The Impact of Body Image on Self-Esteem

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Abstract
The image one has of his or her body is influenced by a variety of sources. The many influences include gender type, media and advertisements, peer pressure, familial influences, and cultural expectations. In turn, our self-esteem comes largely from our body image. The following thesis explores where, why, and how people determine their body image and to what degree it affects self-esteem.
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The Impact of Body Image on Self-Esteem

Body image is an increasingly important topic in this day and age. Today’s society displays immense pressures to be thin, fit, and beautiful. Images of waif-like models are splashed across television and theater screens and in magazines, sending a message that success, happiness, and belonging only come with unattainable beauty. The constant measures of thinness and beauty lead people to scrutinize their own appearance as well as those around them, usually resulting in viewing their own bodies harsher than reality (Lowery, Robinson Kurpius, Befort, Blanks, Sollenberger, Nicpon, et al., 2005).

How people view themselves, or their body image, can vastly affect their self-esteem, or overall feeling of worth. According to Jung and Lee (2006), the lower or more negative one’s body image, the lower his or her self-esteem. In addition, the more optimistically one feels about his or her appearance, the more optimistically he or she will feel about him or herself overall (Boyes, Fletcher, & Latner, 2007).

An interesting component of body image is that studies show peoples’ image of their body is not a reflection of their actual weight, but instead how they perceive their body as a whole (King & Manaster, 1977). It is this perception of appearance that leads to their body image, and subsequently, their self-esteem. In addition, there is often incongruence between one’s
perceptions of his or her body and his or her ideal figure (Rosen, Gross, & Vara, 1987). Bessenoff (2006) found the greater the incongruence, the more likely a person is to have lower self-esteem. Bessenoff also found that those with a larger incongruence between their perceived and ideal image are more likely to be impacted by the media and cultural expectations. Therefore, it is important to understand the perception one has of his or her body rather than solely relying on the reality of his or her weight and body figure, especially in a therapeutic setting.

Contributing Factors

There are many other factors that contribute to the impact of body image on self-esteem. Some of those factors which will be discussed further are gender and gender roles; schemas; external influences such as: media, cultural, familial and peer; personality traits; and the levels of perception and internalization that one may possess. While people may respond differently to each situation, these are important factors to investigate when looking at the impact of body image on self-esteem.

Gender and gender roles. Peoples’ gender and gender role may influence body image (Abell & Richards, 1996). Men and women do not see their bodies in the same way, with women appearing to be more critical of and place more emphasis on their bodies than
men. Research has further shown that as a result of the critical eye of women, there is a greater disconnect between females’ perceived and actual body figure (Choma, Foster, & Radford, 2007). This can lead to higher dissatisfaction and lower self-esteem in women (Forbes, Adams-Curtis, Rade, & Jaberg, 2001).

Whether one has a feminine, masculine, or androgynous gender role could play a role in how one perceives his or her body. Those classified as having a feminine gender role may place more emphasis on beauty, attractiveness, and overall appearance, while possessing a masculine gender role may result in more focus on knowledge, career status, and muscularity (Jackson, Sullivan, & Rostker, 1988). Women classified as feminine exhibited stronger dislike of their bodies, while men classified as masculine also exhibited more pressure to conform to societal standards. This could be due to internalization of the standards of the cultural ideal for thinness (McLaren, Hardy, & Kuh, 2003).

It should be noted however that research has investigated the role of masculinity on body image. It may be the presence of masculine traits, rather than the level of femininity, that determines the degree to which body image affects self-esteem (Kimlicka, Cross, & Tarnai, 1983). Shaffer and Wittes (2006) noted that females participating in sports may have a higher body image and self-esteem than females who are not involved in
sports, possibly because of the presence of and exposure to masculine traits and expectations in the sports environment. Since the expectations of males have not reached the levels of expectations on females to have the ultimate figure, scoring high on masculine traits could provide protection against a lower body image and self-esteem. Those with a more masculine gender type may not feel the need to, or place the importance on, having an appearance that matches the ideal. Masculine-typed people have also been found to have less discrepancy between their perceived image and their ideal image, which is a major factor in assessing body image (M.J. Mendelson, B.K. Mendelson, & Andrews, 2000).

Thus, the gender role of clients is an important consideration when looking at the impact of body image on self-esteem. Clients may internalize or interpret pressures differently based on their gender role. As the research above notes, all females may not react the same way and put the same emphasis on their body size or perceived figure (Allgood-Merten, Lewinson, & Hops, 1990). Females may have a buffer to external pressures if they fall more on the masculine end of the spectrum, so it is important to investigate from where they seem to be getting their measurements of self-worth and body image.

Schemas. Several studies examined the role of schemas, which are another factor to consider when noting the impact of
body image on self-esteem. Schemas are considered to be “...cognitive representations of organized information about the self” (Marcus, 1997, as cited in Jung & Lee, 2006). Self-schemas can help identify the importance one places on various areas of his or her life. There are different themes in which people possess schemas, such as: appearance, gender role, and physical body type (Jung & Lennon, 2003). The more emphasis placed on a certain aspect, the more time one will spend focusing on the positives and negatives of that area (M.J. Mendelson et al., 2000).

Research from the current literature review focused on how possessing high schemas on appearance affects one’s body image and, subsequently, his or her self-esteem. The higher the rating on appearance schema, the more time spent engrossed in how one looks (Butters & Cash, 1987). Since body image is a reflection on how people perceive their body, one could conclude that if appearance is very important to a person, he or she would be more affected by perceptions of the ideal cultural standards, remarks from peers, and insecurities about fitting in with the perceived norm (Clay, Vignoles, & Dittmar, 2005). It is important to be aware that schemas and the corresponding importance placed by clients can have an effect on how people view their body and their self worth.
External influences. There are many external influences on body image and self-esteem, such as: media, cultural, familial, and peer. When assessing body image, people usually make comparisons against an ideal image. Quite often, the basis for comparison comes from what has been deemed ideal by the media as well as cultural expectations (Dohnt & Tiggemann, 2006). These model images often do not reflect reality, therefore leaving people striving for impossible results.

The Western culture has had a strong influence on how women in particular view their bodies. The cultural ideal of almost impossible-to-attain thinness, Barbie-like perfect body proportions (Downs, James, & Cowan, 2006), and overall beauty and passion (Merskin, 2007) is often communicated in various media formats such as: magazines, television, movies, consumer products, and the overall celebrity and style industries (Polce-Lynch, Myers, Kliwer, & Kilmartin, 2001). Since most people cannot live up to these high standards, their body image suffers as a result and they are more likely to have a lower self-esteem (B.K. Mendelson, White, & M.J. Mendelson, 1996).

Specifically, women who compare themselves to the standards dictated by the media and Western cultures are more likely to have a negative, distorted body image and lower self-esteem (Jarry & Kossert, 2007). They compare themselves to unrealistic images and are bombarded with advertisements touting products
that will help them achieve the ultimate figures (Bessenoff, 2006). When women find themselves not measuring up the same way as they perceive the models in the media measuring up, their self-worth and perceived image suffer. They feel they cannot live up to the expectations of the culture around them, and therefore might feel unworthy, unattractive or unwanted (Kostanski & Gullone, 2007).

Unfortunately, most women are not immune to the unrealistic expectations set forth by the media and culture. Research shows that women at virtually all ages - from as early as age eight (McCabe & Ricciardelli, 2003) to as late as post-menopausal women (McLaren et al., 2003) - are influenced by the so-called ideal female image portrayed in society. As noted earlier, Bessenoff (2006) reached an interesting conclusion in her research. The magnitude of discrepancy between women’s perceived and ideal body image may decrease or increase the effects of media expectations. While those with a greater discrepancy are more likely to be negatively affected by media portrayals, those with a smaller discrepancy actually saw an improvement in self-esteem after media exposure. These findings provide support in working with clients to create a holistic and realistic image of themselves.

The relationships within one’s primary support group, namely family, peers, and significant others, have significant
contributions and influences on one’s self-esteem and body image (Boytes et al., 2007). As demonstrated above, people are constantly comparing themselves to others. These comparisons go beyond the media; people are often comparing themselves to their own family members and peers and making judgments as to how they measure up to those around them (Dohnt & Tiggemann, 2006). In addition, girls are noticing the importance placed on body image, beauty, and desire for thinness by their friends (Paxton, Eisenberg, & Neumark-Sztainer, 2006).

MacPhee and Andrews (2006) noted that negative parental interactions also negatively affect a child’s self-esteem, and may be more likely to lead to depression in children. The messages children receive from their parents about their weight, abilities, and even diet can have a profound impact and lead to the children developing a negative self-esteem and body image. In research conducted by Rieves and Cash (1996, as cited in Kostanski & Gullone, 2007), family members rated second-highest in the amount of body-related taunting. It is crucial that children receive positive messages in the home and broad encouragement about their overall abilities. If children feel good about themselves in the home, they may be able to deflect some of the external messages and pressures they constantly absorb.
Peers can also have an impact on body image and self-esteem. One component of peer influence that affects both body image and self-esteem occurs when people are teased because of their appearance (Matz, Foster, Faith, & Wadden, 2002). Girls who are the targets of teasing based on physical appearance often carry with them the negative views of themselves into adulthood, even if the teasing occurred much earlier in their lives. Research by Kostanski and Gullone (2007) has shown that the nature of the teasing is not always a factor of whether or not girls internalize the messages and have a lower body-image and self-esteem. Kostanski and Gullone found that the negative effects were still present in adulthood when the childhood teasing was about being too heavy as well as if the nature of the teasing was around being too thin. This reveals that contrary to what some may think, girls who are thin are not necessarily immune to teasing and may not automatically have a more positive body image than girls perceived as heavy or overweight.

Another factor in the influence of peers on one’s self-esteem and body image is comparison. Disappointment in one’s body has been found to occur around key developmental times for females, namely the pubertal transition, the onset of the first period, and the menopausal transition later in life (Rosen et al., 1987). Girls look around and see how early or late they are
on the developmental timeline based on their peers. They may make inferences about their womanhood based on how similar or dissimilar they are to those roughly in their same age bracket. If their development does not match up to the timing of those around them, girls may feel inferior, less feminine, and ultimately, they may potentially feel less attractive or worthy (Kostanski & Gullone, 2007). Therefore, these are important factors to consider when working with females struggling with body image and self-esteem concerns.

Finally, studies have shown that females’ self-esteem and body image often correlate to whether or not they are in a romantic relationship (Forbes, Jobe, & Richardson, 2006). Boyes et al. (2007) speculate that being in a relationship “…may provide women with a psychological buffer against societal pressures to attain a slim appearance…” (p. 764). They also found that the perceived level of happiness within the relationship contributed to healthy or unhealthy dieting, and healthy or unhealthy self-esteem. That is, it is not just the fact of being in a relationship that potentially provides a barrier against poor body image and self-esteem. Boyes et al. found an increase in unhealthy dieting and self-esteem in relationships where the participants felt dissatisfied.

M.J. Mendelson et al. (2000) also found a link between a drop in self-esteem and what they call a low “romantic
Females who felt they had a lack of romantic ability were consequently found to have a lower self-esteem. Again, this supports the notion of working with clients on improving their whole self and recognizing their strengths rather than only working on one or two aspects such as body weight or relationship status.

**Personality traits.** The components of one’s personality can also have an impact on how he or she views his or her body and self-worth. One personality trait that researchers have found to have an impact is that of perfectionism (Mintz & Betz, 1988). Perfectionism, according to Brouwers & Wiggum (1993, as cited in Vohs, Bardone, Joiner, & Abramson, 1999), can be “described as the desire to achieve ambitious – and perhaps faultless – standards” (p. 695). Those with perfectionist tendencies may have a can-do attitude and stop at no costs in their attempt to achieve a faultless body and physical appearance. On the other hand, people not possessing perfectionist tendencies may not have as strong a drive to put all their energy into making themselves fit the ideal or norm. A perfectionist may not accept anything less than matching the ideal, therefore resulting in a strong impact on body image and self-esteem if these standards are not met.

In Adlerian terms, clients who have the personality type of Pleasing could also be more prone to self-esteem issues. Those
with this personality type “...may be excessively sensitized to the expectations of others...” (Ashby, Kottman, & Rice, 1998, p. 76). In contrast, those with an Achieving personality type “...are self-responsible and self-confident, using their own personal standards rather than those of others” (Ashby et al., p. 76). A Pleasing personality lends the higher possibility of people comparing themselves to others and determining their worth based on feedback from others rather than reality or an introspective view. This data points to the importance of taking clients’ personality type into account when working with issues of body image and self-esteem.

An additional personality trait that may affect clients dealing with low body image and self-esteem is obsession, particularly obsessing about image (Mintz & Betz, 1988). The presence of image obsession could lead to more distorted perceptions and broader internalization than those who are not as obsessed with image. Finally, those who tend to be more self-conscious could put more emphasis on their perceived figure and how they may or may not measure up to the societal or peer ideals. This may result in being more prone to having a lower body image and self-esteem (Allgood-Merten et al., 1990).

Perceptions and internalization. Since not everyone is affected in the same way, researchers have further explored why the body image of some seems to be more influenced than others.
by the above factors such as: gender type, schemas, and media and cultural influences. They concluded that peoples’ perception and the amount of internalization that occurs may affect how much value they place on their body image (Aubrey, 2006). These findings are important to consider when exploring the impact of body image on self-esteem because they provide further insight into why self-esteem is affected more for some than others. While people may be cognizant of the cultural and media expectations of the ideal image and be able to identify and deflect the erroneous messages, some people are more prone to internalizing these unreachable standards and taking the information as accurate and attainable (Goldenberg, McCoy, Pyszczynski, Greenberg, & Solomon, 2000). The level of internalization plays an important role on what or whom people decide to compare themselves and in turn, develop their perceived body image (Jarry & Kossert, 2007).

Several studies also suggest the socioeconomic background of an individual may be an influencing factor of internalization. Those from more prosperous backgrounds have been shown to exhibit more internalization than those from less-prosperous backgrounds (McCaulay, Mintz, & Glenn, 1988). This may be due to stronger, more frequent access to media influences in higher socioeconomic backgrounds, stronger parental influences, or greater pressure to succeed. Further studies need
to occur to more accurately attribute this difference in internalization.

The perception of control is another interesting factor of body image that may affect self-esteem (McAllister & Caltabiano, 1994). People who perceive to have more control over their bodies, whether it is controlling weight or exercise, have been found to have a higher self-esteem than those who feel they lack control over their size and activity (Steese et al., 2006). People with an internal locus of control can feel empowered to make healthy decisions and may not internalize as much the external pressures from the media, culture, family, and peers. In addition, those with a high perception of control may be better able to block out the media messages of impossible thinness and instead take into account their whole selves to develop a more healthy self-esteem (Aubrey, 2006). In research conducted by Steese et al., it was noted that females have less internal locus of control and more external locus of control. This supports a possible focus of therapy on increasing internal locus of control in female clients.

*Psychological and physical impacts.* The impact of a negative body image on self-esteem may also have psychological and physical implications. Depression and anxiety are both psychological impacts that have been found in those with a low body image and self-esteem, with potential for other
ramifications such as: young pregnancy, suicide, and behavioral issues to develop (Jung & Lennon, 2003). Additional impacts, for example more frequent dieting behavior and eating disorders (Bessenoff, 2006), are potential consequences of a negative body image leading to lower self-esteem. Johnson and Wardle (2005) and Rosen et al. (1987) found a strong connection between frequent dieters and low self-esteem. A poor body image often leads to dieting, so one can make the connection between a negative body image and low self-esteem. These aforementioned presenting concerns should be noted by therapists as potential clues to spend time in therapy fostering the client’s self-esteem, especially if working with females.

In summary, the research cited emphasizes numerous components that influence body image and self-esteem. Many studies have found a correlation between negative body image and low self-esteem in females across all ages (Hrabosky, Masheb, White, & Grilo, 2007). The perceptions of the individual are often stronger than reality (Sarwer, Wadden, & Foster, 1998), highlighting the importance of working with clients from a standpoint of looking at use not possession, as the Adlerian theory promotes. The following section will explore the various methodologies used to reach the conclusion that one’s body image does affect his or her self-esteem.
Methodology

Body image. Most experts agree that body image is a judgmental view of oneself (Forbes et al., 2001). People often have a distorted lens through which they view themselves. A person’s body image may be a result of how he or she perceives him or herself compared to the standards of others or the media (Steese et al., 2006). Research shows people often do not measure their body image by their actual weight, body mass index (BMI), or physical fitness ability (Abell & Richards, 1996). Rather, they establish an image of their body based on feedback from others, insecurities from not having a supermodel figure, by comparing themselves to their peers, and even whether or not they have a significant other (Clay et al., 2005).

While body image is a personal view (Forbes et al., 2001), there are many valid and reliable instruments for gauging one’s body image. Many researchers used sample drawings and had subjects identify which body figure they felt most reflected their own look as well as the one reflecting the look they would like to have (Forbes et al., 2006). Through these scales, researchers can get an idea of how distorted an individual’s view is of him or herself by comparing the individual’s perceived body size to his or her actual and ideal body size. Two such assessments used were the Body Dysmorphic Disorder Examination – Self-Report (Sarwer et al., 1998) and the
Children’s Figure Rating Scale (Dohnt & Tiggemann, 2006). These tools allowed the researchers to collect detailed data on the particular parts of the body that people find dissatisfying. In addition, this helped gauge the level of incongruence between perceived and ideal body images.

A similar scale is the Body-Esteem Scale. The weight esteem subscale, a ratings-based tool, was used by several researchers to measure the body satisfaction of their subjects. Current body satisfaction was collected along with retrospective data as reported by the subjects (McLaren et al., 2003). The use of this scale allowed the researchers to assess body image as it related to weight, thereby lending information as to how weight affects self-esteem and body image in women (B.K. Mendelson & White, 1985). Mintz & Betz (1988) and Rosen et al. (1987) also administered weight-related surveys to gather data on weight-related behaviors of the participants.

In addition, Goldenberg et al. (2000) used the Body-Esteem Scale to collect broad data on subjects’ satisfaction of body parts, body competence, body sensation, and body appearance. Several variations of body satisfaction scales and questionnaires were used to measure the level of satisfaction and general attitudes the subjects had toward their bodies. Several researchers also used the Body Parts Satisfaction Scale, the Body Shape Satisfaction Scale, the Body Shape Questionnaire,
the Body Satisfaction Questionnaire, and the Body Image Satisfaction Scale. All tools were used to measure the level of satisfaction and general attitudes the subjects had toward their bodies. A tool to measure similar feelings, the Self-Objectification Questionnaire, was used by Aubrey (2006) and Downs et al. (2006). Data was collected on appearance and competence-related feelings and helped gauge the level of importance placed on these areas by the subjects. The level of importance can have an impact on how people view their bodies, as described below.

Another common measurement for body image is investigating the appearance schemas of the subjects. The theory on appearance schemas is that people place different amounts of importance on different areas of their lives (Foster, Wadden, & Vogt, 1997). The Appearance Schemas Inventory (Jung & Lee, 2006), the Internalization subscale of the Sociocultural Attitudes Toward Appearance Questionnaire (Matz et al., 2002), and the Body-Self Relations Questionnaires (Butters & Cash, 1987) were instruments used to measure the degree to which people place importance on their appearance. When investigating body image and self-esteem, researchers commonly looked at how high subjects rated on the self/appearance schemas. They found that the more importance someone placed on appearance, the more likely his or her mood, self esteem, and relationships would fluctuate depending on how
he or she felt about his or her appearance (Allgood-Merten et al., 1990).

The Body Domain Importance questionnaire used by M.J. Mendelson et al. (2000) measures similar aspects as appearance schemas. This questionnaire has subjects rate the importance of three domains: weight, appearance, and looks. Jung & Lee (2006) identified similar aspects of body image by testing for appearance, perceived contentment with certain body parts, discrepancies between perceived and ideal physical features, and finally, clients’ like or dislike of their current weight. These measures all provide information that can gauge the level of internalization and importance placed by participants on various aspects of their selves.

A number of researchers used the gender schema theory fashioned by Bem as another component to measuring body image, similar to the self/appearance schemas. The gender schema theory reports that the degree to which people formulate their body image is strongly related to how closely they match the traditional feminine and masculine models (Jackson et al., 1988). That is, if a female considers herself highly feminine, and a male considers himself fairly masculine, these groups of people are more likely to place higher significance on their appearance as related to the “ideal” standards displayed in their culture than those who would be considered androgynous,
undifferentiated, or a masculine-typed female (Kimlicka et al., 1983). Thus, knowing the gender type and the amount of importance people place on their appearance are both valuable in being able to determine how much peoples’ body image will affect their overall self-esteem.

The Objectified Body Consciousness Scale is another instrument used to measure body image (Lowery et al., 2005). This method has subjects examine their bodies as if it were an object, not the culmination of organs, genes, and heredity. There are three parts to the scale: body surveillance, which involves people looking at their own body based on feedback from others; body control, which looks at the principal of individuals being in control of their bodies and what they do with them; and finally, the body shame scale which investigates how people have absorbed the unattainable standards to which they are exposed (Lowery et al.). Another instrument was used in the current literature review to measure body shame of participants. The Body Shame Questionnaire was used by Aubrey (2006) to capture the amount and degree to which people wanted to change certain parts of their body.

Researchers also rely on several other questionnaires to measure body image of their subjects. The Body Areas Satisfaction scale (Jung & Lee, 2006) and Body-Image Ideal questionnaire (Jarry & Kossert, 2007) are instruments that
measure subjects’ feelings about physical aspects of their body. For example, subjects are asked to rate areas such as their stomach, chest, and even their hair. The results of these questionnaires provide researchers with knowledge on subjects’ satisfaction with their physical features. McCabe and Ricciardelli (2003) used the Body Image and Body Change Questionnaire for Children to collect information related to weight and behavior of their subjects.

**Self-esteem.** Self-esteem is another component to consider when looking at a person as a whole. Researchers do not agree on a standardized definition of self-esteem. Some feel it is simply a matter of appreciating and being pleased with yourself (Williams & Currie, 2000), whereas others feel there is a conglomerate of information and sources that go into the development of one’s self-esteem, such as abilities in areas of athleticism, academics, and relationships (B.K. Mendelson et al., 1996). This provides implications in studies if not all researchers are working from the same definition. Self-esteem is often a self-reported measure, leaving open the possibility of subjects interpreting questions differently and providing different viewpoints on self-esteem. If participants rate self-esteem based on general appreciation of themselves and overall positive or negative feelings, an assessment may not provide as comprehensive of data as those who take into consideration their
overall selves including skills, strengths, looks, and relationships.

As with body image, there are many valid and reliable instruments for measuring the self-esteem of individuals. A popular method used among researchers was the Rosenberg Self-Esteem scale, with over half of the studies using the tool. This widely used instrument is a ten-item scale that measures global self-esteem, where high scores represent a low self-esteem. The State Self-Esteem scale was also used to measure self-esteem in areas of appearance, social, and performance (Vohs et al., 1999). One study (MacPhee & Andrews, 2006) administered the General Self scale of the Self-Description Questionnaire to determine the subjects’ perceptions. The Texas Social Behavior Inventory (Jackson et al., 1988), Coopersmith Self-Esteem Inventory (B.K. Mendelson & White, 1985), Janis-Field Self-Esteem Scale (King & Manaster, 1977) and Feelings of Inadequacy Scale (McCaulay et al., 1988) were additional instruments used to measure global and social self-esteem.

Some studies used age-appropriate tests to also gauge participants’ global self-worth. The Self Perception Profile for College Students (M.J. Mendelson et al, 2000.) and Self Perception Profile for Children (Dohnt & Tiggemann, 2006) have a variety of domains in which subjects are tested. The version for college-aged participants focused more on relationships and
acceptance, while the version for children focused on a broader spectrum of areas including relationships, academic and athletic ability, behavior, and physical attributes. Both assessments allowed researchers to gain age-appropriate insights as to how self-esteem was perceived by their subjects.

While most research included in the current review involved one-time data collection studies (Williams & Currie, 2000), some studies did include follow-up testing after the initial session further validating the original findings (Zabinski, Wilfley, Calfas, Winzelberg, & Taylor, 2004). The experiments included subjects of a variety of ages, and most were in school settings (Jarry & Kossert, 2007). All of the above instruments aided the researchers in the current literature review to collect accurate, reliable data in determining the effect of body image on self-esteem.

Supplementary measurements. Multiple research studies used other instruments and methods to obtain information that would enable them to reach conclusions on the impact of body image and self-esteem. Several studies administered the Beck Depression Inventory (Beck, 1972, as cited in Foster et al., 1997) to measure mood and depression in participants (Robinson & Bacon, 1996). Another measurement used in multiple studies was the body mass index, or BMI, of research participants. The implications of using the BMI of subjects will be discussed further, but it
is important to note the number of studies that looked at this measure when evaluating the impact of body image on self-esteem because it provided insight as to whether or not the participants were of healthy weight (Zabinski et al., 2004).

A third form of supplemental measurement used was exposure to various forms of media. Researchers exposed participants to media ranging from movies and television to magazines and advertisements (Dohnt & Tiggemann, 2006). The information gathered during these assessments allowed researchers to gauge the level of influence these forms of media had on participants’ body image and self-esteem by administering before-and-after surveys and conducting interviews. These results provided reinforcement of the powerful effects of media on people’s body image and self-esteem.

Clinical Implications

It is imperative to identify the possible implications in clinical practice when looking at the results of research studies. This can allow the clinician to be better equipped to guide the client toward positive growth and movement. When looking at the impact of body image on self-esteem, the current literature review revealed potential implications that can be useful for therapists and counselors.

One of the more common conclusions was that people do tend to have distorted views of their bodies, which may in turn
affect how they view their self worth (Robinson & Bacon, 1996). This is important in clinical practice because a therapist may be able to help alleviate these distortions by getting the client to see all the positive components of him or herself as a whole (McCabe & Ricciardelli, 2003), rather than focusing on just one aspect, for instance how he or she views his or her body. In addition, therapists can work with clients in helping them to have more realistic images of their bodies instead of inaccurate, distorted perceptions.

Therapists can also guide clients to view their physical bodies independently of their overall worth as a human being (Matz et al., 2002). For example, by encouraging clients to focus on all their accomplishments and assets, such as: unique talents, academic and athletic ability, and network of relationships, it could lead to a more comprehensive and positive view and self-esteem than if, for example, they only focus on their physical features (Shaffer & Wittes, 2006). A broad view of oneself may increase overall self-esteem when it is not tied so closely to one’s physical body (Dohnt & Tiggemann, 2006).

In addition, clients can be taught to accept people as they are and not judge others based on their appearance alone (Choma et al., 2007). Clients suffering from low self-esteem and body image may themselves be looking at others through the
narrow lens of the cultural ideal without even realizing it, so this education on broader acceptance can be important. If people are not as judging of others, they may give themselves slack and not expect Barbie-like perfection of themselves or others. They may be better equipped to deflect unrealistic external pressures and ideals.

Another strong indicator of potential use of the research results in therapeutic settings is to focus on education (Williams & Currie, 2000). External sources can have strong influences on how people view themselves, which points to an opportunity for clinicians to educate clients on how to sort through the barrage of messages they receive from the media, culture, peers, and even family members (Merskin, 2007). Clients can be taught to limit or eliminate their exposure to non-healthy media influences (Aubrey, 2006). Choma et al. (2007) found an increase in subjects’ critical thinking after learning more about the amount of influence and unrealistic images present in media campaigns. Therapists can guide clients in gaining a stronger awareness of their internal locus of control and empower them to make healthy choices.

It may also be beneficial to spend time in therapy educating parents on their role in fostering the self-esteem and body image of their children. Parents have an influence in what foods they buy, how they encourage their children, and in what
areas they support their children (McCabe & Ricciardelli, 2003). For example, parents can be encouraged to support their children in academics, athletics, and unique talents and abilities, and put less emphasis on their looks and bodies. This will help kids to see there is more to their worth than just their physical appearance. These are all important aspects of client education that could be useful in working with clients dealing with low self-esteem and poor body image.

The results of the research reviewed here point to another aspect of education that is important to consider. Studies indicate that one’s body image is not simply based on his or her weight or body mass index, a common measurement of a healthy weight (Polce-Lynch et al., 2001). This could have implications in programs and sessions that focus on more concrete methods to lose weight and consequently, ignore the psychological factors (Sarwer et al., 1998).

If an overweight individual seeks counseling because of feelings of inadequacy, low self-esteem, or depression, clinicians may instantly start the client on a weight-loss program that includes exercise and changing eating habits. While this may help the client lose pounds, it may not solve the real issue behind the feelings of inadequacy, low self-esteem, and depression (B.K. Mendelson et al., 1996). Instead, the clinician should focus on a holistic approach. He or she can focus on all
of the client’s assets, abilities, accomplishments, and goals, rather than simply a number on a scale. This holistic, multidimensional approach may be more likely to solve the underlying problem (King & Manaster, 1977).

However, some researchers did find a slight correlation between an increase in weight and an increase in body dissatisfaction. Zabinski et al. (2004) notes, “...feeling better about one’s body and improving concerns regarding eating and weight appear to have positive effects on self-esteem (p. 917).” Therefore, it is important to note that while therapy should not focus solely on weight, there may be benefits to including weight loss and healthy eating strategies within the overall treatment plan.

Similarly, it is important for clinicians to recognize the potential effect of body image on self-esteem in determining the underlying presenting problem (Lowery et al., 2005). Clinicians should probe to determine the possibility of the presenting problem of depression, for example, could be due to a distorted view of the client’s body, and may not be for the reason the client gives (unhappiness in relationships, for example). It is also important to note the findings of multiple research studies that found an increase in unhealthy eating patterns and depression in those with distorted body images and low self-esteem (Johnson & Wardle, 2005). MacPhee and Andrews (2006)
noted “self-esteem is a strong predictor of depressive symptoms” (p. 453). Rosen et al. (1987) also noted the presence of low self-esteem and an increase in depressive symptoms in girls engaging in weight-loss behaviors. These results point to a strong need to track the self-esteem and body image in clients presenting with depressive symptoms and/or unhealthy eating patterns.

Research by Butters and Cash (1987) found success in using cognitive-behavioral treatment (CBT) to address poor body image and self-esteem in women. The treatment was given in group settings and included relaxation techniques, systematic desensitization of certain parts of the body, correcting automatic thoughts, and discussion of the ABC model in which clients learn about antecedents, beliefs, and emotional consequences (Ellis (1962), as cited in Butters & Cash). The CBT techniques resulted in positive changes in subjects’ body image, more realistic views of themselves, and increases in self-esteem. These results lend strong evidence for therapists to use CBT when working with clients suffering from low self-esteem and body image.

Finally, research suggests that support groups are effective means of working through issues of self-esteem and body image, especially with women. By nature, females thrive on connection and belonging. When a group of females is formed, the
participants often feel more at ease because they can see others are experiencing similar issues and concerns (Steese et al., 2006). This increased comfort allows safe vulnerability and openness in recognizing influencing factors that clients may be negatively internalizing. Group members can feel empowered to share their stories, learn from others, and lend support and connection to those in similar circumstances. Recent research has shown that group therapy can be successful in a face-to-face setting (Steese et al.) as well as via an online forum (Zabinski et al., 2004). This provides positive news in that these methods allow for more flexibility in today’s time-starved, technologically advanced society.

Overall, the current literature review lends support for clinicians to take an active and holistic approach in educating clients of their overall worth. Therapists can also work to reduce the discrepancy between clients’ perceived, ideal, and actual body images to aid in increasing the body image and self-esteem in their clients. To focus solely on the numbers on the scale, body mass index, or clothing size could prevent clients from receiving the education and encouragement they need to have a more healthy body image and positive self-esteem.

Confounds and Limitations

When examining the impact of body image on self-esteem, one needs to be aware of confounding variables and limitations in
research. Not all studies contained broad enough range of subjects or sample sizes to generalize the findings to the entire population. While a broad age range of subjects has been researched, including children as young as eight (Polce-Lynch et al., 2001) and women up to 64 years of age (McAllister & Caltabiano, 1994), two common age groups studied were adolescents (Williams & Currie, 2000) and college-aged adults (McCaulay et al., 2008). Researchers agree the effect of body image on self-esteem is more widely known in these two populations, but there is evidence that older adults may also experience the impacts of body image on their self-esteem (Polce-Lynch et al., 2001).

In addition to age, there are ethnic considerations that need to take place when discussing this topic. Cultures across the world vary on what they view as ideal standards. For example, the perceived ideal body size is bigger for African Americans compared to the extreme thin ideal for European Americans. Also, African American males are more likely to naturally grow into the desired muscular body shape as they go through puberty than are Asian and Hispanic males (Paxton et al., 2006). These differences in natural body shape and progression that vary between ethnic groups pose considerations for future research.
The literature review includes studies done with people from various ethnic backgrounds, such as: European Americans, Scottish, Australian, Korean and African American. However, a full investigation into the expectations of each culture was not fully researched. As noted above, it is important to consider one’s ethnic and cultural background when doing research on this topic because it has been shown that body image may be derived by comparing oneself to the cultural ideal standards, and that not all cultures have the same standards (Paxton et al.).

Socioeconomic class is another variable that can limit research findings (Abell & Richards, 1996). Much of the research included subjects from private schools, same-sex schools, and middle- to upper-class societies (Polce-Lynch et al., 2001). The research provided limitations in that these groups can be viewed as part of the “American ideal”, may be more exposed to media, and therefore feel more pressure to measure up to the North American standards (Lowery et al., 2005). A person’s way of living affects many aspects of his or her life, of which body image and self-esteem may be part. To ignore those living outside of the groups mentioned above limits researchers in gaining a breadth of information on potential factors of the impact of body image on self-esteem (Clay et al., 2005).

Another interesting confound could be the level of emotional expression and restriction held by the subjects.
(Polce-Lynch et al., 2001). Due to the self-proclaimed subjectivity of body image and self-esteem (Hrabosky et al., 2007), the data relies heavily on the honesty and expressive ability of the subjects. As noted by Polce-Lynch et al., there are differences in emotional expression between males and females. Males tend to limit emotional expression more than females. Therefore, research revealing that males’ self-esteem is less affected by their body image may be due to a case of the male subjects withholding their true feelings rather than an actual, scientific difference in the effects. This difference in sharing information between males and females is an important consideration when reviewing the cause and effect of negative body image and self-esteem.

Finally, many of the research studies contained subjects who were taken from educational courses related to the research topic (Abell & Richards, 1996). This poses a potential confounding limitation because students in psychology and fashion courses could potentially have an elevated interest in appearance (Jung & Lee, 2006) and mind-body correlations (Kimlicka et al., 1983), therefore placing more importance on body image and measuring up to the cultural ideals. As shown by Jackson et al. (1988) and Jung & Lennon (2003), the more importance placed on these ideals the more possibility for a person to have a distorted body image and lower feelings of self
worth. Since the subjects in these studies could have been going into the experiments with higher chances of a critical body image negatively affecting their self-esteem, it is important to note this potential confound of the research topic.

Future Research

The study of the impact of body image on self-esteem involves many variables. The information provided highlights variables such as: gender schema, peer feedback, and media influence (Kostanski & Gullone, 2007). However, future research should focus more attention on sex, emotional expression or restriction, culture, control, media influence, social class influences, and age differences (McCaulay et al., 1988).

Sex. A person’s sex may influence his or her attitude toward his or her body. While it is relatively known that females experience strong pressures to be thin and beautiful, there is also evidence to support males’ body image is also influenced by socio-cultural standards and expectations (Lowery et al., 2005). Men often feel pressure to have thick, muscular bodies with wide shoulders and narrow hips. Lowery et al. found body shame to be a big factor in male’s self-esteem. That is, men who are more ashamed of their bodies suffer lower self-esteem. On the other hand, there are many more factors that contribute to lower self-esteem in women such as: incongruence between ideal and perceived body image, increased self-scrutiny,
not measuring up to media expectations, and body shame. What should be further researched are the differences between the sexes that make males and females react and respond differently to their environment. Further exploration of the influence of sex may lead to even more conclusive results as to the impact of body image on self-esteem for both males and females.

*Emotional expression or restriction.* Similar to the research on sex differences on the impact of body image on self-esteem is the research on emotional expression or restriction. McAllister & Caltabiano (1994) began to touch on the topic and explore how the level of emotional displays can affect the research results. Tests for measuring body image and self-esteem rely heavily on the personal perception, honesty, and personality of the subject (Forbes et al., 2001).

These researchers acknowledge there is a difference between how much males reveal compared to females. The typical female gender role provides for females to outwardly share their thoughts, feelings, and emotions, while the typical male gender role stresses “manliness” and less openness in regard to feelings and emotions (Polce-Lynch et al., 2001). Polce-Lynch et al. also note that males may be feeling negatively toward their bodies, but may not know how to express their feelings or may feel the need to suppress them in order to fit the masculine role. Therefore, the amount of emotional expression or
restriction becomes an important consideration for future research. Exploring this further may provide more accuracy in determining why body image affects peoples’ self-esteem by getting to the root attitudes and feelings instead of relying solely on measurements that may not be fully accurate due to subjects’ limited disclosure.

Culture. Examining the cultural expectations and differences could supply a breadth of knowledge in the research on the impact of body image on self-esteem. Since most researchers agree that both body image and self-esteem are personal measures (Hrabosky et al., 2007), it is important to further understand where people get the benchmarks against which they are evaluating themselves. Some studies included subjects from various cultural backgrounds, namely African American, Scottish, Australian, and Korean. The studies hypothesized that some people of other cultures measure themselves against the North American ideals, whereas others still seemed more influenced by their culture of origin. Therefore, further investigation on cultural influences is important for future research to more accurately measure the cultural impacts on body image.

Control. Another interesting measure of body image and self-esteem is the concept of control. Some studies used tests that measured the perception of control people have over their
bodies. Those who viewed themselves as having more control over their bodies reported higher satisfaction with themselves than those who did not feel they had control over how they looked and felt (Jung & Lee, 2006). Determining a more scientific explanation to the question of control could help not only future research on the effect of body image on self-esteem, but also help clinicians when treating clients with body image and/or self-esteem concerns.

**Media influence.** The media is a powerful influential factor in today’s society (Merskin, 2007). How much influence the media has over peoples’ body image and self-esteem has yet to be conclusively researched. Some studies show a strong correlation between media exposure and body image and self-esteem, while others have not been able to show a strong, long-standing effect. Since some cultures, such as the North American culture, can be seen as using media to manipulate sales of beauty products, television shows, and magazines, it is imperative to further understand the longstanding effect of media on body image and self-esteem.

**Social class influences.** Along with the media, one’s social class can also be a contributing factor to body image and self-esteem. One study (Abell & Richards, 1996) revealed those in a higher class society place more emphasis on their appearance than a lower class society. This emphasis on appearance may
In order to fully understand the concepts of body image and self-esteem, and how they affect one another, further research should be done to examine the effects of social class on personal attitudes and perceptions.

Age. Finally, body image and self-esteem are measures that are carried throughout life. The measures may change as people age and go through different stages of development, but the attitudes and perceptions are still there. The studies discussed included participants from a variety of age groups, from children and adolescents to college-aged adults and middle-aged women (McAllister & Caltabiano, 1994).

These studies began to uncover differences in perceptions at different ages and stages, but a comprehensive view of cause and effect has not yet been discovered. Factors like age at which one begins puberty (Clay et al., 2005) and relationship with parents (B.K. Mendelson et al., 1996) may affect the perceived body image and self-esteem of both males and females. More understanding of how our perceptions and measures of our body image and self-esteem change over time could again lead to more clinical opportunities for encouragement and education.

Conclusion

In summary, researchers have been able to prove that for most people, their body image can have an impact on their self-
esteem. People are likely to view themselves from a critical, subjective viewpoint, which leads researchers to rely on questionnaires and self-reported data from clients. Common instruments in gauging one’s body image and self-esteem are body drawing rating scales, the Rosenberg Self-Esteem scale, and appearance schema inventories. These instruments provide researchers with insight into peoples’ perceived body image as well as their self-esteem.

Researchers and clinicians need to be aware of potential confounds and limitations of the aforementioned findings. The research from the current literature review was done on limited age and ethnic groups, thereby preventing the findings to be generalized to the population as a whole. In addition, researchers are beginning to tap into the effects of gender as it relates to the level of information revealed by clients in research experiments. This provides an interesting dynamic when reporting that females’ self-esteem is more affected by their body image than males. McAllister & Caltabiano (1994) and Polce-Lynch et al. (2001) have revealed this potential confound and have opened the doors for future research on emotional expression and restriction.

Additional future research on the impact of body image on self-esteem should include digging deeper into the subjects of gender roles and media and cultural influences (Clay et al.,
2005). The researchers in the current literature review have documented how differences in gender role and internalization of media and culture can affect body image and self-esteem, but more research could be done as to how to mitigate the impacts. Since these areas of influence are nearly impossible to avoid, further information could provide even stronger evidence and direction for improving body image and self-esteem.

The research provides clinicians with insight and ideas for working with clients who are suffering from a distorted body image and/or self-esteem. The studies reveal the importance of looking beyond the clients’ self-reported presenting problem and facing distorted images from different angles, such as: education, diffusion of media images, and promoting an overall healthy lifestyle. This insight is essential since the research concluded that peoples’ perceived body image contributes to their determination of self-worth.
References


