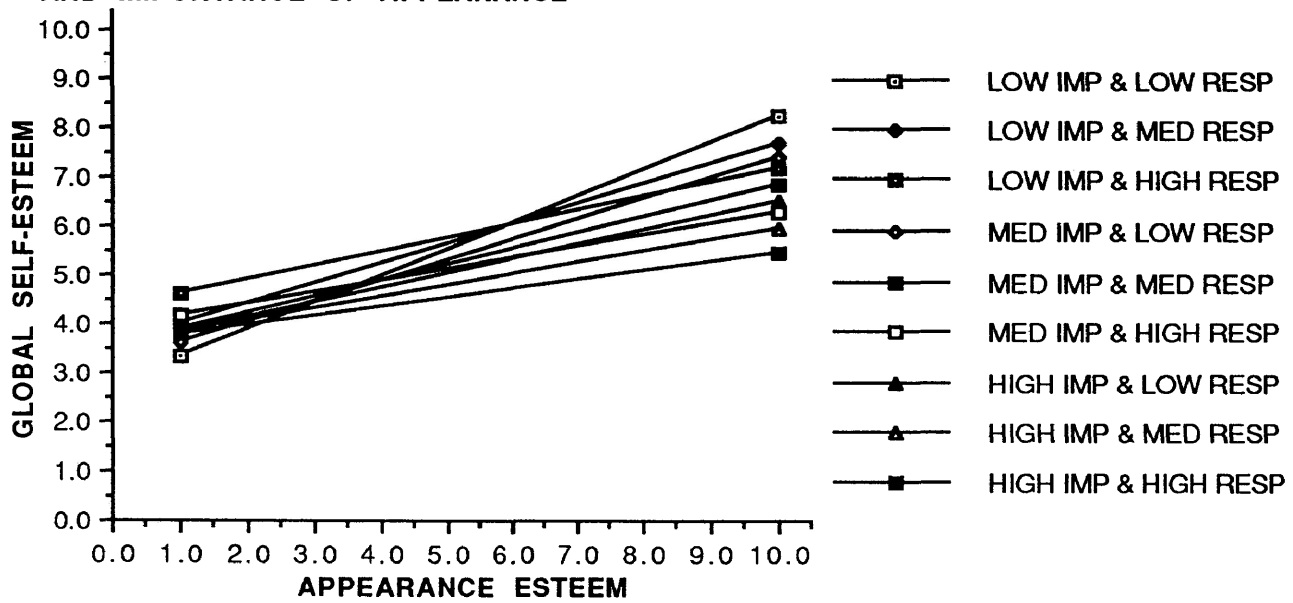


FIGURE 7
REGRESSION LINES FOR GLOBAL SELF-ESTEEM ON APPEARANCE ESTEEM
FOR DIFFERENT LEVELS OF RESPONSIBILITY FOR ATTRACTIVENESS AND
IMPORTANCE OF WEIGHT CONTROL

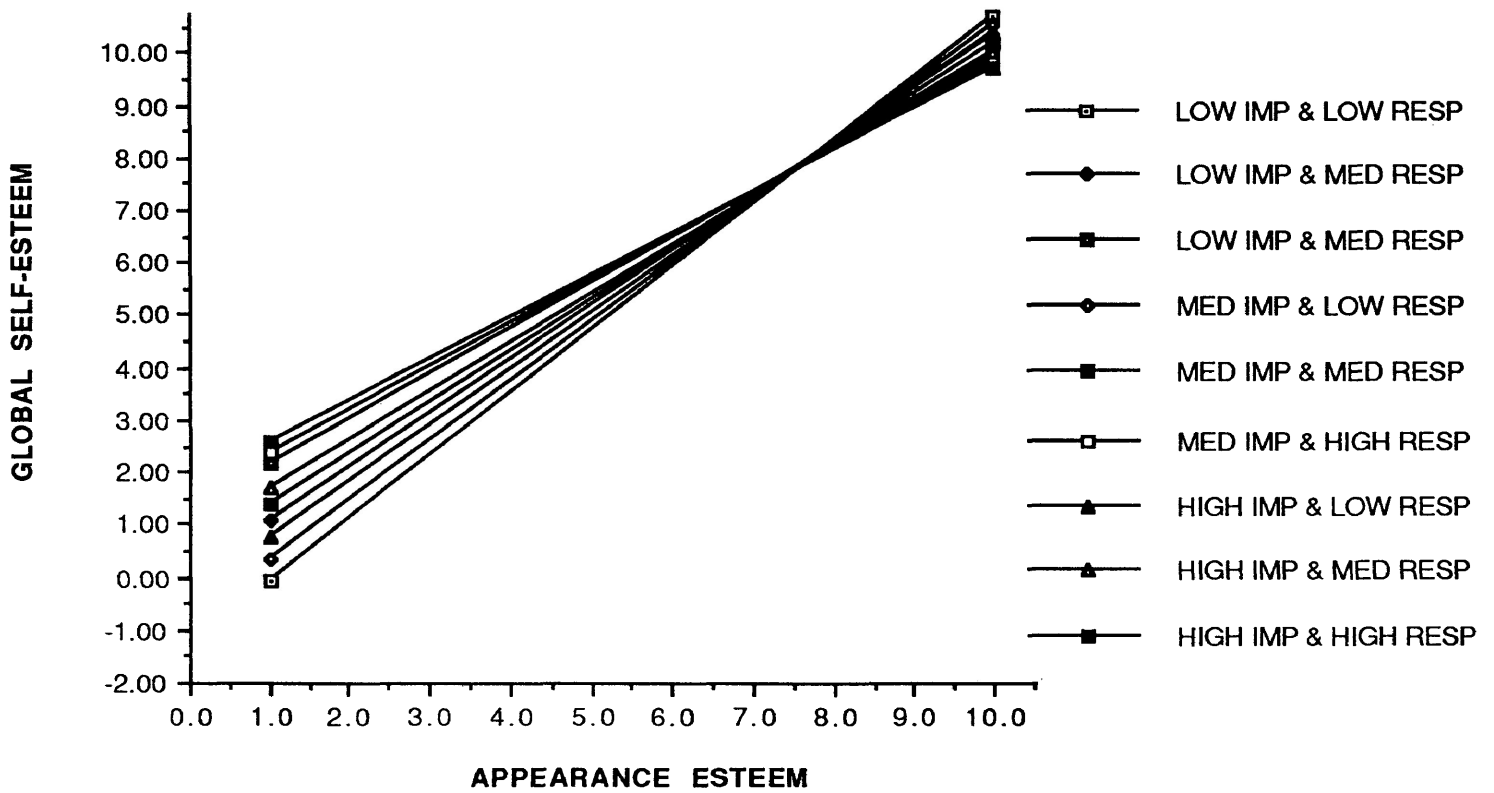


FIGURE 8
REGRESSION LINES FOR GLOBAL SELF-ESTEEM ON APPEARANCE ESTEEM
FOR DIFFERENT LEVELS OF RESPONSIBILITY FOR WEIGHT

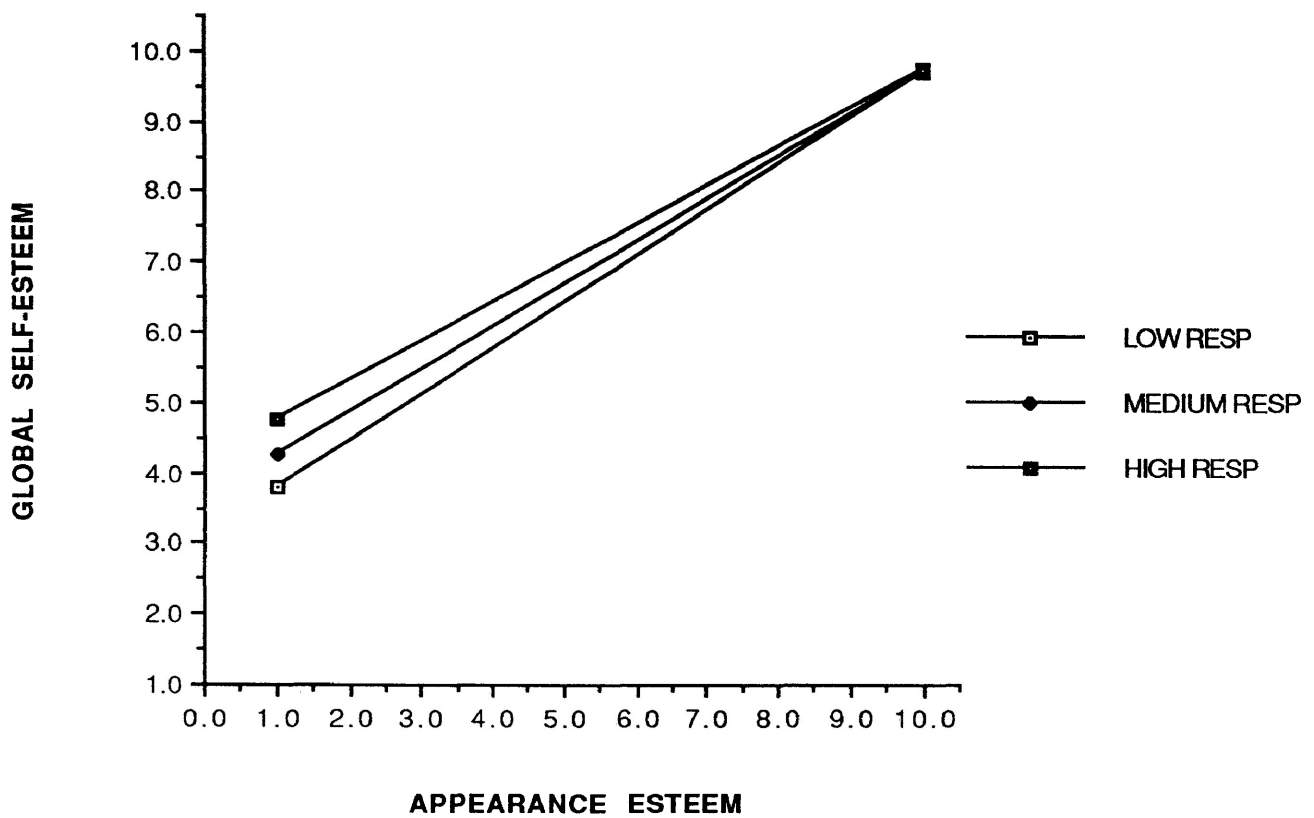


FIGURE 9
REGRESSION LINES FOR BULIMIA ON
APPEARANCE ESTEEM FOR DIFFERENT LEVELS
OF RESPONSIBILITY FOR WEIGHT

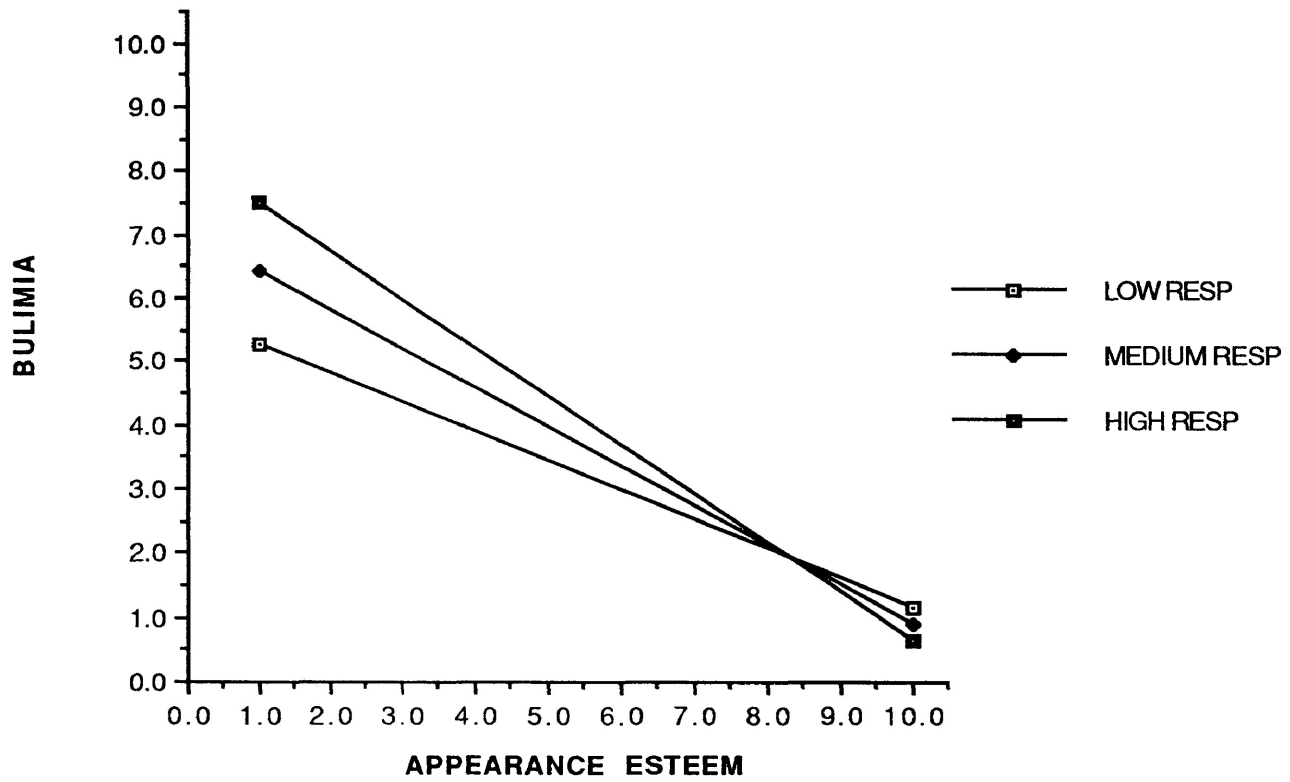


FIGURE 10
REGRESSION LINES FOR DRIVE FOR THINNESS
ON APPEARANCE ESTEEM FOR DIFFERENT
LEVELS OF RESPONSIBILITY FOR WEIGHT

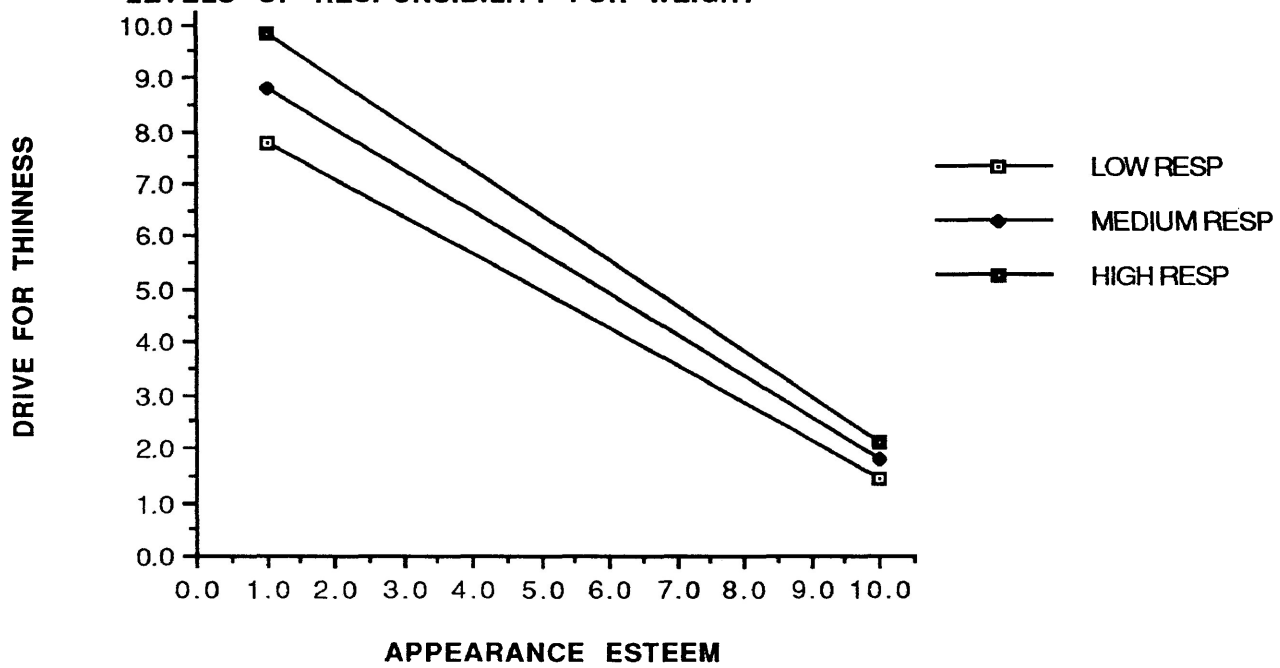


FIGURE 11
REGRESSION LINES FOR FEMALES FOR DRIVE
FOR THINNESS ON APPEARANCE ESTEEM
FOR DIFFERENT LEVELS OF IMPORTANCE OF
WEIGHT CONTROL AND RESPONSIBILITY FOR WEIGHT

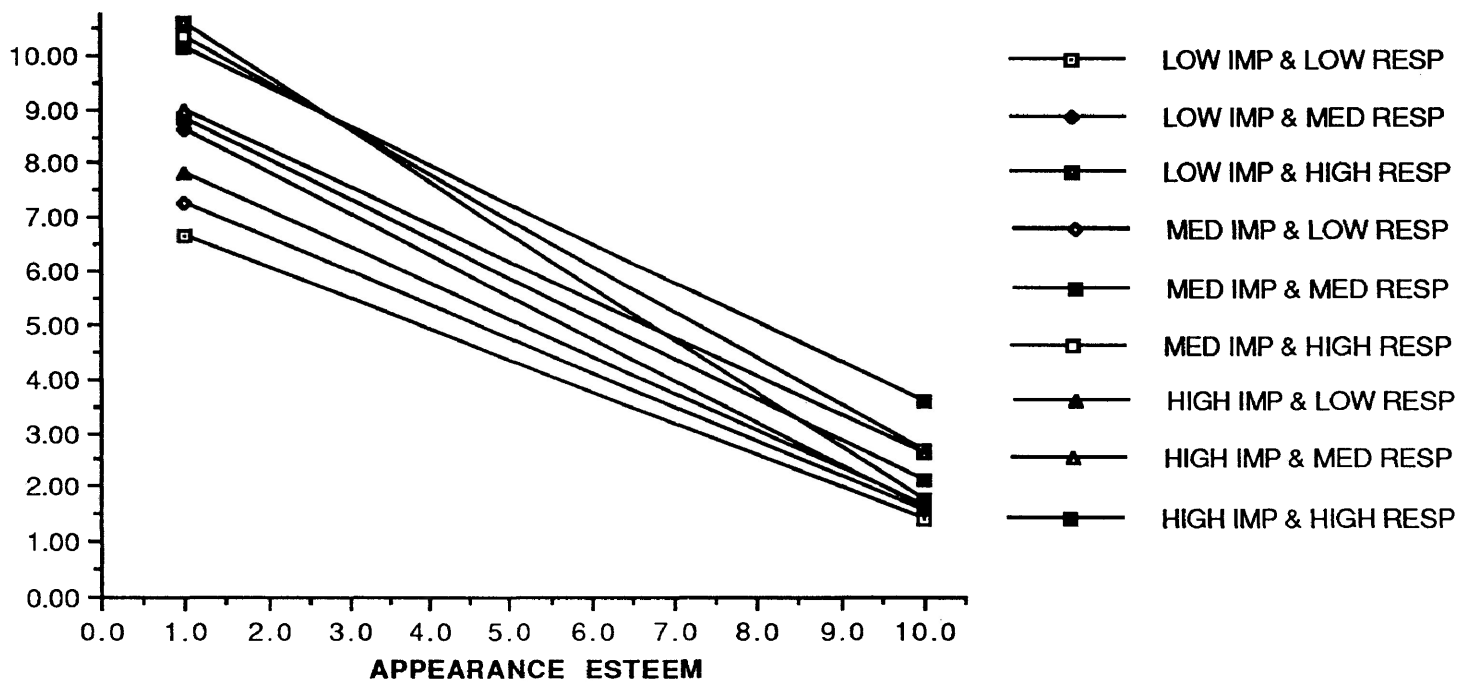


FIGURE 12
REGRESSION LINES FOR DRIVE FOR THINNESS ON APPEARANCE ESTEEM
FOR MALES FOR DIFFERENT LEVELS OF IMPORTANCE OF WEIGHT CONTROL
AND RESPONSIBILITY FOR WEIGHT

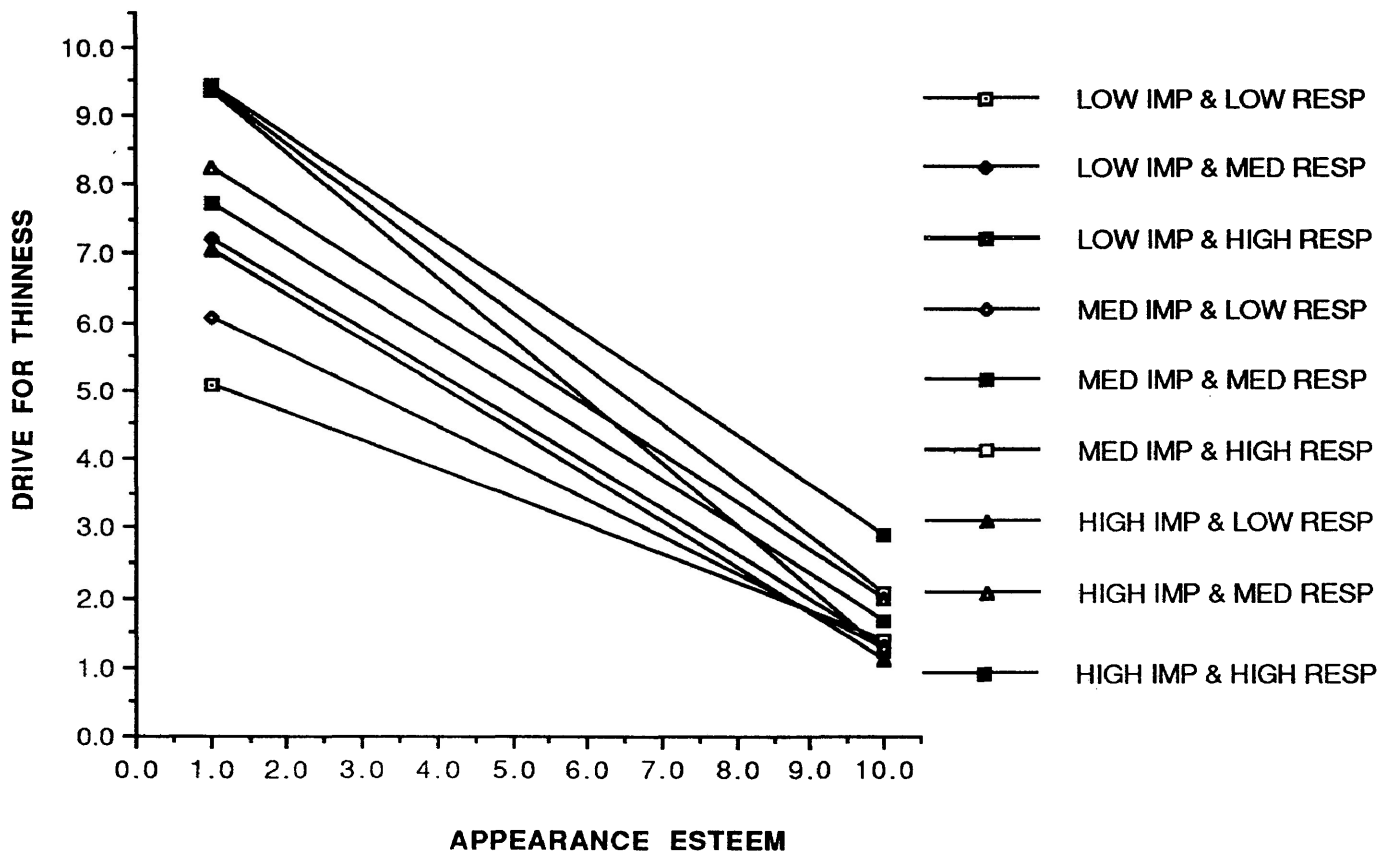


FIGURE 13
REGRESSION LINES FOR GLOBAL SELF ESTEEM ON APPEARANCE ESTEEM
FOR DIFFERENT LEVELS OF TEASING ABOUT WEIGHT

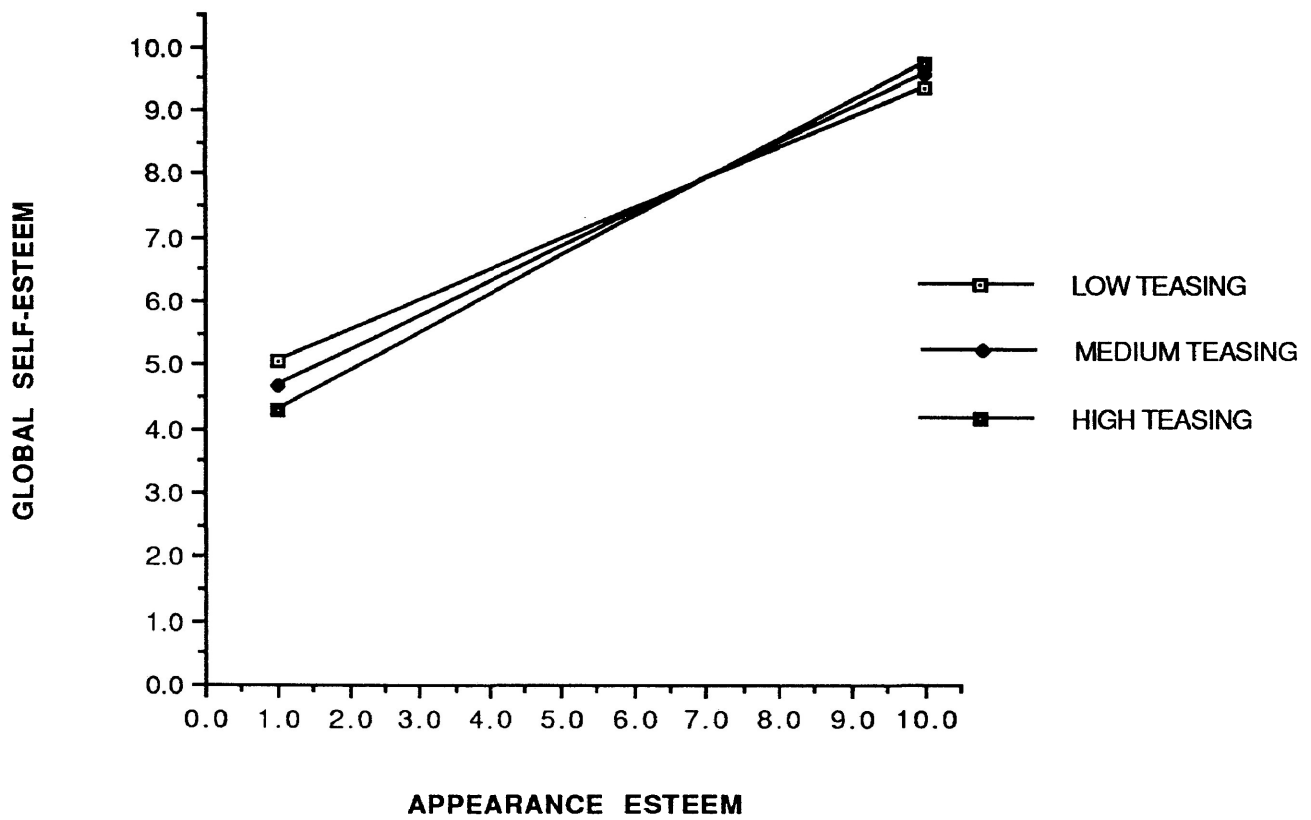


FIGURE 14
REGRESSION LINES FOR BULIMIA ON
APPEARANCE ESTEEM FOR DIFFERENT
LEVELS OF TEASING ABOUT WEIGHT

