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Interrelationships between Media, Parental bonds, self-esteem and body image among female

Lebanese adolescents

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Abstract

The purpose of this study was to investigate the interrelationships between media, parental bonds, self-esteem and body image satisfaction among Lebanese female adolescents. The following hypotheses were tested: (1) There is a negative correlation between the sociocultural attitudes toward appearance (used to measure media effect) and the body image satisfaction. (2) The affectionate constraint (high on care & high on protection) and optimal (high care & low protection) parenting styles will both exceed affectionless control (low on care & high on protection) and neglectful parenting styles on body image satisfaction. (3) There is a positive correlation between self-esteem and body image satisfaction. The sample consisted of 61 high school students; their age ranged between 15 and 18 years old. The instruments used were the Multidimensional Body-Self Relations Questionnaire Appearance scale, the Self-Esteem Scale by Rosenberg, the parental bonding instrument and the SATAQ-3. Obtained results confirmed that self-esteem (hypothesis 3) significantly correlates with the young females' body image satisfaction, however, they did not confirm the first and second hypothesis. The results showed no significant correlation between media and body image satisfaction nor any significant differences between all the parental styles (whether father or mother) on body image satisfaction.

Interrelationships between Media, Parental bonds, self-esteem and body image among female Lebanese adolescents

Most of the fashion dolls, such as Barbie, Ken, Bratz, and even more recently the frozen dolls inspired by Disney, reflect a similar body image: tall and slender for female figures, and tall and muscular for men. Even though the more recent fashion dolls “Bratz” seem to have a plumper shape, they are nevertheless called, the Barbie pouty-lipped rival; they have also been criticized for being too provocative (Kell, 2015). Unfortunately, the body images advertised through media are not realistic. For instance, if we take the case of Barbie and Ken, we will realize that if they were real, their necks would be too thin to support the weight of their head, and their upper body proportions would make it difficult for them to walk upright (Stang, Story, 2005). Tragically, since 2011, the Barbie brand has consistently produced worldwide annual gross sales in excess of \$1 billion (Schor, Juliet, 2014.)

Moreover the image or figure of a female has been portrayed not only by Fashion dolls, but also by media through beauty pageants. In an anonymous survey, the self-esteem, dieting, and body image of 131 female beauty pageant contestants from 43 states were examined; almost half (48.5%) reported wanting to be thinner whereas 57% were trying to lose weight (Thompson & Hammond, 2003). The message that a Barbie doll gives to young females can alone “unleash a whole complex of destructive self-experiences that can lead to eating disorders and all kinds of body distortions in terms of body image”(Nussbaum, 2012, p. 4). The latter also revealed that the dissatisfaction with their body image is associated with low self-esteem. For both girls and boys, body image has been associated with poor self-esteem (Ekland and Bianco, 2000); the reflection of their bodies gives them a positive or negative feeling about themselves. Yet, the low

self-esteem is greater in females than males because of their greater concern with their bodies and appearance. Moreover, research has also shown that not just media but parental bonds have an influence on the body image of female adolescents. Family plays an important role in transmitting social norms and preference of thinness, and thus is a significant socio-cultural influential factor on women's views of body image as well as related eating behaviors (David, Shuster, Blackmore, & Fox, 2004; Goodman, 2005; Kluck, 2010).

This paper discusses body image which represents one's satisfaction with one's own body, especially among female adolescents, who are very sensitive to body image concerns (McCabe & Ricciardelli, 2003). Unfortunately, with the cultural and societal emphases of thinness, it's common for a woman to be preoccupied with the idealized thin body image and feel dissatisfied with her own body (Grogan, 2008). In order to comprehend the development behind body image dissatisfaction among female adolescents, the variables, such as parental control, self-esteem, and media will be studied. In other words, the purpose of the current study is to examine the relationship between media, parental control, self-esteem, (independent variables), and body image (dependent variable).

Background of the Study

Many adolescents from both genders expect their bodies to have a certain shape or meet a criteria of beauty perceptions preconceived in their heads (Goldfield, 2010). According to the Canadian Learning Company (2009), the number of adolescents who dislike their physique is increasing every year; 50 % of fourteen to sixteen year old American and Canadian boys and 75% of same age girls were not happy with their physical appearances. The destructive

comparison between what their body looks like versus what is portrayed as the ideal body image, is originated in the early years of adolescence, which includes a lifecycle that is characterized by many physiological, cognitive and emotional changes, in addition to an increased preoccupation with the physique (Canadian Learning Company, 2009).

Body Image and Adolescent Females

Body image is a multidimensional, subjective and dynamic concept that contains a person's perceptions, thoughts, and feelings about his or her body (Grogan, 2008). Female adolescents go through body image dissatisfaction which is defined as negative perceptions by a person regarding their body image (Littleton & Ollendick, 2003). Because adolescents experience significant physical changes in their bodies during puberty, they are likely to experience exceedingly dynamic perceptions of body image (Stang & Story, 2005). Going through puberty can amplify body image concerns. Fortunately, the changes that happen to young male adolescents are admired by society, such as, height, speed, broadness, and strength. Whereas for girls unfortunately, puberty includes a list of changes that are not as admired by many, like getting rounder and having increased body fat (Berk, 2004). Such changes increase the liability of body dissatisfaction among girls. Moreover, girls finish puberty with a muscle-to-fat ratio of about 5 to 4 and boys with a ratio of 3 to 1 (Steinberg, 2011). Therefore, Nitcher (2001) argued that as compared to women in other age groups, adolescent girls may have a higher tendency to develop intense body image dissatisfaction and even disordered eating behaviors.

Furthermore, adolescents are at a stage where they are particularly vulnerable to the messages conveyed by appearance culture (Wertheim & Paxton, 2012). While young children may experience body image concerns (Smolak, 2011), these concerns become increasingly common in adolescence (Levine & Smolak, 2002; Lunde, Frisen, & Hwang, 2007). Previous

research has shown that as many as 70% of adolescent girls and 50% of adolescent boys are dissatisfied with their bodies and want to change the way they look (McCabe & Ricciardelli, 2002; Wertheim & Paxton, 2012). In short, female adolescents' experience of negative body image is indeed worrying. In fact, the idea that they are unable to reconcile with their body, but on the contrary condemn it or hate it, is a type of oppression that they experience in their everyday lives (Ghaderi & Parling, 2009). In this study, the focus was on female adolescents, since according to research, they have a higher tendency to be dissatisfied with their bodies.

Body Image and Media

Young people are growing up in a constantly connected society; they can stay in touch through instant messaging, social networks and online games. Social media has various impacts on youth's life; sometimes it favors them in a positive way and other times it impacts them negatively (Anthony, 2009). Social media is a means of connections among people in which they create, share, and exchange information and ideas in virtual communities and networks (Lucky, 2013). Moreover, Media plays an important role in producing and promoting the ultra-thin ideal female body image, which is associated to widespread body dissatisfaction among women (Grogan, 2008). Wykes and Gunter (2005) argue that Media is undoubtedly one of the most influential forces because of its popularity and prevalence that leads female viewers to evaluate their own bodies. By presenting the ideal thin body image pervasively in various media programs, media has fostered the social and cultural preference of thinness and supplied definitions of what it means to be an attractive woman (Grogan, 2008).

Furthermore, media images unquestionably have a major impact on adolescents' perceptions of their bodies. Experimental and prospective studies have found increased body dissatisfaction (and diminished self-esteem) among girls and young women following exposure

to photographs, magazines, and television commercials featuring women embodying the thin ideal (Dohnt & Tiggemann, 2006; Hargreaves & Tiggemann, 2004; Heinberg & Thompson, 1995). However, adolescents may differ in their interpretations of the messages to which they are exposed, depending on their degree of body ideal internalization and tendency to make social comparisons. Hence, based on the above, the relationship between the media effect and body dissatisfaction was assessed on Lebanese female adolescents

Body Image and Parental Bonding

Parents play an important role in transmitting social norms and preference of thinness to their children, and thus they represent a significant socio-cultural influential factor on women's views of body image as well as related eating behaviors (David, Shuster, Blackmore, & Fox, 2004; Goodman, 2005; Kluck, 2010). Moreover, the relevance of the type of the relationship between parent and adolescent and how they engage with each other later on is illustrated by numerous studies. They have all concluded that an association exists between insecure attachment and adolescent engagement, which is expressed in different kinds of problem behaviors (Vorst, Engels, Vermulst, Meeus, & Dekovic, 2006). For instance, Rodgers, Paxon, and Chabrol (2009) found that parental comments whether positive or negative have a significant influence on the daughter's body satisfaction. Moreover, the closest parent or guardian of the child may have a particularly powerful influence on what he/she perceives as normative (Killeya-Jones, Costanzo, Malone, Quinlan, & Miller-Johnson, 2007). Studies have shown that parents who worry about their weight and appearances serve as a model of imitation for their children; further causing them to follow patterns of body image concern (Ogden & Steward, 2000; Jaffe & Worobey, 2006). Though parents may be unaware of their actions, some of them

pressure their children regarding all that relates to eating and body weight, generating feelings of dissatisfaction with their bodies, and often resulting in eating disorders (Jaffe & Worobey, 2006).

In addition to parental role modeling, the parent-child interaction and how it effects the daughters' emotional and behavioral developments, is also examined here by focusing on the concept of parenting styles. Influenced originally by Bowlby's (1969) attachment theory, Parker suggested two significant fields of perceived parenting styles, which he labeled as care and overprotection. Part of this study is based on Parker's two-field theory. Parker et al. developed the Parental Bonding Instrument (PBI), which was used in this study to assess the parental bonding style. As has been proven by many studies, parental nurturance is important throughout the developmental process but it appears to be an especially significant factor in the positive development of adolescents (Maccoby 2007; Windle et al. 2010). Researchers have found positive associations between adolescents who are satisfied with their bodies and parents who are nurturing and supportive (Crespo et al. 2010), whereas adolescents dissatisfied with their bodies are associated with parents who are less nurturing and warm (Bearman et al. 2006). These findings are consistent for boys and girls.

Moreover, other studies have shown that high protection from either mother or father, were associated with higher levels of body dissatisfaction for boys and girls(Mak, 2007). According to Cheng & Mallinckrodt (2009), the purpose of the study was to investigate the link between body image dissatisfaction among adolescents and parent overprotection. Results suggested that both mother and father overprotection and low care were negatively correlated with body image among adolescents (Cheng & Mallinckrodt, 2009). Hence, this study examined the relationship between different parental bonding and body image concerns among female adolescents.

Body Image and Self-Esteem

Self-concept components are identity, body image, self-esteem, and role performance. Self-esteem represents only one component of the self-concept, which Rosenberg defines as the “totality of the individual’s thoughts and feelings with reference to himself as an object” (Snow & Phillips, 1982, p. 462). More precisely, Rosenberg, whose definition of self-esteem is used in this study, considers people with high self-esteem as those that respect and feel worthy of themselves, regard themselves neither better nor worse than others, certainly not perfect human beings as they are aware of their own limitations as well as their capacity to grow and blossom. People with low self-esteem, on the other hand, lack respect for themselves, reflect mixed feelings of self-rejection, self-dissatisfaction and self-contempt (Rosenberg 1965).

Moreover, another significant component of the self-concept is the body image. According to Cristiana (2016), each person’s perception and feelings towards his body image not only influences his self-concept but also his self-esteem, and hence the cross-sectional study determined a close positive correlation between body image and self-esteem among young females. Moreover, in another study by Szabo (2015), the major differences between the perceived and ideal body images predicted lower levels of self-esteem. Furthermore, according to Furnham (2002), dissatisfaction with body image and weight were significantly correlated with low self-esteem for girls, while the male self-esteem was not affected. At a time when slender bodies are admired, 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). Hence, this study examined the relationship between low self-esteem and body image dissatisfaction.

The Problem Statement

Despite the fact that research related to body image is prolific in the western societies, research among adolescents in Middle Eastern cultures is still limited. For instance, insufficient numbers of studies tackled the relationships between body image, self-esteem, media, and parental bonds in the Lebanese culture (Kteily & Rizkallah, 2002). Furthermore, studies that examined relationships between body image and factors affecting it across non-western societies mainly targeted the college and adult groups in general (Abdollahi & Mann, 2001; Soweid et al, 2002) as opposed to adolescents, which were the focus of the current study.

Based on the above rationale, the purpose of the present study is to assess and evaluate the relationship between media, parental bonds, and self-esteem and the body image of adolescent Lebanese females. More specifically, the following hypotheses were examined:

Hypothesis 1: There is a negative correlation between the sociocultural attitudes toward appearance (used to measure media effect) and the body image satisfaction among Lebanese female adolescents.

Hypothesis 2: The affectionate constraint (high on care & high on protection) and optimal (high care & low protection) parenting styles will both exceed affectionless control (low on care & high on protection) and neglectful parenting styles on body image satisfaction among Lebanese female adolescents.

Hypothesis 3: There is a positive correlation between self-esteem and body image satisfaction among Lebanese female adolescents

The professional significance of the Study

To begin with, very few studies have studied body image and its correlates in Lebanon. In fact, one particular Lebanese study discussed the increase in obesity among adolescents and related it to several factors such as dietary habits and socioeconomic factors (Abdulrahman, 2004). Another Lebanese study focused on understanding the dieting practices that university students use in order to achieve their desirable body weight; also the study attempted to determine the magnitude of body dissatisfaction in relation to weight status among a sample of students (n=252). Unfortunately none of the few studies in Lebanon tackled all the variables media, parental bonds and self-esteem together among Lebanese female adolescents. Therefore, this thesis can be viewed as distinctive as it studies the relationship among these different variables and, hence, can add more to the research on body image in Lebanon.

Moreover, through assessing the relationship between media, parental bonds, self-esteem and body image among female Lebanese adolescents, the study is able to emphasize the importance of the positive and negative relationships of body image with each variable among female adolescents in Lebanon. To begin with media, Lebanese female adolescents become more aware of how media is negatively affecting their perspective and intuitive responses towards their bodies. Also, it helps parents identify how their parental bonds are pressuring their daughter's beliefs and perceptions of the thin ideal body image. Also, it helps practitioners, counselors and parents comprehend how each adolescent's self-esteem is related to how they judge their own body in a positive or negative view.

As the number of female adolescence body image dissatisfaction increases every year (Canadian Learning Company, 2009), it is essential to increase and spread awareness of the negative consequences that might arise because of body image dissatisfaction. There are many

factors that are related to the increase in the way female adolescents are perceiving their bodies; and it is vital to identify these factors to educate the adolescents so they would be less prone to falling into the same trap. Therefore, in order to help the Lebanese Female adolescents, it's important to study the variables that are affecting their perceptions toward body image. Moreover, since overweight female adolescents are more likely to experience depression, body dissatisfaction, and poor parental bonds (Huang et al., 2006), it is crucial to try to address and prevent this problem through prevention programs that could focus on improving the students' social skills. Furthermore, it assists practitioners with their clients, to comprehend the history of their problems and be more familiar with the variables that are related to body image dissatisfaction.

Overview of Methodology

This quantitative study applied correlational research through self-report measures to examine the proposed hypotheses. A sample of 61 Lebanese adolescent females was assessed on several dimensions: parental bonds, self-esteem, body image, and media influence.

The participants were adolescent Lebanese females ranging between 15 to 18 years old (Grades 9 to 12). Participants were sampled from two private schools in Beirut. The participants filled out four scales: The RSE (Rosenberg Self Esteem Scale), the MBSQR (The Multidimensional Body-Self Relations Questionnaire), the PBI (Parental Bonding Instrument), and the SATAQ-3 (Sociocultural Attitudes Toward Appearance Scale-3). Participants were asked to fill out a demographic questionnaire and a consent form to reassure the students that their responses were completely anonymous and confidential.

Delimitations of the Study

One of the limitations of this study was the number of participants which was derived from two Private Lebanese schools in Beirut. Therefore, the results from this study could not be generalized to all female adolescents in the Lebanese community. Furthermore, it could not be generalized to all socio-economical classes since the study was only be conducted in private schools and not in the public sector.

Definition of Key Terms

Self-esteem is a positive or negative attitude toward an object usually referring to the self (Rosenberg, 1965).

Body image: is a broad term that refers to a person's perceptions, thoughts and feelings about his or her body (Grogan, 2008).

Adolescence: (wise 2000 p:7) (Wise, 2000) is a time of much disturbance, change and potential growth

Body Mass Index (BMI): an index that correlates significantly with body fatness, used to help evaluate a person's degree of obesity. It's calculated with the formula: Weight in kg divided by the square of height in meters, producing a unit of measure of kg/m^2 (Lee, & Neiman, 1996).

Media: Communication channels through which news, entertainment, education, data, or promotional messages are disseminated. Media includes every broadcasting and narrowcasting medium such as newspapers, magazines, TV, radio, billboards, direct mail, telephone, fax, and internet. (Business Dictionary.com, 2017)

Parental Bonding: is the formation of a mutual emotional and psychological closeness between **parents** (or primary caregivers) and their newborn child. Babies usually **bond** with their **parents** in the minutes, hours, or days following birth. (Canetti, Bachar, & Shalev, A. Y,1997)

Chapter Two

Literature Review

The purpose of this study was to study the relationship between media, parental bonds and self-esteem and body image dissatisfaction among young Lebanese females. This review of literature chapter begins, first, with an overview of body image dissatisfaction among young women, especially during the adolescent years. Second, it discusses the different factors that correlate with body image dissatisfaction among young women, specifically media, parental bonds and self-esteem.

Body Image Dissatisfaction among Adolescents Females

The word adolescence is originated from the Latin word *adolescere*, which means “to grow into adulthood” (Lerner & Steinberg, p:31, 2009). Researchers have defined the age range of adolescence differently. While some researchers define adolescence as synonymous with the teenage years which is the period between ages 13 and 19 (Moshman, 2012), others suggest that adolescence has lengthened in the twenty-first century. Due to earlier physical maturation and delayed entrance into work and marriage, most researchers claim that adolescence nowadays extends from the ages 10 to 20 years (Steinberg, 2011) or from 11 to 20 years (Berk, 2004). Furthermore, Steinberg (2011) also divides adolescence into early adolescence (ages 10-13), middle adolescence (ages 14-17), and late adolescence (ages 18-21). This study has its focus on adolescence aged 15 to 18 years old.

The transition between childhood and adulthood is often described as a time of turbulence and stress. More specifically, adolescents are recurrently stereotyped by many educators as tormented souls, who are subject to hormonal rollercoasters, rebel against their parents, and go through risk taking behaviors (Lerner & Steinberg, 2009). However, describing this adolescence phase as a storm and stress phase is an exaggeration according to other developmental specialists; for these educators, this phase is considered mainly a dynamic stage in life that is characterized by many fundamental changes-biological, psychological, and social (Lerner & Steinberg, 2009). Regardless of how different specialists view this stage of development, they all agree that all adolescents go through the same fundamental changes, although each adolescent ends up coping differently with his/her environment. (Lerner & Steinberg, 2009).

Body image is a multidimensional, subjective and dynamic concept that contains a person's perceptions, thoughts, and feelings about his or her body (Grogan, 2008). Body image dissatisfaction is defined as negative perceptions by a person regarding their body image, such as the perception that they are too fat or don't have a good body figure (Littleton & Ollendick, 2003). Because Adolescents experience significant physical changes in their bodies during puberty, they are likely to experience exceedingly dynamic perceptions of body image (Stang & Story, 2005). These changes consist of dramatic inner and outer transformations of the adolescent body, including developmental changes in physical appearance and the development of the ability to conceive children (Feldman, 2006). Going through puberty can amplify body image concerns. Feasibly, one of the most visible biological changes during puberty is the increase in height and rapid bodyweight caused by the increase in both muscle and fat (Berk, 2004). Fortunately, puberty for boys passes on characteristics that are admired by society such

as; height, speed, broadness, and strength. Whereas for girls unfortunately, puberty conveys characteristics that aren't as admired, like getting rounder and having increased body fat; also gaining more fat tissue than boys at a faster rate. Moreover, these changes increase the liability of Body dissatisfaction among girls (O'Dea & Abraham, 1999). Thus supporting why this study focused on adolescence females instead of males. Moreover, Nitcher (2001) argued that as compared to women in other age groups, adolescent girls may have a higher tendency to develop intense body image dissatisfaction and even disordered eating behaviors. In today's society, many women, ranging from preadolescent girls to young adult women have a common dissatisfaction with their bodies, sharing the desire to be thinner, striving to meet the ideal thin image (Laiming, 2011). One of the factors that has an influence on such body dissatisfaction is social media, which will be discussed in the proceeding paragraphs.

The role of Media in Adolescents' Body Image Dissatisfaction

Young people are growing up in a constantly connected society; social media has various impacts on youth's life when sometimes it favors them in a positive way and other times it impacts them negatively (Anthony, 2009). Alison Doyle, an American Psychologist, defined social media as various online technology tools that enable people to communicate easily and share information (Lucky, 2013). Social media is a means of connections among people in which they create, share, and exchange information and ideas in virtual communities and networks (Lucky, 2013). Moreover, Media plays an important role in producing and promoting the ultra-thin ideal female body image, which is associated with widespread body dissatisfaction among women (Grogan, 2008). Across movies, magazines, and television programs, thinness is consistently emphasized and rewarded for women (Fouts & Burggraf, 2004); thin television characters are overrepresented while overweight characters are underrepresented (e.g., Fouts &

Burggraf, 2004; Greenberg, Eastin, Hofschire, Lachlan, & Brownell, 2003). Indeed, the images of women presented in the media today are thinner than past media images of women, thinner than the actual female population and often thinner than the criteria for anorexia (Fouts & Burggraf, 2004). This ideal is pervasive, with fashion models, cartoon characters, movie and television actresses, *Playboy* centerfolds, and Miss America Pageant winners all having become increasingly thinner over the past decades (Garner, Garfinkel, Schwartz, & Thompson, 1980; Klein & Shiffman, 2005; Morris, Cooper, & Cooper, 1989; Silverstein et al., 1986; Spitzer, Henderson, & Zivian, 1999). Thus, media aimed at girls, adolescents, and young women are filled with extremely thin models that portray an ideal that is unattainable to most.

According to communication theories, repeated exposure to media content leads viewers to begin to accept media portrayals as representations of reality (e.g., cultivation theory: Gerbner, Gross, & Morgan, 2002; social learning theory: J. D. Brown, 2002). In this case, it is believed that the media's consistent depiction of a thin ideal leads women to see this ideal as normative, expected, and central to attractiveness. However, because media presentations of women's bodies are so skewed, i.e., displaying an ideal that is out of reach to most, adopting this reality may lead to decreased satisfaction with one's own body (e.g., Levine & Harrison, 2004). Researchers have repeatedly shown that adolescents who view thin-ideal images in the lab experience lower body satisfaction than do adolescents who view neutral images (Birkeland, Thompson, & Herbozo, 2005, Dittmar & Howard, 2004). Also based on experimental research, findings among adolescents indicated that participants who viewed magazine ads featuring the thin-ideal body type reported significantly greater body dissatisfaction than did those who viewed neutral ads (Halliwell & Dittmar, 2004). Furthermore, exposure to television commercials that feature the thin ideal image, increase women's body dissatisfaction; similar

results were also shown after the viewing of music videos.(Brown, 2002) Thus, a growing body of experimental research indicates that exposure to thin-ideal models leads to increased body dissatisfaction and eating disorder symptomatology (Tiggemann & Slater, 2003). In addition, a correlational research was conducted to investigate the relationship between women's media consumption and their body dissatisfaction (Bissell & Zhou, 2004; Jones, Vigfusdottir, & Lee, 2004); the findings indicated that the increase in frequent exposure to fashion magazines or television programs featuring the thin-ideal body type is associated with higher levels of body dissatisfaction among adolescents (Anderson, Huston, Schmitt, Linebarger, & Wright, 2001; Bissell & Zhou, 2004; Jones et al., 2004; Morry & Staska, 2001; Sands & Wardle, 2003; Stice, Schupak-Neuberg, Shaw, & Stein, 1994; Thomsen, 2002). Similar relations have been demonstrated between generalized media use (Abramson & Valene, 1991) or music television viewing (e.g., Hofschire & Greenberg, 2001) and body image dissatisfaction.

Moreover, in one meta-analysis of 25 experimental studies investigating the effects of media exposure on female body image (including only generalized dissatisfaction measures), the authors reported an effect size of $d = -.31$ across all studies, indicating that women feel worse after exposure to thin images versus neutral images (Groesz, Levine, & Murnen, 2002). In a more recent meta-analysis of 47 experimental studies the author showed that girls and women do report greater dissatisfaction with their body and overall appearance following acute exposure to media images of thin women compared to images of average sized women or inanimate objects ($d = 0.35$) (Want, 2009). In conclusion, ultra-thin models and celebrities appearing in various media programs, ranging from music videos to magazines and television dramas, have found to exert negative influence on women's body image satisfaction (Tiggemann, 2002). By presenting the ideal thin body image pervasively in

various media programs, media has fostered the social and cultural preference of thinness and supplied definitions of what it means to be an attractive woman (Grogan, 2008). Based on the above reviewed literature, the author predicted a negative correlation between the sociocultural attitudes toward appearance (used to measure media effect) and the body image satisfaction among Lebanese female adolescents

However, media isn't the only factor that influences women's body image perceptions and eating behaviors. Social cognitive learning theorists, such as, Albert Bandura, believe that family members can also influence and transmit social norms and preference of thinness to adolescents. Discussing the role of parents will be the focus of the following section.

Parental role modeling and adolescents' body image dissatisfaction

According to Social Cognitive Learning theorists, Bandura and McDonald, (1994) family members can influence children's behavior through modeling and contingencies placed upon behavior via rewards and punishments. Moreover, those closest to the child (those who spend the most time with) may have a particularly powerful influence on what the individual perceives as normative (Killeya-Jones, Costanzo, Malone, Quinlan, & Miller-Johnson, 2007).

According to research, the influence of one's family and the role that parents play in the development of their children extends into the adolescent and early adult years (Aquilino & Supple, 2001). Body-image development begins in the home as families, mainly parents, signify the first source of child socialization (Ata et al., 2006; McCabe & Ricciardelli, 2003). Parents may directly or indirectly influence a child's body-image development (Byely et al., 2000; Vincent & McCabe, 2000; Wertheim, Mee, & Paxton, 1999). Hence, parents engaging in strict dieting or infatuated with body related issues indirectly promote the cultural body ideals (Byely et al., 2000).

Research investigating the role families play in body-image development generally focus on parents (Wertheim, Martin, Prior, Sanson & Smart, 2002). In a study that shows the negative role of modeling, Neumark-Szteiner et al. (2010) found that 45% of adolescent girls reported that their mothers encouraged them to diet whereas 58% reported weight teasing by family members. Different studies have concluded that adolescents who receive negative weight-related comments, encouragement to diet, tend to compare themselves negatively to others, and are more likely to develop body image dissatisfaction (Bailey and Ricciardelli, 2010; Keel, Heatherton, Harnden, & Hornig, 1997; Keery, Boutelle, Berg, & Thompson, 2005; Ricciardelli et al., 2000; Rodgers et al, 2009; Vincent & McCabe, 2000; Wertheim, Martin, Prior, Sanson, & Smart, 2002). In one of the studies, Rodgers, Paxton, and Chabrol (2009) revealed that parental verbal commentary correlated with both son and daughter body-image dissatisfaction. Rodgers et al.'s (2009) study had young adults identify how frequently parents made verbal comments about weight. For example, participants marked how frequently a mother or father would say *if you want to look good you need to work out more* (negative comment); the negative comments had a stronger effect on daughters than sons (Rodgers et al., 2009). Daughters were more likely to engage in eating disorder behaviors and compare their bodies to others. The males, on the other hand, experienced body-image dissatisfaction, but that did not lead to eating disorder behaviors (Abraczinskas, Fisak, & Barnes, 2012).

Moreover, according to Hardit and Hannum (2012), more positive memories of parental care are associated with lower levels of body dissatisfaction. Furthermore, Kluck (2010), discussed that a family who has a general tendency towards focusing on appearance and attractiveness can, in turn, cause their daughters to become focused on and concerned about their weight; this may send messages to their daughters that their parents value thinness which can then result in the

adolescents' engaging in dieting and other coping behaviors to deal with their body dissatisfaction (Kluck, 2010).

Kluck (2010) explained that even though parents might utter positive weight, diet, and exercise comments to encourage, help, and support their children, yet, the results demonstrate just the opposite; Kluck (2010) concluded that encouragement and positive commentary might indirectly communicate to the adolescent that the current weight is unacceptable or socially undesirable reducing the levels of body image satisfaction; these comments further highlight the culturally desired body image for males and females, which further pressures them to seek the perfect body (Kluck, 2010). Moreover, in attempt to understand the specific role of mothers on their daughters' body image, Cooley, Toary, Wang & Valdez (2008) focused on the mother effect approach, in which they concluded that mothers have a greater influence on their daughter's body image satisfaction, especially when they model their own body image concerns and weight loss behaviors; such behaviors by the mothers further reinforce the social and cultural expectations of thinness and pressure on their daughters to be thin (Gross & Nelson, 2000). In other studies as well, it has been established that mothers, more so than fathers, have been determined to be the model for their daughters when it comes to issues surrounding body image and diet (Dixon, Gail, 2003; Gondoli et al. 2011; Presnell et al. 2004).

In conclusion, it seems that parents, maybe mothers more so than fathers, play an important role in transmitting social norms and preference of thinness and appearance, and thus are a significant socio-cultural influential factor on young women's views and understanding of body image as well as related eating behaviors (David, Shuster, Blackmore, & Fox, 2004; Goodman, 2005; Kluck, 2010). However, to understand deeper the parent-child interaction and how it effects the daughters' emotional and behavioral developments, which is the focus of this

study, it is important to review the concept of parenting styles. This is discussed in the following section.

Parenting bonding styles and adolescents' body image dissatisfaction

John Bowlby in 1969 explained the impact of parenting on attachment. Bowlby's theory of attachment suggested that children came into the world biologically pre-programmed to form attachments with others, because it helps them survive. He also believed that attachment behaviors are instinctive and get activated by conditions that seem to threaten the achievement of proximity, such as separation, fear and anxiety (McLeod, 2007). Bowlby further claimed that secure attachment was significantly correlated with parental sensitivity (Bowlby, 1969). His developed theory on attachment style motivated many researchers later on to conduct different studies on parental styles and hence identifying a number of significant characteristics. Baumrind (1967), for instance, named these characteristics responsiveness vs demandingness Aunola, Stattin,& Nurmi ;2000), whereas Rohner and Pettengil (1975) labeled them as acceptance/rejection vs control. Likewise, Schaefer ended up with three factors, based on the children's description of their parents' behaviors, which he named as acceptance vs rejection, psychological autonomy vs psychological control, and firm control vs lax control. Finally, Parker (1979) suggested two significant fields of perceived parenting styles, which he labeled as care and overprotection. Part of this study is based on Parker's two-field theory. Parker et al. developed the Parental Bonding Instrument (PBI), which is used in this study to assess the parental bonding style. In this scale, the participants were asked to retrospectively assess how they were brought up by their parents during the first 16 years of their life.

This is model scale was developed by Parker, Tupling, and Brown (1979). It is a four quadrant model consisting of two bipolar scales, care and overprotection. Care and

overprotection are thought to be distinct but not entirely independent. Each factor is bipolar and both interact to create another two-dimensional model known as the Parental Bonding instrument (Parker, Tupling, & Brown, 1979). The PBI consists of 13 questions about overprotection and 12 questions about care. Scores assign parents to one of the four quadrants for parental bonding style: neglectful parenting (low care and low overprotection), affectionless control (low care and high overprotection), affectionate constraint (high care and high overprotection), and optimal parenting (high care and low overprotection) (Martin & Waite, 1994). Care and overprotection were found to be negatively correlated parenting factors (Parker, Tupling, & Brown, 1979). Furthermore, care and overprotection serve as protective and risk factors, respectively and they both exist on a spectrum. Care ranges from “indifference/rejection” to “care” (Parker, Tupling, & Brown, 1979, p. 5) whereas, Overprotection ranges from “encouragement of autonomy and independence” to “overprotection” (p.5). Every parental bonding style has aspects of parental care and overprotection which allows each to be categorized into one of the four quadrants of the PBI.

How are parental bonding styles, as discussed above by Parker, related to the body image among female adolescents? Finding the relationship between the two was one of the purposes of this study. As has been proven by many studies, parental nurturance is important throughout the developmental process but it appears to be an especially significant factor in the positive development of adolescents (Maccoby 2007; Windle et al. 2010). Researchers have found positive associations between adolescents who are satisfied with their bodies and parents who are nurturing and supportive (Crespo et al. 2010), whereas adolescents dissatisfied with their bodies are associated with parents who are less nurturing and warm (Bearman et al. 2006). These findings are consistent for boys and girls.

Nurturing parents also have a lasting effect on their children's body image. In a recent study, researchers showed that boys and girls with positive and supportive parents have more consistent body image satisfaction over time (Holsen et al. 2012). These associations rarely have been examined for body image discrepancy; however, the few studies that have examined these associations have shown that low social and emotional support received from parents was associated with higher levels of body image discrepancy (Ata et al. 2007). Regarding fathers only, although fathers spend significantly less time with their daughters than mothers, active fathering and a close father-daughter relationship are related to several positive psychological outcomes, such as higher self-esteem, body satisfaction, and fewer behavior problems (Lees, 2004). Furthermore, Vereecken (2009) suggested that enhanced parent communication contributes in most countries to less body dissatisfaction in girls, and positive father involvement during childhood and adolescents will help adolescents have a healthy weight and a positive body image. Based on the above discussed literature, this study predicted that the affectionate constraint and optimal parenting are positively correlated with body image satisfaction among Lebanese female adolescents.

Moreover, parents themselves may believe that they have a handle on being able to keep their children safe and protected by being overprotective. This can lead to an illusion of control over their children, who may rebel as they grow older and shatter that illusion (Hewitt, 2015). Studies have shown that high protection from either mother or father, were associated with higher levels of body dissatisfaction for boys and girls (Mak, 2007). In a study by Cheng & Mallinckrodt (2009), in which the authors investigated the link between body image dissatisfaction among adolescents and parent overprotection, the results suggested that both

mother's and father's overprotection and low care were negatively correlated with body image among adolescents.

Furthermore, another study showed that adolescent girls facing parental overprotection and pressure were positively related to body dissatisfaction (Carper, Fisher, & Birch, 2000). The control dimensions vary from supervision and monitoring to more manipulative suppressive control, hence, the suppressive and overprotective have been related to adolescent behavior problems and body image dissatisfactions (Finkenauer, Engels, & Baumeister, 2005; Lamborn, Mounts, Steinberg, & Dornbusch, 1991). Based on the above literature, this study predicted that the affectionless control and neglectful parenting are negatively correlated with body image satisfaction among Lebanese female adolescents.

However, it is not only the parental influence and media that are related to the female adolescent's body image dissatisfaction; another significant correlate with a dissatisfied body image is low levels of self-esteem (Frost & McKelvie 2004). The proceeding paragraphs will discuss the last independent variable of this study, namely, self-esteem.

The role of self-esteem in adolescents' body image dissatisfaction

The self is a key construct in several schools of psychology which refers to the empirical self, that is the self as an object of perception and knowledge- which is known as the self-concept (James 1890). Current views of the self in psychology position the self as playing an integral part in human motivation, cognition, affect and social identity (Sedikides & Spencer, 2007).

Nonetheless, the dimension of "self" that is discussed in this paper is self-esteem; it reflects a

person's overall evaluation of his or her own worth (Snow & Phillips, 1982, p: 462) or, as originally described by Rosenberg (1965,p:30:

“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).”

More specifically, the concept of self-esteem embraces various beliefs and emotions (ex: I am knowledgeable) and is applicable to either a particular dimension (ex: I have a beautiful voice) or a global magnitude (ex: I feel good about myself in general) (Abamara & Agu, 2014). The capability to develop vigorous confidence and respect for oneself is essential to human nature. Therefore, the natural state of humans should resemble high self-esteem. Yet, due to the fact that during development or puberty, adolescents tend to move away from positive self-conceptualization because of their constant comparison to media and social groups regarding their body image; therefore, the level of their self-esteem becomes lower than the natural state (Branden, 2010).

Moreover, adolescence is a period of life during which many important body changes take place that are determined by pubertal development. Physical and psychological changes can influence perceptions of and satisfaction with body image, both of which are key elements in the development of self-esteem and social adjustment among adolescents (Alsaker & Flammer, 2006; Mitchell, Petrie, Greenleaf, & Martin, 2012; Williams & Currie, 2000). In fact, it has been found that the number one predictor of self-esteem at many ages is physical appearance (Bianco, 2000, Ata, Ludden, & Lally, 2006). Many studies have focused on the relationship between body image and self-esteem during adolescence (Arim, Shapka, & Dahinten, 2006; Bell & Dittmar,

2011; Grieve, 2007; Hutchinson, Rapee, & Taylor, 2010). Most of these studies suggested that females tend to identify themselves through their body; the reflection of their body gives them either a positive or negative feeling about themselves resulting in a positive or negative self-esteem. Hence, low self-esteem is more characterized in females than in males because of their greater concern about their body and appearance (Eklund and Bianco, 2000).

Other studies suggested that girls are more vulnerable than boys to physical changes; this vulnerability tends to turn into a greater level of body and weight dissatisfaction, which reflects low self-esteem (Brunet, Sabiston, Dorsch, & McCreary, 2010; Rajchert, 2010; Shaw, Stice, & Springer, 2004). This body dissatisfaction is less overwhelming in male samples than female samples (Davison & McCabe, 2006; Ramos, Rivera, Moreno, & Jimenez-Iglesias, 2010). Thus, an influential association between body image concerns and low self-esteem among adolescent girls has led to constructions of body image as an important aspect of female self-esteem (Davidson & McCabe, 2006). In conclusion, according to a lot of research, low self-esteem among young females has been found to contribute to problems in body image and eating disorder symptoms (Green & Pritchard, 2003). In light of the above review of literature, the study predicted that there is a positive correlation between self-esteem and body image satisfaction among Lebanese female adolescents.

Based on the discussion of the whole literature in this chapter, the author of this study predicted the following hypotheses:

Hypothesis 1: There is a negative correlation between the sociocultural attitudes toward appearance (used to measure media effect) and the body image satisfaction among Lebanese female adolescents.

Hypothesis 2: The affectionate constraint (high on care & high on protection) and optimal (high care & low protection) parenting styles will both exceed affectionless control (low on care & high on protection) and neglectful parenting styles on body image satisfaction among Lebanese female adolescents.

Hypothesis 3: There is a positive correlation between self-esteem and body image satisfaction among Lebanese female adolescents

Chapter Three

Method

The purpose of this study was to study the relationship between media, parental bonds and self-esteem and body image dissatisfaction among young Lebanese females. This chapter describes the methodology that was used to test the predicted hypotheses.

Participants

Sixty one female participants (N=61) from two private English-speaking schools in Beirut participated in this study. Since it was very difficult to have access to a representative random sample of young females, the researcher chose this convenient sample based on her personal knowledge with these schools' administrations. Although females were the target population of this study, males from grades 10, 11, and 12 also participated in the study for practical purposes. This specific age group between the age of 15 to 18 was chosen, because according to research, body dissatisfaction increases from early to mid-adolescence (ages 12-15), and then decreases slightly from mid to late adolescence (ages 16-18) (Kim & Kim, 2009).

Materials

An online survey that included the whole survey booklet was used in this study. It included three sections in this chronological order: 1) a consent form (see Appendix. A) that briefed the students about the purpose of the study and explained the anonymity and confidentiality of their names and answers; 2) a demographic questionnaire (see Appendix B)

which included information about their gender, age, grade level, nationality, average grades for term 1 and 2, family situation,(living with both parents or living with only father or mother) mother education, and father education; 3) the 4 scales (see Appendix C-D-E-F): The RSE (Rosenberg Self Esteem Scale), the MBSQR (the Multidimensional Body-Self Relations Questionnaire), The PBI (Parental Bonding Instrument), and the SATAQ-3 (Sociocultural Attitudes Toward Appearance Scale-3). A description of the scales used follows:

The Rosenberg Self-Esteem Scale (RSE) is a 10 item scale that measures global self-worth by measuring both positive and negative feelings about the self and the scales are uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. Items 2, 5 ,6 ,8, and 9 are reverse scored. All items are averaged with higher scores indicating higher self-esteem. The internal consistency for the RSE ranges from 0.77 to 0.88, the Test-retest reliability ranges from 0.82 to 0.85, and the criterion validity=0.55. 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 Multidimensional Body-Self Relations Questionnaire (the MBSQR) consists of 34 items for the assessment of self-attitudinal aspects of the body image construct. The MBSQR-AS (Appearance scales) includes the following 5 subscales: Appearance evaluation (overall satisfaction with appearance, 7 items), Appearance orientation (overall investment in appearance, 12 items), Overweight Preoccupation (fat anxiety, weight vigilance, dieting, and eating restraint, 4 items), Self-Classified Weight (self-perception of weight, 2 items) and the Body Areas satisfaction scale (satisfaction with different aspects and areas of the body, 9 items). The items

are rated on a 5-point Likert-type scale (1=very dissatisfied to 5=Very satisfied). The five subscales of the MBSQR-AS generally have good psychometric qualities (Cash, 2000; Cash & Pruzinsky, 2002): the internal consistency ranges from .70 to .89, and the test reliability ranges from .74 to .91. The scale has been used in numerous studies focusing on obesity (Grilo, Wilfley, Brownell, & Rodin, 1994; Foster, Wadden, & Vogt, 1997), eating disturbances (Gringas, Fitzpatrick, & McCargar, 2004), body image therapy, and plastic and cosmetic surgery (Bolton, Pruzinsky, Cash, & Persing, 2003; Ching, Thoma, McCabe, & Antony, 2003). The five subscales are defined according to Dr. Thomas Cash (Cash, 2000) as follows: *Appearance Evaluation (AE)*: Feelings of physical attractiveness or unattractiveness; satisfaction or dissatisfaction with one's looks. High scorers feel mostly positive and satisfied with their appearance; low scorers have a general unhappiness with their physical appearance. *Appearance Orientation (AO)* is 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". *Overweight Preoccupation (OP)*: This scale assesses a construct reflecting fat anxiety, weight vigilance, dieting, and eating restraint. *Self-classified weight (SW)* reflects how one perceives and labels one's weight, from very underweight to very overweight. *Body areas satisfaction scale (BASS)*: Similar to the Appearance Evaluation 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. This subscale, according to the instrument's developer, is a direct measure of body image (Cash, 2000). MBSQR-AS subscale scores are the means of the constituent items after reversing contra-indicative items (i.e., 1=5, 2=4, 4=2, 5=1).

The Sociocultural Attitudes Toward Appearance Scale (The SATAQ-3) by Heinberg & Thompson, 1995; Thompson et al. (1999) is a 30-item questionnaire regarding awareness and attitudes toward prevailing sociocultural standards attractiveness. This measure contains 4 subscales: Internalization-General, pressures, internalization-Athlete, and information. Items are answered on a 5-point Likert scale (1=definitely disagree, 2= mostly disagree, 3=neither disagree nor agree, 4 =mostly agree, 5= definitely agree). The SATAQ-3 has excellent convergent validity, adequate construct validity (Thompson et al., 2004), and is appropriate for use with adolescents (Wilksch, Tiggemann, & Wade, 2006). According to the study by Thompson (2004), the resulting subscales consisted of 30 items (Internalization-General, nine items; Information, nine items; Pressures, seven items; Internalization-Athlete, five items). Cronbach's alphas on these subscales were uniformly high: Information (.96), Pressures (.92), Internalization-Athlete (.95), Internalization-General (.96), and Total subscale (.96).

The Parental Bonding Instrument (PBI) is a self-report measure comprised of two subscales (care and overprotection). Researchers designed the PBI to gather retrospective data from adults regarding how their fathers and mothers parented them from birth to age 16. Participants endorse items separately for each parent on a 4-point Likert scale. The Care subscale (PBI-C) assesses perceived parenting styles ranging from warm and empathic to cold and indifferent. The PBI has been found to have good reliability and validity based on several studies. In the original study (Parker, Tupling & Brown, 1979) the PBI possessed good internal consistency and re-test reliability. The PBI has demonstrated good reliability and validity (Gladstone & Parker, 2005). Strong concordance rates between sibling data suggest that the PBI measures perceived parenting, as well as actual parenting (Parker, 1990). Varying levels of depression do not

influence PBI scores; this indicates that scores reflect actual parenting as opposed to perceptions of parenting altered by negative affective states (Parker, 1981). The PBI has shown acceptable test-retest reliability over a 20 year study (Wilhelm, Niven, Gordon Parker, & Hadzi-Pavlovic, 2005). Assignment to “high” or “low” categories is based on the following cut-off scores: For mothers, a care score of 27.0 and a protection score of 13.5; for fathers, a care score of 24.0 and a protection score of 12.5. According to the following cut off scores the mother and father will fall in one of the parental bonding quadrants: affectionate constraint (high care and high protection), affectionless control (high protection and low care), optimal parenting (high care and low protection), and neglectful parenting (low care and low protection).

Procedure

A consent letter was sent to the principals of the three private schools in Beirut, Lebanon. After receiving the approval from the principals, a consent letter was sent to the parents to assure full confidentiality for their children and to explain the purpose of the study. Once the parents' consents were received, the schools gave permission for the study to be conducted. Each class from grades 9 to 12 attended the computer lab or the library, where they had access to computer terminals, to fill out the online survey. A brief introduction of the study was first given by the researcher, then she remained available to answer any questions or concerns by the students while filling out the survey. The online survey took around 25 to 30 minutes for the participants to fill out. All were thanked for their honesty and time after completing their survey.

Chapter 4

Results

The aim of this paper was to test a set of hypotheses related to the interrelationships between Media, Parental Bonds, self-esteem and body image among female Lebanese adolescents. The purpose of this chapter is to present the findings of this study.

Reliability Testing

In order to determine the internal reliability of each scale, Cronbach alpha was calculated for: Rosenberg Self-Esteem Scale (RSE), Multidimensional Body-Self Relations Questionnaire (MBSQR), Sociocultural Attitudes Toward Appearance Scale-3 (SATAQ-3), and The Parental Bonding Instrument (PBI). The Cronbach alpha for all scales was considered acceptable; being above 0.5 in comparison to previous studies. The table below presents a comparison between alpha coefficients from previous studies and alpha coefficients from the current study (see table 1).

Table 1

Cronbach's Alpha for the Rosenberg Self-Esteem Scale (RSE), Multidimensional Body-Self Relations Questionnaire (MBSQR), Sociocultural Attitudes Toward Appearance Scale-3 (SATAQ-3), and The Parental Bonding Instrument (PBI).

	Previous Cronbach's Alpha	Current Cronbach's Alpha
RSE	0.82-0.85	0.851
SATAQ-3	0.91	0.929
MBSQR	0.7-0.9	0.754
PBI	0.8	0.76

Hypothesis Testing

Hypothesis 1: There is a negative correlation between the sociocultural attitudes toward appearance (used to measure media effect) and the body image satisfaction among Lebanese female adolescents.

To test this hypothesis, a Pearson correlation was calculated between the scores on sociocultural attitudes toward appearance of the adolescents' and the scores on dissatisfaction of body image. Results showed that body image satisfaction and sociocultural attitudes towards appearance (used to measure body effect) are not significantly negatively correlated ($r = .205$, $p = .113$) (see table 2). Therefore, hypothesis 1 was not confirmed.

Table 2

Correlation Matrix for Scores on the SATAQ-3, PBI, RSE and MBSRQ Scales and Sub-Scales

		GSES	Body Image Score	Media Score	Mother Care	Mother Overprotection	Father Care
Body Image Score	Pearson Co	.423**					
	Sig. (2-tailed)	.001					
	N	61					
Media Score	Pearson Co	-.042	.205				
	Sig. (2-tailed)	.746	.113				
	N	61	61				
Mother Care	Pearson Co	.276*	.170	-.065			
	Sig. (2-tailed)	.031	.191	.619			
	N	61	61	61			
Mother Overprotection	Pearson Co	-.168	-.147	-.135	.243		
	Sig. (2-tailed)	.196	.258	.298	.059		
	N	61	61	61	61		
Father Care	Pearson Co	-.056	-.061	.114	.040	.089	
	Sig. (2-tailed)	.667	.642	.383	.759	.497	
	N	61	61	61	61	61	
Father Overprotection	Pearson Co	-.206	-.073	.037	.055	.153	.388**
	Sig. (2-tailed)	.111	.576	.775	.671	.239	.002
	N	61	61	61	61	61	61

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Hypothesis 2: The affectionate constraint (high on care & high on protection) and optimal (high care & low protection) parenting styles will both exceed affectionless control (low on care & high on protection) and neglectful parenting styles on body image satisfaction among Lebanese female adolescents.

After obtaining the results for parenting styles, of both mother and father, only two groups, the affectionate constraint and affectionless control, were used since they had the highest frequencies among the four parenting styles. Therefore, the hypothesis could not be tested as stated, because of the lack of the neglectful and optimal parenting style among Lebanese female adolescents (see Tables 3 & 4). So, a t-test was conducted on the two remaining parenting styles, affectionate and affectionless.

Table 3

Frequencies

		Mother Quadrant			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Affectionate Constraint	25	41.0	41.0	41.0
	Optimal Parenting (OP)	1	1.6	1.6	42.6
	Affectionless Control	34	55.7	55.7	98.4
	Neglectful Parenting (NP)	1	1.6	1.6	100.0
	Total	61	100.0	100.0	

Table 4*Frequencies*

		Father Quadrant			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Affectionate Constraint	34	55.7	55.7	55.7
	Affectionless Control	27	44.3	44.3	100.0
Total		61	100.0	100.0	

A t-test was conducted to compare the means of the two parenting styles (affectionate and affectionless control) on the dependent variable body image satisfaction. The results showed no significant differences between the two parental styles ($t = 1.09$ at $p = 0.28$ for mother and $t = -0.18$ at $p = 0.85$ for father) on body image satisfaction (see Tables 5, 6, 7 and 8). Therefore, hypothesis 2 was not confirmed.

Table 5*Group Statistics for Mother Parenting Styles*

Mother Quadrant		N	Mean	Std. Deviation	Std. Error Mean
GSES	Affectionate Constraint	25	29.0000	4.17333	.83467
	Affectionless Control	34	25.7941	5.16268	.88539
Body Image Score	Affectionate Constraint	25	1.1568E2	9.67264	1.93453
	Affectionless Control	34	1.1235E2	12.80124	2.19539
Media Score	Affectionate Constraint	25	87.7200	18.86028	3.77206
	Affectionless Control	34	89.4118	27.02313	4.63443

Table 6

Independent Sample T Test between Affectionate Constraint and Affectionless Control Mothers on Body Image Satisfaction

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
GSES	Equal variances assumed	.500	.482	2.550	57	.013	3.20588	1.25702	.68874	5.72302
	Equal variances not assumed			2.635	56.433	.011	3.20588	1.21679	.76876	5.64300
Body Image Score	Equal variances assumed	1.183	.281	1.090	57	.280	3.32706	3.05282	-2.78610	9.44022
	Equal variances not assumed			1.137	56.940	.260	3.32706	2.92612	-2.53252	9.18664
Media Score	Equal variances assumed	.904	.346	-.268	57	.789	-1.69176	6.30410	-14.31550	10.93197
	Equal variances not assumed			-.283	56.881	.778	-1.69176	5.97548	-13.65799	10.27446

Table 7*Group Statistics for Father Parenting Styles*

Father Quadrant		N	Mean	Std. Deviation	Std. Error Mean
GSES	Affectionate Constraint	32	26.8125	5.58476	.98725
	Affectionless Control	27	27.5556	4.25471	.81882
Body Image Score	Affectionate Constraint	32	1.1350E2	11.37626	2.01106
	Affectionless Control	27	1.1407E2	12.08281	2.32534
Media Score	Affectionate Constraint	32	89.7500	24.97870	4.41565
	Affectionless Control	27	87.4444	22.58034	4.34559

Table 8

Independent Sample T Test between Affectionate Constraint and Affectionless Control Fathers on Body Image Satisfaction

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
GSES	Equal variances assumed	.986	.325	-.566	57	.573	-.74306	1.31233	-3.37094	1.88483
	Equal variances not assumed			-.579	56.462	.565	-.74306	1.28263	-3.31201	1.82590
Body Image Score	Equal variances assumed	.430	.515	-.188	57	.852	-.57407	3.05842	-6.69846	5.55031
	Equal variances not assumed			-.187	54.069	.853	-.57407	3.07434	-6.73757	5.58942
Media Score	Equal variances assumed	.212	.647	.369	57	.714	2.30556	6.24930	10.20846	14.81957
	Equal variances not assumed			.372	56.706	.711	2.30556	6.19533	10.10177	14.71289

Hypothesis 3: There is a positive correlation between self-esteem and body image satisfaction among Lebanese female adolescents.

A Pearson correlation was done to test the correlation between self-esteem and body image satisfaction. Results showed that self-esteem and body image satisfaction are significantly positively correlated, $r = 0.423, p = 0.001$ (see Table 2). Therefore, Hypothesis 3 is confirmed.

Additional Findings

Since hypothesis 3 was confirmed showing a significant relationship between self-esteem and body image satisfaction, further analysis was conducted to understand the role of self-esteem in this study. The analysis showed a significant positive correlation between mother care and self-esteem, $r = 0.276$ at $p = 0.03$ (see Table 2).

Moreover, as reported earlier, the t-test on the two parenting styles, affectionate and affectionless, on body image satisfaction yielded no significant results for the mother and the father quadrants, and hence hypothesis 2 was not confirmed. However, when the t-test was conducted on self-esteem it showed a significant result in the mother quadrant ($t = 2.55$ at $p = 0.013$) (see Tables 5 and 6).

Although the study was conducted on females, the researcher, for practical purposes, collected data from the males as well since they were all available in the same classrooms. Additional analysis was conducted on the male sample ($N = 53$) and the following were the significant results (see Table 9): Self-esteem and body image satisfaction are significantly positively correlated ($r = 0.426$ at $p = 0.002$); father care and self-esteem are significantly positively correlated ($r = 0.332$ at $p = 0.015$) and father overprotection and body image dissatisfaction are significantly positively correlated ($r = 0.336$ at $p = 0.015$).

Table 9

Correlation Matrix for Scores on the SATAQ-3, PBI, RSE and MBSRQ Scales and Sub-Scales for Males

		GSES	Body Image Score	Media Score	Mother Care	Mother Overprotection	Father Care
Body Image Score	Pearson Co	.426**					
	Sig. (2-tailed)	.002					
	N	52					
Media Score	Pearson Co	-.017	.272				
	Sig. (2-tailed)	.902	.051				
	N	53	52				
Mother Care	Pearson Co	.210	-.019	-.233			
	Sig. (2-tailed)	.130	.893	.093			
	N	53	52	53			
Mother Overprotection	Pearson Co	-.121	.062	-.029	-.028		
	Sig. (2-tailed)	.388	.664	.834	.840		
	N	53	52	53	53		
Father Care	Pearson Co	.332*	.168	-.199	.435**	.058	
	Sig. (2-tailed)	.015	.233	.152	.001	.681	
	N	53	52	53	53	53	
Father Overprotection	Pearson Co	.245	.336*	-.106	.306*	.218	.324*
	Sig. (2-tailed)	.077	.015	.449	.026	.117	.018
	N	53	52	53	53	53	53

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Chapter 5

Discussion

The aim of this paper was to study the interrelationships between media, parental bonds, self-esteem and body image among female Lebanese adolescents. The purpose of this chapter is to discuss the results of this study.

The first hypothesis which stated that there is a positive correlation between the sociocultural attitudes toward appearance (used to measure media effect) and the body image dissatisfaction among Lebanese female adolescents was not confirmed in this study. This finding was not in line with previous research that supports the positive correlation between media and body image dissatisfaction. Studies conducted in other regions such as Iran and Italy yielded inconclusive results (Akiba, 1998; Tiggemann et al. 2005). Tiggemann et al.'s study compared magazine consumption in Italy in comparison to Australia and found that Australian women were more prone to bodily dissatisfaction than Italian women. This can possibly be tied to cross-regional ideals and differences as to what the preferred body type of women is. A study of 26 countries concluded that the definition of the ideal female figure is relative to its region (Swami et al. 2010). Lebanese women in our study may not have been largely affected by the portrayal of women in media due to cultural differences in standards of beauty. There is further speculation that the rise of social media platforms may have a positive or negative influence on women depending on the showcasing of ideal beauty (Amichai-Hamburger 2007).

The second hypothesis which stated that the affectionate constraint (high on care & high on protection) and optimal (high care & low protection) parenting styles will both exceed affectionless control (low on care & high on protection) and neglectful parenting styles on body image satisfaction among Lebanese female adolescents, was not confirmed in the study. This finding was not in line with previous research in which researchers have found positive associations between adolescents who are satisfied with their bodies and parents who are nurturing and supportive (affectionate constraint and optimal parenting) (Crespo et al. 2010; Holsen et al. 2012), as well as positive associations between adolescents who dissatisfied with their bodies and parents who are less nurturing and warm (affectionless control and neglectful parenting styles) (Bearman et al. 2006; Mak, 2007; Carper, Fisher, & Birch, 2000). Although hypothesis 2 was not confirmed, the additional results obtained in this study, showed a difference in means between affectionate mothers, and affectionless control mothers on self-esteem. Moreover, hypothesis 3 showed a strong correlation between self-esteem and body image. Therefore, we can conclude that self-esteem which is related to affectionate constraint mothers, is in turn related to the body image of the female adolescents. In other words, there is an indirect effect of affectionate constraint mothers on body image through self-esteem on female adolescents. However, further research is needed in this area.

The third hypothesis which stated that there is a positive correlation between self-esteem and body image satisfaction among Lebanese female adolescents was confirmed. This finding supports previous research which endorses the positive correlation between self-esteem and body image satisfaction or stated differently the lower the ratings of body image, the lower reported levels of self-esteem among young females (Arim, Shapka, & Dahinten, 2006; Bell & Dittmar, 2011; Grieve, 2007; Hutchinson, Rapee, & Taylor, 2010; Williams and Currie, 2000).

As has been confirmed by many studies, at different age groups, the number one predictor of physical appearance is self-esteem (Bianco, 2000, Ata, Ludden, & Lally, 2006). For instance, in a recent study by Fortes et al (2014), the researchers evaluated the influence of self-esteem on levels of body dissatisfaction among a group of 397 adolescent females; the results confirmed that self-esteem was the highest predictor of body image dissatisfaction. Most of these studies suggested that females tend to identify themselves through their body; the reflection of their body gives them either a positive or negative feeling about themselves resulting in a positive or negative self-esteem.

Furthermore, Body image is central to adolescent girls' self-definition, because they have been socialized to believe that appearance is an important basis for self-evaluation and for evaluation by others (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 2002). Indeed, perceptions of appearance and self-worth are inextricably linked, such that perceived appearance consistently emerges as the strongest single predictor of self-esteem among both male and female adolescents. The link is remarkably strong and robust, with an average correlation of .65 in the US and .62 in other countries (Harter, 2003).

Additional Findings

Although not hypothesized additional analyzed results showed that females with an affectionate constraint mother (high on both care and protection) are significantly higher on self-esteem than females with affectionless control mother (low care and high protection). According to many studies (Gullone (2000); Furnham & Cheng, 2000; Golan & Crwo, 2014), parenting characterized by high levels of protection and high levels of care is related positively with the self-esteem of adolescents. For instance, in a study by Furnham & Cheng (2000), the researchers

assessed the relationship between parental styles and self-esteem on a group of young adolescent females (early and late teens) and concluded that self-esteem and maternal authoritativeness (which includes care) were significantly correlated.

Moreover, the study showed that Mother Care, which is one of two factors that determines the parenting style (care and protection), has a significant positive correlation with self-esteem. In addition, the notion of “caring”, especially mother care has been increasingly acknowledged as the essence and core of professional nursing (Watson, 2009). Mothers, by nature, are deeply involved in their children’s lives and hence, always act proactively and/or reactively for the welfare of the child (Golan and Crow, 2014). Because mothers provide a child’s contextual environment, they are considered a key element in building their child’s self-esteem and health (Golan & Crow, 2014). In a study by Furnham & Cheng (2000), the researchers showed that Maternal Care was the only direct predictor of high self-esteem among adolescents; the researchers suggested that a reasonable discipline and high amount of care exercised by mothers towards their children was particularly beneficial in enhancing the adolescents’ self-esteem. One can conclude that the higher the care and relationship between mother and daughter, the higher the self-esteem of the adolescent female (Onayli, 2010).

Additional analysis of the male sample revealed that self-esteem correlates positively with both, body image satisfaction and father care. These results are similar to the female results discussed earlier except that for the females it was the mother care that affected their self-esteem whereas for the males it was the father care. In other words, one can conclude that self-esteem, among both genders, plays a rather important role in influencing the adolescent’s perception of his body. In addition, each gender’s self-esteem is influenced by the parent’s care provided the parent is of the same gender.

Literature supports these additional findings. For instance, a study explored how adolescent males' self-esteem and body esteem may be related to body weight and satisfaction of physical appearance. The study involved a sample of 112 males (age group 14-18) tested twice over 2 years. The results showed that body esteem measures were directly proportional to body satisfaction among male adolescents (Mendelson & White, 2002). Moreover, a study by Dunlop et al (2001), explored links between self-esteem and parent-child relations at 3 intervals over 10 years during adolescence. The results showed that when fathers' parenting styles were seen as highly caring, male adolescents' self-esteem was significantly better. In another study by Deutsch, Servis, and Payne (2001), the researchers interviewed forty teenage boys to investigate the effect of parents' care on their self-esteem. Results showed that adolescent boys whose fathers participated relatively more on the emotional side of parenting (comforting and caring) had higher self-esteem than male adolescents whose fathers were less involved.

Moreover, father's overprotection among males correlated positively with their body image. Evidence from a systematic review of 18 studies, indicated that father engagement and protection positively affect behavioral, psychological, cognitive, and biological outcomes of children. More specifically, high levels of father involvement have been linked to higher positive perceptions of body image, and higher levels of cognitive and social competence among young male adolescents (Sarkadi, Kristiansson, Oberklaid & Bremberg, 2011).

Clinical Implications

This study helps school counselors, clinical psychologists as well as parents comprehend how each adolescent's self-esteem is related to how he/she judges his/her own body in a positive or negative view. As more young females are becoming dissatisfied with their body image every year, (Canadian Learning Company, 2009), it is essential to increase and spread awareness of the negative consequences that might arise because of this alarming situation. Although there are many factors that are related to the increase in the way female adolescents are perceiving their bodies, it is vital to identify these factors, mainly media and self-esteem, to educate the adolescents so they would be less prone to falling into the same trap.

In addition to the prevention campaigns, clinicians can intervene more effectively if they take these obtained results into consideration. First, therapists should work with their female and male young clients on improving their self-esteem since doing so will help them improve their body image satisfaction. Second, based on the results obtained concerning the role of the affectionate mother on self-esteem, therapists and particularly, family therapists, could help the mothers to show more care and warmth towards their daughters, hoping that such positive relationships will increase the daughters' self-esteem as well as body image. Also, based on the additional results, Father Care correlated with self-esteem among the male sample. Hence, practitioners could encourage fathers to show more care and warmth toward their sons to increase their self-esteem as well as body image.

Limitations

A major limitation of this study was the limited number of participants which was derived only from two Private Lebanese schools in Beirut. Therefore, the results from this study could not be generalized to all female adolescents in the Lebanese community. Another limitation was the lack of two out of four parenting styles, namely, optimal and neglectful. Therefore, the analysis of the study was limited to two parenting styles. Furthermore, it could not be generalized to all socio-economical classes since the study was only conducted in private schools and not in the public sector.

Future Research

The findings of the study confirmed that self-esteem correlated with female body image satisfaction but not with media. Future studies could further assess the specific role of media in the Lebanese society. Moreover, the study did not show any mean differences between the different parental styles on female body satisfaction. Since the study focused only on two parenting styles, future studies should investigate reasons behind the lack of the neglectful and optimal parenting styles in Lebanon. Parenting style is a broad concept that consists of many factors, some of which could be cultural. Hence, additional research in Lebanon is needed to understand the components of these different parental styles.

It is further recommended to conduct studies on the male adolescent population since the additional results revealed correlations between father care and son's self-esteem as well as between self-esteem and their body image.

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Appendix A Consent Form

The purpose of this study is to measure the influence of media, parents, and self-esteem on female adolescents. 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 there is no need to write your name on any of the surveys. Your participation is completely voluntary, and the responses will be entirely anonymous. Questions are expected to be answered truthfully.

Your completion of this survey will be taken as your consent to participate in the study. In order to complete the questionnaire, read each statement carefully and decide how much it relates to you personally. Your participation in this study is greatly appreciated.

Appendix B Demographic Questionnaire

The purpose of the questionnaire is for you to provide some basic background information about yourself. Please complete the following demographic questionnaire.

Demographic information

1. Gender: _____ Female _____ Male
2. Age: _____
3. Grade level: _____
4. Ethnicity: _____
5. Height: _____ (cm)
6. Weight: _____ (kg)

7. Average grade for Term 1: _____
8. Average grade for Term 2: _____

9. Please place a **check** the family situation that best fits your home life growing up:
 - Living with both biological parents _____
 - Living with one biological parent _____ (is so, which one? _____)
 - Living with biological mom and a step parent _____
 - Living with biological dad and a step parent _____
 - Living with adoptive parents _____
 - Living with other family members _____ (if so, which ones? _____)

10. Please place a **check** next to your mother's (or female head of household) level of education
 - Elementary or junior high school
 - High school
 - Graduated from a 2 year college or technical school
 - Graduated from a 4-year university

Received a Master's degree
Professional degree (Ph.D.)

11. Please place a **check** next to your father's (or male head of household) level of education

Elementary or junior high school
High school
Graduated from a 2 year college or technical school
Graduated from a 4-year university
Received a Master's degree
Professional degree (Ph.D.)

Appendix C

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel that I am a person of worth, at least on an equal plan with others.				
2. I feel that I have a number of good qualities.				
3. All in all, I am inclined to feel that I am a failure.				
4. I am able to do things as well as most other people				
5. I feel I do not have much to be proud of.				
6. I take a positive attitude toward myself.				
7. On the whole, I am satisfied with myself.				
8. I wish I could have more respect for myself				
9. I certainly feel useless at times.				
10. At times, I think I am no good at all.				

Appendix D

Read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

- 1: Definitely Disagree**
- 2: Mostly Disagree**
- 3: Neither Agree Nor Disagree**
- 4: Mostly Agree**
- 5: 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. My body is sexually appealing.
- _____ 4. I constantly worry about being or becoming fat.
- _____ 5. I like my looks just the way they are.
- _____ 6. I check my appearance in a mirror whenever I can.
- _____ 7. Before going out, I usually spend a lot of time getting ready.
- _____ 8. I am very conscious of even small changes in my weight.
- _____ 9. Most people would consider me good-looking.
- _____ 10. It is important that I always look good.
- _____ 11. I use very few grooming products.
- _____ 12. I like the way I look without my clothes on.
- _____ 13. I am self-conscious if my grooming isn't right.
- _____ 14. I usually wear whatever is handy without caring how it looks.

- _____ 15. I like the way my clothes fit me.
- _____ 16. I don't care what people think about my appearance.
- _____ 17. I take special care with my hair grooming.
- _____ 18. I dislike my physique.
- _____ 19. I am physically unattractive.
- _____ 20. I never think about my appearance.
- _____ 21. I am always trying to improve my physical appearance.
- _____ 22. I am on a weight-loss diet.

For the remainder of the items use the response scale given with the item to identify your answer.

_____ 23. I have tried to lose weight by fasting or going on crash diets.

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

_____ 24. I think I am:

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

_____ 25. From looking at me, most other people would think I am:

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

For numbers 26-34 use this 1 to 5 scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

1: Very Dissatisfied

2: Mostly Dissatisfied

3: Neither Satisfied Nor Dissatisfied

4: Mostly Satisfied

5: Very Satisfied

_____ 26. Face (facial features, complexion)

_____ 27. Hair (color, thickness, texture)

_____ 28. Lower torso (buttocks, hips, thighs, legs)

_____ 29. Mid torso (waist, stomach)

_____ 30. Upper torso (chest or breasts, shoulders, arms)

_____ 31. Muscle tone

_____ 32. Weight

_____ 33. Height

_____ 34. Overall appearance

Appendix E

Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

Definitely Disagree = 1

Mostly Disagree = 2

Neither Agree Nor Disagree = 3

Mostly Agree = 4

Definitely Agree = 5

1. TV programs are an important source of information about fashion and "being attractive."

2. I've felt pressure from TV or magazines to lose weight.

3. I do not care if my body looks like the body of people who are on TV.

4. I compare my body to the bodies of people who are on TV.

5. TV commercials are an important source of information about fashion and "being attractive."

6. I do not feel pressure from TV or magazines to look pretty.

7. I would like my body to look like the models who appear in magazines.

8. I compare my appearance to the appearance of TV and movie stars.

9. Music videos on TV are not an important source of information about fashion and "being attractive."

10. I've felt pressure from TV and magazines to be thin.

11. I would like my body to look like the people who are in movies.

12. I do not compare my body to the bodies of people who appear in magazines.

13. Magazine articles are not an important source of information about fashion and "being attractive."

14. I've felt pressure from TV or magazines to have a perfect body.

15. I wish I looked like the models in music videos.

16. I compare my appearance to the appearance of people in magazines.

17. Magazine advertisements are an important source of information about fashion and "being attractive."

18. I've felt pressure from TV or magazines to diet.

19. I do not wish to look as athletic as the people in magazines.

20. I compare my body to that of people in "good shape."

21. Pictures in magazines are an important source of information about fashion and "being attractive."

22. I've felt pressure from TV or magazines to exercise.

23. I wish I looked as athletic as sports stars.

24. I compare my body to that of people who are athletic.

25. Movies are an important source of information about fashion and "being attractive."

26. I've felt pressure from TV or magazines to change my appearance.

27. I do not try to look like the people on TV.

28. Movie stars are not an important source of information about fashion and "being attractive."

29. Famous people are an important source of information about fashion and "being attractive."

30. I try to look like sports athletes.
