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Why a Negative Body Image? A Study on Gender, Social Media, and Mass Media

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Eastern Illinois University

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Why a Negative Body Image?

A Study on: Gender, Social Media, and Mass Media

By
Taryn Bland Teeters

THESIS
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
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CHARLESTON, ILLINOIS

2018

YEAR

I HEREBY RECOMMEND THAT THIS THESIS BE ACCEPTED AS FULFILLING
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ABSTRACT

This study was designed to identify the contributors to body image (BI) dissatisfaction. The factors affecting the adult body image and the extent of their consequences were examined. This study attempted to determine the extent to which these individual’s peers, the mass media, and social media affect their BI, body shaming, and the individual’s shame of others.

An anonymous online questionnaire was utilized and sent to participants by snowballing through the use of Facebook and email. Participants were asked to identify their age, gender, pleasing and displeasing body parts, their use of social media, and an overall rating of their BI satisfaction. Correlations, t-tests, and descriptive statistics were used to analyze the data.

The findings of this study indicated males have a higher BI than females; negative BI decreased with age; heavy social media was related to a negative BI, accordingly and significantly, light Snapchat users had a more positive BI. Overall, participants displayed a negative body image, which type of media and the amount of time affected spent utilizing the media outlet. Also, males displayed a body satisfaction when compared to females.

The findings revealed important BI insight. However, new research could ascertain the connection between the cellphone addiction, social media (presented by the phone), and body image. The constant use of cellphones to access social media could contribute to body dissatisfaction. There is also a need to investigate the destruction the factors contributing to body image cause to the individual. If a
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connection between poor BI, mental problems, and cellphone addiction can be made, healthcare professionals could truly treat the individual as a whole.
DEDICATION

I dedicate this to everyone struggling with body image. I hope that all sufferers learn to overcome their struggles by accepting their bodies for its imperfections in all its glory. Our imperfections make us unique! I would also like to dedicate this to my husband, Bill. You put up with me during a crazy time where I was writing my thesis, taking grad courses, teaching high school and junior high students, planning a prom event, planning a wedding, and seeking intense medical treatment for a recent diagnosis of Multiple Sclerosis. When stress threatened to overcome me, you showed me the joy in life. You kept me going and now it is my hope that individuals struggling with life can find their ray of hope and joy.
ACKNOWLEDGEMENTS

First, I would like to thank my husband Bill. Without Bill, this thesis would not have come to fruition. For five years, I taught junior high and high school with the sole purpose of surviving my first few years of teaching. Bill encouraged me to make more of myself by applying and working through grad school. I fear I would not have gone to grad school without his encouragement.

Second, I would like to thank my professors, Katherine Shaw, Melanie Burns, Lisa Brooks, and Nichole Hugo. Writing, collecting and analyzing data, rewriting, rewriting, and rewriting could not have happened without you. My thesis is better than I imagined because of each of you and I am truly thankful for each of you. I am sure you will be thankful to see me finally graduate from EIU!

Third, I would like to thank both sets of parents. My parents, Kurt and Vickie, their visits to my house were few and far-between because I was always writing a paper that they thought would only be five pages long and take two weeks to write. Little did they know, that I would write nearly sixty pages for three years! My in-laws, Tom and Jeannette, they tiptoed around me as I sprawled my paperwork across their kitchen table, writing constantly, and begging for a proofread.

Finally, I would like to thank all of my friends and family members, who put up with me as I spoke constantly about my thesis. Their constant support encouraged me to keep going during times where life became too busy to function properly.

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CHAPTER 1

Introduction

Negative body image has been a topic of intense debate amongst men and women of all ages since the sixth century BC (Eco, 2004). Body image (BI) is a multidimensional concept that widely describes the internal and subjective perceptions, thoughts, feelings, and behaviors about an individual’s appearance (Ferrari, Martins, Pelegrini, Matheus, & Petroski, 2016). Individuals strive to be accepted by his or her peers, such as by having the “right” hair, body, clothing, and essentially anything that is considered acceptable by their peers (Collins, 2003). When rejected by his or her peers, being subjected to constant daily teasing and torment, a victim slowly changes his or her patterns of behavior (Dzurec, Kennison, & Albataineh, 2014). These factors can lead the victim to isolate him or herself and adopt extreme diet restrictions and unhealthy weight control practices (Ribeiro-Silva, Fiaccone, Conceicao-Machado, Ruiz, Barreto, & Santana, 2017). Based on the results of a recent body image dissatisfaction study, 78.1% of young girls (n = 776) were dissatisfied with their current body size, even though 50% of the girls had normal body mass indices (BMIs) (Latiff, Muhamad, & Rahman, 2017).

Today, society relies on social and mass media more than ever. Users are never passive utilizing each media type involves constant and active engagement (Salomon, 2017). Media sources have a very important relationship with an individual as they have the unique ability to connect the individual with an abundance of information, such as any image one desires, news, fake news, celebrities, friends, family, online communities, and more. The individual has the power to constantly
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and continuously access anything he or she desires (Salomon, 2017). Both avenues have influence over the way the individual perceives him or herself and the desire to become what society presents as the ideal persona. The impact of social comparison to thin models in advertising creates negative body perceptions (Sohn, 2009). These images utilize social comparison to affect one’s satisfaction with his or her body image (Sohn, 2009). A negative body perception is likely to be found while comparing one’s self to extremely thin models. Negative perceptions transfer to the individual via social media, mass media, technology, and by peers by shaming and bullying individuals with undesirable characteristics.

The use of social media has become abundant. In 2016, 68% of U.S. adults were on Facebook, 28% were on Instagram, and 21% were on Twitter (Norton, 2017). Therefore, some may find it difficult escape technology’s grasp. This constant access to media brings body image concerns to the forefront more now than ever. Mass media and social media increase the frequency of social comparisons. The individual can develop harsh judgments towards him or her when images are encountered, which facilitate obsessive grazing or unenthusiastic thoughts and emotions. (Moran, 2017). Not only do individuals have unlimited access to mass media images, but also can be streaming these unrealistic images continuously throughout the day (Sohn, 2009). Individuals can no longer turn his or her problems off at the end of the day due to the constant barrage of technology—social media, mass media, and media icons—surrounding him or her.

Media effects build over time through the use of heavy television watching with heavy television viewers being more likely to perceive the real world as an
imaginary-television-created world (Gerbner 1998; & Von Vonderen & Kinnaly, 2012). Heavy television-watching individuals allow the bias of television to alter their perception. Essentially, the media dictates the ideal body image an individual should strive to become. Heavy television use often serves to reinforce negative attitudes towards body image concerns (Shrum, 2009; & Von Vonderen & Kinnaly, 2012). The viewers’ life experiences affect his or her perceptions. If a viewer’s life experiences are similar to that of the media icon being viewed, he or she will be more affected by the media icon (Shrum & Bischak, 2001).

Media icons are often viewed as successful and socially desirable (Von Vonderen & Kinnally, 2012). A media icon’s success is also viewed as if the success is due to the thin ideal he or she portrays. Overweight media icons have been shamed, ridiculed, and made fun of by the media (Von Vonderen & Kinnally, 2012). With over half of the female beauty icons meet the medical criteria for the eating disorder anorexia nervosa (Wiseman, Gray, Mosimann, & Ahrens, 1992; Von Vonderen & Kinnaly, 2012). Thinness is viewed as beautiful, desirable, and creates success (Harrison, 2000). This exposure could lead many to strive to obtain an unrealistic body image.

**Purpose of the Study**

The purpose of this research is two-fold 1), to investigate the factors affecting the adult body image; 2), to determine what extent these factors have on the adult. This study attempted to determine the extent to which the participant’s peers, the mass media, and social media affected their body image, body shaming, and the individual’s shame of others and to identify and better understand the relationship
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body image has with the individual and his or her peers, mass media, social media, and media icons.

Research Questions

This research will address the following questions:

1. To what extent does perceived body image vary by gender?
2. To what extent does perceived body image vary by age?
3. What is the relationship between hours of media watched and perceived body image?

Assumptions

The researcher assumed that the participants were familiar with technology and social media.

Operational Definitions

Terms used throughout this study include:

1. Body Checking – An obsessive-compulsive disorder, which involves examining and comparing one’s appearance to another’s (Kraus, Lindenberg, Zeeck, Kosfelder, & Vocks, 2015).
2. Body Dissatisfaction – A negative biased assessment of the mass and silhouette of one’s own body (Joseph & Shiffrar, 2011).
CHAPTER 2

Literature Review

In this literature review, the history of body shaming was examined by delving into the history of dieting, Chinese Footbinding, and various aspects of body shaming throughout the ages. How social media, mass media, and media icons influence the individual's body image was also discussed.

Overview

Body image is a multifaceted experience that includes the following aspects and components: "First, a social or external cognitive component; Second, an internal self-evaluative component; Third, an emotional component; Fourth, a behavioral component; Last, a physiological component" (Gilbert, 2011, p. 5-6). Body image is complex and includes feelings, cognitions and actions, tendencies with complexions that vary from person to person.

Body shaming is a relatively new concept. Many characteristics of the self can be experienced in the form of shame, such as feeling ashamed of emotions (e.g., one's anxiety, anger or sexual feelings); behaviors (e.g., things one has done in the past); perceived personality traits (e.g., laziness or carelessness) or even states of mind (e.g., mental illness) (Gilbert, 2011).

Shame is rooted deep within society. Often it is accompanied by the following characteristics: competition for attractiveness, social attractiveness (e.g., acceptance into a group via intelligence, wit, and sporting ability), defense mechanisms/behaviors, attention mechanisms, threats, submissive behavior, and the desire to feel safe (Gilbert, 2011). Shame is routed in our evolved strategies to be
attractive while we engage others in relationships that are beneficial to our reproductive interests. Shame can be characterized as a defensive response or pattern of responses to threats and losses of social attractiveness (Gilbert, 2011).

Humiliation and embarrassment about one’s appearance often accompanies feelings of shame and feel as if they have failed to meet societal standards and expectations (Burnette, Hoyt, Dweck, & Gussman, 2017). Rumination and other coping strategies can be used to combat the feelings of shame society places on the individual. Combative strategies are presented differently in each individual person. Some examples include: striking out at others with words, binge eating or starvation, and intense negative self-evaluation of one’s own body (Gilbert, 2011).

**Beauty Modification Throughout History**

Body image is not a new topic. For many centuries, society concerned itself with image standards (Grogan, 2017). Beauty modification began as early as the thirteenth millennium BC and is expected to continue well into the future (Eco, 2004). Beauty (body) modification is identified as any method of adorning the body to make it beautiful (dictionary.com, 2017). During the sixth century BC, proverbial verses were written by ancient poets, which described beauty as being eternally loved, and ugliness as being unloved. Oracles described beauty as being most just, harmonic, and symmetrical. Ancient writings, drawings, and statues depicted an ever-changing beauty with Socrates and Plato believing beauty to be spiritual and found in the eyes. One expressed his or her soul through the eyes, thus the eyes were painted to elaborate the beauty within (Eco, 2004). During the sixth century BC,
proportion and symmetry were commonly known to be beautiful. Paint was used to
give the illusion of symmetry and could be achieved by many.

During the fourteenth century, ornamentation made the ugly valuable. Natural
ornaments, such as the navel, gums, and breast, as well as fine jewelry and clothing
were thought to have beauty. Color was used to illustrate beauty and status. Blue
symbolized the gods; red signified the devil, courage, and nobility; yellow showed
cowardice—also being similar to gold, it implied the brightest and most valued; and
green represented rebirth.

During the fifteenth century, Renaissance women used cosmetics and devoted
much time to their hair. Conversely, men became symbols of tough-haughty-
power—in love with themselves. They flaunted their power through their fat
physique. During the eighteenth century, women became more modest by concealing
their breast. Illness spread quickly during the Renaissance, thus making the look of
death and decay unflattering. Medications became a desired salvation used to make
the body beautiful again (Sawday, 1994).

During the twentieth century, the invention of machines brought about a new
beauty, the beauty of consumption. Fashion canons represented the beauty of
consumption by posing for pictures in magazines and billboards; staring in runway
shows, movies, television shows, and commercials. Consumers were bombarded by
the propaganda made public by fashion cannons. Consumers wore designer jeans and
clothing and made up their hair and makeup to resemble the model on a glossy
magazine cover. Mass media brought upon a new mode of beauty attention. The
mass could sculpt one's beauty with no avail, surrounding the consumer with beautiful images from all over the world unceasingly (Eco, 2004).

**Body Image and Shaming Throughout the Lifespan**

During the twenty-first to sixteenth century B.C., young Chinese girls' feet were bound. The act of foot binding included adding layers of bandages non-stop, which slowly putrefied their toes—crushing them under their soles—causing their heels to meet their toes. A perfectly bound foot was three inches long and one and a half inches wide. An unbound foot brought shame, humiliation, dishonor, and societal rejection to the child and family. A child with an unbound foot reprimanded with physical pain, which brought upon intense feelings of shame. Many girls committed suicide to release the agony brought upon by the shame (Ping, 2000).

In the United States, body image in childhood and adolescence is broken into three areas: an adult female body; the start of menarche and menstruation; and sexual abuse of the child. Each of the indicated areas contributes to the development of adolescent body image and perhaps the development and maintenance of eating disorders (Gilbert & Thompson, 2011).

Body image during adolescence endangers the adult female body by not having enough fat stores to achieve milestones such as puberty, pregnancy, and menopause (Striegel-Moore, 2000). Children as young as five, begin feeling shame for the fat stored within their bodies. Young teenage girls starve themselves to attain an anorexic look. Fashion magazines, advertisements, shows, and movies equate attractiveness with happiness and portray beauty as an unattainable thinness.
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(Tiggemann, 2012). Young adolescents are willing to do anything necessary achieve the ideal body type to prevent feelings of body shame.

During adolescence dramatic bodily and emotional changes occur. Female puberty changes consist of breast development, the accumulation of stomach fat, hip growth, pubic hair growth, and they begin menstruation (Gilbert & Thompson, 2011). Puberty is a confusing time for young girls. They do not understand what is happening to their growing bodies during a time where they are feeling pressured to present themselves in an extreme thinness. Intense feelings of shame are displayed when they cannot live up to societal body norms. Menstruation is associated with fear and repulsion. Girls feel repulsed and embarrassed by their bodies. Menarche happens earlier than in the past. Feelings of shame are intensified by the fast track into adulthood (Lashbrook, 2000). Earlier menarche is linked with the tendency to participate in sexual intercourse earlier than later maturing girls. Their peers treat earlier maturing girls like outsiders, causing them to feel intense shame about their adult-like bodies (Gilbert & Thompson, 2011).

Sexual abuse causes feelings of body shame. The highly subordinate position the abused is placed in causes the abused individual to feel vulnerable, powerless, and like an object. The abused feels intense shame when placed in social situations and will voluntarily isolate him or her in attempts to be freed from the shame. Feelings of shame disconnect the individual with society, triggering eating disorders and drug use (Wonderlich, 2001). Once an eating disorder is established, shame about the eating disorder brings upon more intense feelings of body dissatisfaction. Anxiety, perfectionism, and self-objectification accompany eating disorders among women.
Eating disorders strengthen body shame and the desire to conform to societal standards (Gilbert & Thompson, 2011).

Many American women are not happy with their bodies (Grogan, 2017). In fact, body dissatisfaction is considered the norm. Surveys show that a large majority of middle-aged women are actively pursuing weight loss. Universality of judgment made a subjective concept known as “beauty” a universal value which everyone must share. Throughout history, beauty changed. Consumers adapt to the change by changing their ideals, mindsets, and bodies (Eco, 2004). When a group of 70-year-old women were asked if they thought themselves to be elderly, each exclaimed “no, no, no”. One woman described her husband’s grandmother as elderly, but she, a 70-year-old woman, was not (Paoletti, 1998). Throughout history, women of all ages experience the “denial of aging” which is considered detrimental to self-body image. However, some social environments foster positive self-image where others do not.

Paoletti (1998) studied the process of aging and being an older woman. According to her study, women feel trapped by stereotype, which leads to the skillful play of the production of a positive self-image. Aging is a deviant phenomenon process of the unavoidable and detrimental decline of health, competence, and beauty. The women participating in Paoletti’s study state they no longer have the immaturity and worries of the young. They are mature, seasoned women who can afford to modify their bodies to keep themselves lice free and beautiful. Paoletti calls these women’s strategies “coping methods” motivated by the desire to resist and deny aging (Paoletti, 1998).
Old age is commonly associated with poor physical health (McKee & Gott, 2011). Later in life, old age carries negative connotations. When an older person’s body no longer functions as desired, shame becomes a pertinent feeling or characteristic. Shame associated with aging has been separated into the following categories: falls, sexual functioning, and the degrading body—both in terms of functionality and beauty.

According to McKee and Gott (2011), falling is the sixth leading cause of death in the older generation. Fall-related injuries include short-term and long-term recovery. Falls can be related to an unexpected loss of control and decreased physical capabilities. Feelings of hopelessness and shame are accompanied by the independence that is taken away from the aging, as he or she can no longer care for him or herself. Self-blame, self-consciousness, failing to meet standards, and negative social comparisons contribute to personal unattractiveness and shame in a world full of social objectification (McKee & Gott, 2011). Shame becomes involuntary as a response to body betrayal.

Beauty is treated cosmetically. Many women begin this cosmetic journey by painting her nails, wearing makeup, and putting streaks of color in her hair. Eventually, she turns towards anti-aging cosmetics such as anti-wrinkle creams and anti-grey hair dyes. These cosmetics are used to attempt to return the body to a younger age (Bon, 2001). Plastic surgery is also used in attempts to fulfill a “Phantom Baby Theory”, which states that perfection and beauty is based on shapes and volumes the constitute youthfulness. Beauty is balanced and exudes perfection. Women all over the world utilize body-modifying devices in order to achieve a
youthful representation of beauty. Beauty-modifications are used to treat the social constructions of femininity through the use of advertisement, social networking, media icons, and body shame (Buitenhuis, 2014). Old age brings about shame in both males and females. Beauty modification, anti-aging products, and medications are used to treat the shame felt by older individuals (McKee & Gott, 2011).

**Body Image: Assessment and Measurement**

Shame is associated with the measurement of attitudes and feelings about the way one’s body looks and the body image distortion associated with the individual (Carr, 2011). The majority of appearance-related measures emphasize only a subcategory of the shame dimensions. Initially, body image measurement focused on only two aspects of physical appearance. These include, the cognitive dimension, which includes, body size, concept, and boundaries; and the affective dimension, which is associated with emotional responses and attitudes about overall appearance and specific body parts. Currently, body image encompasses perceptual, affective and cognitive dimensions of body awareness. Throughout the years, data has been collected significantly about the female body image. Currently, more research is needed pertaining to the male body image (Carr, 2011). Though not as many studies pertaining to the male body image exist as do the female body image, some recent male-centered research pertains to sexual orientation, body mass index, sexual functioning, muscle building, and body checking (Frederick & Essayli, 2016 & Foster, 2016).
Body Image: Disfigurement

Disfigurements are defined as potentially noticeable differences in appearance that are not customarily accepted (Kent & Thompson, 2011). Disfigurements can be caused by diseases (such as Parkinson's and psoriasis), surgery, blemishes and/or acne, burns, and being visible different. Being physically different can affect a person in multiple ways such as through discrimination, the overall state of well-being, and through intense feelings of body shame.

Psoriasis is a common skin disease, which affects 1-2% of the white British and American population (Miles, 2011). Psoriasis affects the afflicted to a varying degree. However, generally speaking, psoriasis presents itself as a thick, red, scaling covering the body in itchy patches, which often puncture and bleed. Incurable, psoriasis gains the afflicted much unwanted attention. Negative attention inflicts the individual with unwanted feelings of shame (internal and external).

Severe forms of acne such as acne conglobate, acne fulminans, and gram-negative folliculitis. These forms of acne are associated with gross disturbance of the skin and can cause extensive scarring. Commonly, adults and adolescents struggle with acne vulgaris—the most common form of acne, which bring about feelings of body shame. Severe acne can leave the inflicted red-faced, pocketed, bloody, and pussy. Acne-related body shame is linked to social avoidance, concealment, and submissive and defensive behaviors. A large number of the population suffers from acne-related body shame (Kellett, 2011).

Burn injuries disfigure by causing long-term scarring, changes in skin color, and changes in body contour (Coughlan & Clarke, 2011). Surgical repair is
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expensive and can take months and years. Often, medical treatments only make burns less visible. Often they will improve, but not repair the disfigurement. Studies report high levels of social anxiety and body shame related to burns.

Self-schema, which is the association with increased anxiety about social encounters—often afflicts disfigured individuals. Many individuals feel betrayed by their parents by provoking feelings of body shame upon them. These individuals also feel self-conscious because of the constant stares they receive from friends, family, and strangers. According to Kent and Thompson (2011), throughout the ages, interventions such as medical, community, cognitive, and social training have been completed. Recent studies have been made in both understanding the experiences of those affected by disfigurement. Interventions are being designed to alleviate distress and feelings of body shame. (Coughlan & Clarke, 2011).

Body Image: Disordered Eating Behaviors

Shame and pride both play important roles disorder in the formation of disordered eating behaviors (Goss & Gilbert, 2011). Personal shame about one’s weight often leads to a diet change, which is seen a weight-controlling solution to the shame. The ability to resist desires can be built into the individual’s self-identity. The initial desire to “control” eating behaviors can combat immediate body shame. Early studies revealed that anorexia and bulimia stem from body shaming regarding the level of perceived fatness. This fear of fatness is often related to body appearance, and not health issues, with restrictive dieting behaviors employed to manage emotional distresses, such as fear of rejection. (Goss and Gilbert, 2011).
However, the fear of fatness can also lead to greater amounts of long-term body shame.

Body Dysmorphic Disorder (BDD) is defined as an obsession with an imagined defect in one's appearance (Veale, 2011). Individuals suffering from BDD appear normal, yet believe themselves to be malfunctioning or horrid and may think of themselves repulsive. For example, when someone with BDD looks into the mirror, she might see herself as a person with elephant skin; when in fact she is completely normal in appearance. BDD is considered puzzling by researchers because there is no visible basis for the disorder.

The most common forms of BDD include preoccupation with the nose, skin, hair, eyes, eyelids, mouth, lips, jaw, and chin. Complaints involve imperfections and slight flaws such as thinning hair, body feature size, acne, wrinkles, scars, vascular markings, paleness or redness, asymmetry or lack of proportion. BDD patients are often depressed, unemployed, have intense feelings of body shame, are socially isolated, and at high risk for suicide. Many BDD patients perform “do it yourself” surgeries when their doctor refuses their request.

BDD patients often fail to reveal their main symptoms of depression, social phobia, or obsessive-compulsive disorder when a doctor is finally consulted. BDD individuals are often classified as a psychopath. Perfectionism, symmetry, and social acceptance are intensely valued by BDD patients. BDD patients groom just like everyone else. However, along with practicing traditional grooming used by non-BDD individuals—such as shaving and applying makeup—BDD patients also
practice mental grooming, which include pulling their faces into many different expressions with the intent to undo body shame (Veale, 2011).

**Body Image: Peers, Mass Media, Social Media and Media Icons**

Mass media, media icons, and peers blend together via social media. Each variable can be found streaming to the fingertips of countless individuals all over the world. Many report a negative body image after viewing appearance-focused music video clips on Facebook and Twitter (Prichard & Tiggemann, 2012). Media is connected to overall body dissatisfaction and shame through links between attitudes, social, and environmental factors (Van Vonderen & Kinnally, 2012).

Mass media and media icons are closely tied to an individual’s identity. The amount of time spent watching media, or genres within them, are not related to body shame. However, the extent to which individuals identify with the characters depicted within each type of media that is a significant predictor of body shame (Bell & Dittmar, 2011). While watching television, an individual will identify with the character (media icon), which most closely resembles him or herself. Feelings of shame are associated with the negative body checking associations. For example, if the individual compares himself to the media icon in distaste for various reasons (e.g. he believes himself to be less muscular than the icon) a negative body image will be portrayed. Negative body image causes feelings of shame.

**Social media use among young adults.**

According to a social media study, adolescents spend an average of seven hours utilizing many forms of media each day (Strasburger, Jordan, & Donnerstein, 2010). These forms include, Television, Facebook, Twitter, YouTube, Instagram,
Snapchat, Google+, Vine, Tumblr, and Polyvore. Among the listed social media websites, users are given the power to post pictures, videos, and stories about themselves and those found on the web. These sites allow users to create friend groups, chat with one another, send content to one another, and continuously engage with one another. Multitudes of newsfeed, allow users to constantly track what friends, acquaintances, and celebrities are achieving. Many adolescents partake in the use of social media sites, 71% utilize Facebook; 52% use Instagram; 41% follow Snapchat; 33% operate Twitter, Google+, and Vine; 17% belong to online discussion boards; and 14% participate in Tumblr (Lenhart, 2015). Endless accesses to social media sites do not allow the user to step away from body image.

Social media sites do positively benefit the user. Participants can form new relationships by creating and participating in online profiles; immerse one’s self in diverse social networking by viewing unique artistic, musical, and cultural endeavors; and are presented with the opportunity for personal expression and self-exploration (Moran, 2017). Technology connects those whom could not be connected before. On the contrary, social media elicits negative social comparison by viewing an unrealistic profile about an idolized person or celebrity, which elicits harsh self-evaluation. Negative self-evaluation leads to body image disorders; therefore, connecting a negative body image to the use of social media (Vogel, Rose, Roberts, & Eckles, 2014).

Summary

Chapter two focused on the history of body shaming, shaming throughout the lifespan, the development of eating disorders, body disfigurement, and shame created
Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media

by various forms of media. Social factors could be seen as a major underlying reason to shame and feel shamed.
CHAPTER 3

Methodology

The purpose of this research is two-fold 1), to investigate the factors affecting the adult body image; 2), to determine what extent these factors have on the adult. This study attempted to determine the extent to which these individual’s peers, the mass media, and social media affect their body image, body shaming, and the individual’s shame of others. This cross-sectional, survey design quantitative study utilized a deductive approach by the researcher.

Research Questions

This research addressed the following questions:

1. To what extent does perceived body image vary by gender?
2. To what extent does perceived body image vary by age?
3. What is the relationship between hours of media watched and perceived body image?

Population and Sample

Six hundred and forty seven participants completed the anonymous online questionnaire. Of the 647 participants, all questionnaire items were answered. None of the 647 respondents were removed from the study. A small sample was anticipated (200 responses) for this study because the researcher had a very small pool of people to survey (300 Facebook friends). The population came from multiple states throughout the U.S., predominately the Midwest and East coast. The participants’ ages ranged from 19 to 82-years-old (M = 34.60), the majority of the participants were 31 (34%).
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The following genders were removed from the data set because there were too few people within each gender to calculate meaningful data: female (identify as male), gender nonbinary, genderfluid, does not identify with male and female genders, and transgender (female to male). The majority of participants were female. The full list of demographics include: Female (90%), male (9%), Female (identify as male) (0%), Gender nonbinary (0%), Genderfluid (0%), does not identify with male and female genders (0%). Findings indicated that 93% of the participants identified themselves as Caucasian, 2% as Bi-Racial, 2% as Hispanic, 1% as African American, and 0% as other.

Pilot Testing

A pilot study was conducted for this research in November 2016 using Google forms. The purpose of this study was to evaluate the clarity, readability, accuracy, and validity of the questions. A committee of three professors reviewed the questionnaire to determine a clear connection to the researcher’s research questions. Validity was obtained because the group determined that the questionnaire connected to, and answered the research questions (Professional Testing Inc., 2006). The questionnaire was administered to a small sample of the researcher’s coworkers to determine reliability. Five females and five males completed the questionnaire and provided feedback with changes utilized to clarify and focus the questions. The participants made many comments, which indicated the changes they thought needed to be made. The questionnaire was revised and sent to the same group of people. Again, the participants were asked to make comments pertaining to changes that could be made. The participants made positive comments, which agreed with the
changes that were made to the questionnaire. Reliability was obtained because the questionnaire was administered twice to the same group of people and was determined consistent and readable (Professional Testing Inc., 2006).

**Data Collection**

A questionnaire (Appendix A) was administered to the researcher’s Facebook friends and coworkers on Saturday, November 4, 2017. This sample was a convenience sample because the first receivers of the questionnaire had a personal connection with the researcher. The questionnaire was obtained anonymously and every participant was given an equal opportunity to complete the questionnaire (Patton, 2014).

Snowballing was used to locate the large group of participants for this study. The researcher did not personally know the participants (Patton, 2014). The questionnaire was shared via Facebook and an email to the researcher’s coworkers. Facebook users and the coworkers completed the questionnaire and shared the questionnaire with his or her friends who also completed the questionnaire, which was shared again (continuing the process over and over again). Upon opening the link, participants were given this prompt to read,

“ATTENTION, this study attempts to examine the adult body image. Please complete the questionnaire ONLY if you are at least 18 years of age. This is a completely anonymous questionnaire. The information provided will not be linked to you in any way, shape, or form. By completing this questionnaire, you are consenting to allow the data provided to be used for research purposes. This questionnaire will provide vital research for a body image thesis. Thank you for participating!”
Next, participants answered 9 questions about body image. Upon the completion of the questionnaire the participants were thanked and given the opportunity to visit 6 websites who offer support to anyone suffering from a negative body image. One week later, Saturday, November 11, 2017, the questionnaire was closed. In total, 647 participants completed the questionnaire.

**Data Analysis**

Data screening procedures utilized SPSS to organize the data into many groupings (data sets). The researcher carefully inspected each data set during the interpretation of the data. To determine validity and reliability 2 T-tests, 1 Pearson correlation, and 10 frequencies were computed by SPSS. 647 participants completed the questionnaire and 0 participants failed to answer every question.

After receiving IRB approval as exempt criteria (see Appendix B), the study gathered data from 647 participants over a period of seven days employing snowball sampling. Snowball sampling was used because the researcher did not have a large amount of time, resources, and participants to draw from. A questionnaire was distributed to the researcher’s Facebook friends and coworkers. Each participant was instructed to complete the questionnaire to be shared with others. Per an IRB request, minors were explicitly instructed not to complete the questionnaire and resources to help individuals with body image issues were offered to each participant.

Data were analyzed using descriptive statistics, which allowed the researcher to visualize the data in order to draw easily seen conclusions (Patton, 2014). The descriptive statistics that were computed included: participant gender, ethnicity and age. The Inferential statistics computed included: correlations and t-tests. Research
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questions number one and three were computed by running frequencies and t-tests. Correlations were used to answer the second research question. Again, all genders except male and female genders were removed from the data set because there were too few people within these genders to calculate meaningful data.

In order to answer research question number one, "To what extent does the perceived body image vary by gender?" a t-test was computed because the two variables "age" and "gender" are dependent upon one another (Patton, 2014). Participants were asked: "What is your gender; which do you negatively about your body; and which do you positively about your body”.

Questionnaire question number four asked, “Which do you view negatively about your body?” Participants were asked to identify the following attributes body weight (under and overweight), muscle tone; skin; hands; feet; facial hair; body and head hair; facial features; eyes, eyelashes, and eyebrows; lips and teeth; ears; neck; shoulders and collarbone; waist; hips; butt; genital appearance; legs; and other. They were given the option to check all that apply. Frequencies were used to calculate the data. Males and females were separated and described in a table. The data allowed the researcher to compare and contrast the attributes based upon gender.

Questionnaire question number five asked, “Which do you view positively about your body?” Participants were asked to identify the following attributes body weight; muscle tone; skin; hands; feet; facial hair; body and head hair; facial features; eyes, eyelashes, and eyebrows; lips and teeth; ears; neck; shoulders and collarbone; waist; hips; butt; genital appearance; legs; and other. They were given the option to check all that apply. Frequencies were used to calculate the data. Males and females
were separated and described in a table. The data allowed the researcher to compare
and contrast the attributes based upon gender.

In order to answer research question number two, “To what extent does
perceived body image vary by age?” a correlation was computed because the
relationship between the continuous variables “body image”, which was turned into a
number by the researcher and “age” were being examined (Patten, 2014).

Participants were asked: “What is your age and what is your self-assessment about
your body image?” On a scale of 1-5, participants were asked to rate their body
image. The researcher categorized each score as follows: 1 – 2 represented a positive
body image, 3 represented a neutral body image, and 4 – 5 represented a highly
negative body image.

In order to answer research question number three, “What is the relationship
between hours of media watched and perceived body image?” a t-test was computed
because two variables “hours of media watched” and “perceived body image” were
dependent on one another (Patton, 2014). In order to compute the numbers of hours
spent watching each of the hour ranges were turned into simple numbers. One
represented zero hours, two represented less than one hour, three represented 1-2
hours, four represented 3-4 hours, five represented 5-6 hours, six represented 7-9
hours, and seven represented ten or more hours. Participants were asked: “What is
your self-assessment of your body image (highly positive-highly negative); which
media outlet has the greatest impact on how you view yourself; true or false: the more
time I spend on social media/watching television or movies the worse I feel about the
way I look; and how many hours on average per week do you spend on the following
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(TV, cable, or streaming; browsing Facebook or Twitter, watching movies, playing video games, reading magazines, reading electronic or print newspapers)? The researcher removed all neutral body image in order to specifically compare and contrast negative and positive body image. This study focuses on positive and negative body image.
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CHAPTER 4

Results and Discussion

The purpose of this research is two-fold 1), to investigate the factors affecting the adult body image; 2), to determine what extent these factors have on the adult. This study attempted to determine the extent to which these individual’s peers, the mass media, and social media affect their body image, body shaming, and the individual’s shame of others.

Research Question 1: To what extent does perceived body image vary by gender? Based on the results of this study, males have a more positive body image than females, with mean body image assessment scores of 2.74±.95 and 3.1±.95 respectively (see Table 1). The difference was not significant (t(640) = -2.85, p > .05). When asked to identify specific body attributes that were viewed either positively or negatively, 80% of the males surveyed believed themselves to be overweight, while 73% of the female participants felt overweight. Fifty-seven percent of the male participants and 41% of the female participants disliked their muscle tone with 21% of the males and 45% of the females claimed had a distaste for his or her waist. Substantial differences were noted between genders for the following: facial hair, breasts, genital areas, and neck. Minimal differences were noted between genders for the following: body hair, underweight, hands, shoulders, and collarbone (see Table 2).
Table 1

*T-test of male vs. female self-body image assessment*¹

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>61</td>
<td>2.74</td>
<td>.947</td>
</tr>
<tr>
<td>Female</td>
<td>581</td>
<td>3.10</td>
<td>.954</td>
</tr>
</tbody>
</table>

¹Participants rated their body image on a scale of 1-5 (one being highly positive to five being highly negative).

Table 2

*Physical attributes chosen by participants (Males, N = 61; Females, N = 581)*²³

<table>
<thead>
<tr>
<th>Physical Attributes</th>
<th>Viewed Negatively</th>
<th>Viewed Positively</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (%)</td>
<td>Female (%)</td>
</tr>
<tr>
<td>Arms</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Body hair</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Body weight (OW)</td>
<td>80</td>
<td>73</td>
</tr>
<tr>
<td>Body weight (UW)</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Body weight</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Butt</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>Chest/breasts</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>Ears</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Eyes, lashes, brows</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Facial features</td>
<td>13</td>
<td>29</td>
</tr>
<tr>
<td>Facial hair</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Feets</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>Genital appearance</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Hands</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Head hair</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>Hips</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>Legs</td>
<td>11</td>
<td>34</td>
</tr>
<tr>
<td>Lips, teeth</td>
<td>23</td>
<td>28</td>
</tr>
<tr>
<td>Muscle tone</td>
<td>57</td>
<td>41</td>
</tr>
<tr>
<td>Neck</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Shoulders, collarbone</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Skin</td>
<td>16</td>
<td>39</td>
</tr>
<tr>
<td>Waist</td>
<td>21</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>None</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

¹Participants chose from a list of negative attributes. They were given the option to check all that apply.

²Participants chose from a list of positive attributes. They were given the option to check all that apply.

³Attributes crossed out with a line, differed from one another because of the two questionnaire questions asked.
In a similar study to this one, Ansari et al. (2014) surveyed 3271 undergraduate students. Of the 3271 students, 1663 identified as female (52.5%, M = age 18.6, SD 1.2) and 1504 identified as male (46.5%, M = age 19.3, SD 1.6). The study discovered that 40% (n = 1663) females and 25.6% (n = 1504) males displayed unfavorable body image. Males reported being more satisfied with their body image than females. Although, body image concerns differed between males and females the study concluded that both genders suffered BI depressive symptoms and believed themselves to be too fat. The study attempted to develop health promotion programs, which could alleviate many health concerns suffered by these individuals.

**Research Question 2: To what extent does perceived body image vary by age?**

Negative BI decreased with age. When asked, “what is your self-assessment of your body image?” forty two percent of the participants between the ages of 18 – 20 claimed to have a negative BI. In contrast, 26% of the 26 – 30 age group ranked a positive BI, and 100% of the 71 – 90 age group declared a neutral BI (see Table 3). Table 3 shows the relationship between age and BI. As the age increases, a positive BI also increases. Consequently, a correlation was computed utilizing each subject’s age and their self-assessment of their body image. There was not a significant relationship between age and body image (p = .89). However, according to table 3, age and body image are related. Positive BIs increase as the age increases.
In agreement with this study, another study (Erbil, 2017) was performed about women’s attitudes towards menopause, depression, and BI during menopause. Women between the ages 38-70 were questioned utilizing a survey tool. The study discovered that women entering menopause with a positive attitude displayed a positive BI and women with a negative attitude displayed a negative BI. Depressive symptoms were dependent on attitude. Negative attitudes fostered depressive symptoms and positive attitudes had the opposite affect. The study recommended women seek accurate health information related to menopause in order to create a positive attitude towards menopause, which in turn, will boost BI (Erbil, 2017).

Conversely, a qualitative study about the middle-aged women’s BI was conducted in Mexico City (Hernandez, Bojorquez, Romo, & Unikel, 2017). The participants of the study were between 35 and 50 years old. It was discovered that BI concerns were triggered by a trauma during the participant’s childhood. These traumas triggered body modification strategies used throughout the span of the
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participant’s life. This study concluded, efforts to satisfy and be accepted by others do not vanish with age.

**Research Question 3: What is the relationship between hours of media watched and perceived body image?** Heavy social media use was related to a negative BI. The more time spent on Facebook, Twitter, and Instagram resulted in a negative BI (see Table 4). On average, people with a negative BI spent the most time (5-6 hours) on Facebook, Twitter, and Instagram (N = 206, M = 5.07). These individuals reported a negative BI. Also, those who spent 3-4 hours viewing television reported to have a BI image (N = 206, M = 4.30). In opposition, Snapchat users with a positive BI spent 2.02 hours per week utilizing the program. Similarly, a T-test was calculated and concluded a significant difference. Participants who spent less time on Snapchat (less than one hour), were discovered to have a more positive BI (t(385) = .099, p = .001). Overall, 206 participants claimed a negative BI, 260 stated a neutral BI and 181 rated a positive BI during the viewing of each media outlet.
Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media

Table 4

T-test of the relationship between hours of media watched vs. perceived body image ($p = .001$)

<table>
<thead>
<tr>
<th>Media Outlet</th>
<th>Self-assessment of body image</th>
<th>Average hours per week using each media outlet</th>
<th>N</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook, Twitter, Instagram</td>
<td>Positive</td>
<td>4.91</td>
<td>181</td>
<td>1.570</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>5.07</td>
<td>206</td>
<td>1.637</td>
</tr>
<tr>
<td>Television (cable or streaming)</td>
<td>Positive</td>
<td>4.59</td>
<td>181</td>
<td>1.574</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>4.30</td>
<td>206</td>
<td>1.631</td>
</tr>
<tr>
<td>Watching movies</td>
<td>Positive</td>
<td>3.03</td>
<td>181</td>
<td>1.301</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>2.91</td>
<td>206</td>
<td>1.427</td>
</tr>
<tr>
<td>Snapchat</td>
<td>Positive</td>
<td>2.02</td>
<td>181</td>
<td>1.434</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>2.33</td>
<td>206</td>
<td>1.608</td>
</tr>
<tr>
<td>Newspaper</td>
<td>Positive</td>
<td>2.13</td>
<td>181</td>
<td>1.376</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>2.04</td>
<td>206</td>
<td>1.245</td>
</tr>
<tr>
<td>Magazines</td>
<td>Positive</td>
<td>1.97</td>
<td>181</td>
<td>1.220</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>1.90</td>
<td>206</td>
<td>1.097</td>
</tr>
<tr>
<td>Playing Videogames</td>
<td>Positive</td>
<td>1.51</td>
<td>181</td>
<td>1.214</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>1.50</td>
<td>206</td>
<td>1.090</td>
</tr>
</tbody>
</table>

Participants rated their body image on a scale of 1-5 (one being highly positive to five being highly negative).

Neutral body image was removed from the data because the study attempted to differentiate between positive and negative body image.

Table 5 represents the number of hours watched by all of the participants in each media outlet. According to the results, social media outlets such as Facebook, Twitter, and Instagram took up the majority of the users time. Conversely, video games, magazines, and newspapers took up the least amount of the participants’ time.
Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media

Table 5

Number of people watching each media source (N = 647)

<table>
<thead>
<tr>
<th>Media Source</th>
<th>0 hours</th>
<th>Less than 1 hour</th>
<th>1-2 hours</th>
<th>3-4 hours</th>
<th>5-6 hours</th>
<th>7-9 hours</th>
<th>10 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td>20</td>
<td>50</td>
<td>139</td>
<td>150</td>
<td>107</td>
<td>77</td>
<td>104</td>
</tr>
<tr>
<td>Facebook, Twitter,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instagram</td>
<td>12</td>
<td>20</td>
<td>107</td>
<td>126</td>
<td>116</td>
<td>102</td>
<td>164</td>
</tr>
<tr>
<td>Snapchat</td>
<td>321</td>
<td>146</td>
<td>79</td>
<td>37</td>
<td>34</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Movies</td>
<td>109</td>
<td>133</td>
<td>219</td>
<td>121</td>
<td>30</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Videogames</td>
<td>478</td>
<td>97</td>
<td>29</td>
<td>15</td>
<td>8</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Magazines</td>
<td>293</td>
<td>198</td>
<td>100</td>
<td>34</td>
<td>12</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Newspapers</td>
<td>267</td>
<td>188</td>
<td>107</td>
<td>46</td>
<td>25</td>
<td>8</td>
<td>6</td>
</tr>
</tbody>
</table>

Participants were asked to determine which media outlet had the greatest impact on their BI. They were given seven options: television, movies, videogames, social media, magazines, newspapers, and other. Figure 1 represents the media outlet that had the greatest impact on the participants' BI. Participants designated social media and television as having the greatest impact on their BI. Magazines, videogames, and newspapers were selected as having the least impact on BI. Overall, 96% (N = 624) of the participants claimed that a source caused them to think negatively about their BI.
A study (Salomon, 2017) was performed on 142 middle school students, 43 boys and 99 girls (M = 12.44). Each student utilized social media sites, and displayed high levels of body checking (p < .001) Social media gives its users the ability to post pictures and judge those posted by others. Social media affects BI. In agreement with this study, the researcher concluded that heavy social media use had the greatest impact on participants’ negative BI. The use of social media has become abundant amongst adults in the United States. In 2016, 68% were on Facebook, 28% were on Instagram, and 21% were on Twitter (Norton, 2017). Mass media and social media increase the frequency of social comparisons. The individual can develop harsh judgments towards him or her when images are encountered, which facilitate obsessive grazing or unenthusiastic thoughts and emotions (Moran, 2017). Not only do individuals have unlimited access to mass media images, but also can be streaming these unrealistic images continuously throughout the day (Sohn, 2009).
CHAPTER 5

Summary, Conclusions, Limitations, and Implications

Summary

The purpose of this research is two-fold 1), to investigate the factors affecting the adult body image; 2), to determine what extent these factors have on the adult. Many factors were examined to determine the effect on the individual’s BI and the cause (peers, mass media, social media).

This chapter presented the findings from data gathered using snowball sampling and an online questionnaire. The findings of this research support the literature review. Participants displayed a fascination with social media and self-reflection. The participants of this study claimed to spend countless hours viewing many forms of media, including social media. Facebook, Twitter, and Instagram were the top viewed sites. As stated by the literature review, 71% of participants in an adolescent social media study, partook in Facebook, 52% used Instagram, and 33% utilized Twitter (Lenhart, 2015).

Research questions were written to identify the relationship between gender, age, media consumed, and BI. The first research question asked about BI and gender. It was discovered that there is not a significant difference between body image and gender. The second research question asked about BI and age. It was discovered that there was not a significant difference between body image and age. The third research question asked about BI and the amount of media consumed. It was found that there was a significant difference between small amounts of time spent on Snapchat leading to a users’ positive body.
Overall, these results demonstrate that age and gender do not have a major impact on BI; Snapchat made uses feel better about their BI the longer they stayed away from it; and Facebook, Twitter, and Instagram consumed the majority of the participant’s time and had the greatest impact on BI. A negative body image could lead to eating disorders, emotional distress, and psychological impairment (Goss & Gilbert, 2011). Thus, a well-informed understanding of the adult body image could help society safeguard against such disorders.

Conclusions

Research Question 1: To what extent does perceived body image vary by gender? Based on the results of this study, males have a more positive body image than females. This study attempted to discover the relationship between the degrees of a negative or positive body image and gender. Men were discovered to have a more positive body image than women; conversely, the results were inconclusive because the sample population consisted primarily of women and no significant difference was found. Future research could benefit by strictly studying the male body image. Future relief and treatment programs could be ascertained for males.

Research Question 2: To what extent does perceived body image vary by age? Negative BI decreased with age. There was not a significant relationship between age and body image. This study attempted to discover the relationship between the degrees of a negative or positive body image and age. Again, the results were inconclusive because the sample population’s ages were too vast in nature. According to other findings within this research, a negative body image is apparent; however, future research could benefit by creating meaningful age groupings to
determine age related body image trends. An 83-year-old is likely to exhibit different body image characteristics than that of a 29-year-old.

**Research Question 3: What is the relationship between hours of media watched and perceived body image?** Heavy social media use was related to a negative BI. The more time spent on Facebook, Twitter, and Instagram resulted in a negative BI. Participants who spent less time on Snapchat (less than one hour), were discovered to have a more positive BI. The participants deemed social media as the outlet that consumed the most of their time and had the greatest impact on BI.

This study attempted to discover the relationship between the degrees of a negative or positive body image and the hours spent utilizing various media outlets. This time, the results were conclusive. The research showed a significant difference between shorter amounts of time perusing Snapchat leading to a higher body satisfaction.

To conclude, participants displayed negative body image, which type of media and the amount of time affected spent utilizing the media outlet. Overall, males displayed a body satisfaction when compared to females.

**Limitations**

While this research presented numerous insights into the adult body image, the study had limitations. The sample population was diverse; however, the population was not representative of the U.S. population. The questionnaire was distributed to the researcher’s Facebook friends. Thus, the results could be considered biased. The study produced a variation in genders; yet, like many body image studies, this research was female dominated and did not contain enough male participants. A vast quantity of ages were represented by this study, this could have
negatively affected the data, like many of these limitations, bringing about inconclusive results.

**Implications**

Many studies have been conducted analyzing the adolescent body image. However, much is lacking about the male and adult body image. Though the study generated promising results, more research is necessary to identify significant trends. The male body image is greatly lacking in research. Males do suffer body dissatisfaction. Further research could assist in the treatment of these male body image issues.

The researcher recommends that further research be performed with a minute focus. For example, each research question could be turned into its own study. Also, new research could ascertain the connection between the cellphone addiction, social media (presented by the phone), and body image. The constant use of cellphones to access social media could contribute to body dissatisfaction. There is also a need to investigate the destruction the factors contributing to body image cause to the individual. For example, should cellphone use be limited? Could a lesser virtual-constant-connection to the social and informational world lead the individual to a healthier body image? If a connection between poor BI, mental problems, and cellphone addiction can be made, healthcare professionals could truly treat the individual as a whole.

In a study conducted by Brian Moran (2017), the importance of connecting BI in the form of self-comparison to social media is of the utmost importance. He claims that online profiles, which give users the ability to share personal information, lead to
influences on psychosocial functioning, identity development, stress, and poor BI.

Because society has become increasingly advanced, BI research needs to follow suit. The connection between BI, psychological development, social media, and the access point (typically a cellphone) need to be further researched.

Again, body image is not a new topic. However, one common trend concerning BI has always been, "why"? Why do we have poor BI? What causes a poor BI? Body image is an important topic and its driving forces need to be discovered in order to treat the damage done by a poor BI. Body image constantly morphs with society finding new vehicles to drive the topic on. New and further research is necessary.
Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media

References


Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media


Goss, K., & Gilbert, P. (2002). Body Shame Conceptualisation, Research and Treatment. In P. Gilbert & J. Miles (eds.), Eating disorders, shame and pride:
Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media


Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media

women with eating disorders: An ecological momentary assessment approach. 

European Eating Disorders Review. 23(5), 399-407.


Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media


Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media


Appendix A

Body Image Questionnaire

ATTENTION, this study attempts to examine the adult body image. Please complete the questionnaire ONLY if you are at least 18 years of age.

This is a completely anonymous questionnaire. The information provided will not be linked to you in any way, shape, or form. This questionnaire will provide vital research for a body image thesis. Thank you for participating!

1. What is your age?

2. What is your race?
   - Caucasian
   - African-American
   - Hispanic
   - Asian
   - Pacific Islander
   - Other: __________________________

3. What is your gender?
   - Male
   - Female
   - Transgender (male to female)
   - Transgender (female to male)
   - Female (identify as male)
   - Male (identify as female)
   - Other: __________________________

4. Which do you view negatively about your body? Click on all that apply to you.
   - Body weight (underweight)
   - Body weight (overweight)
   - Muscle tone
   - Skin (color, tone, deformities, acne, wrinkles)
   - Hands (size, fingers, fingernails)
5. Which do you view positively about your body? Click on all that apply to you.
   - Body weight
   - Muscle tone
   - Skin (color, tone, texture)
   - Hands (size, fingers, fingernails)
   - Feet (size, toes, toenails)
   - Facial hair
   - Body hair (chest, arms, legs)
   - Head hair (color, grays, hairline, texture, thickness)
   - Facial features (forehead, cheeks, chin, jawline, nose)
   - Eyes, eyelashes, eyebrows
   - Lips, teeth
   - Ears
Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media

- Neck
- Shoulders, collarbone
- Waist
- Hips
- Butt
- Genital appearance
- Legs (thighs, knees, calves, ankles)
- Other:

6. What is your self-assessment about your body image?

<table>
<thead>
<tr>
<th>Highly Positive</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Highly Negative</th>
</tr>
</thead>
</table>

7. Which media outlet has the greatest impact on how you view yourself?
- Television
- Movies
- Video games
- Social media
- Magazines
- Newspapers
- Other:

8. True or false: The more time I spend on social media/watching television or movies the worse I feel about the way I look.
- True
- False

9. How many hours on average per week do you spend on the following:

<table>
<thead>
<tr>
<th>Watching Television (cable or streaming)</th>
<th>0</th>
<th>Less than 1 hour</th>
<th>1-2 hours</th>
<th>3-4 hours</th>
<th>5-6 hours</th>
<th>7-9 hours</th>
<th>10 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Browsing Facebook, Twitter, Instagram</td>
<td>0</td>
<td>Less than 1 hour</td>
<td>1-2 hours</td>
<td>3-4 hours</td>
<td>5-6 hours</td>
<td>7-9 hours</td>
<td>10 or more hours</td>
</tr>
<tr>
<td>Browsing</td>
<td>Less</td>
<td>1-2</td>
<td>3-4</td>
<td>5-6</td>
<td>7-9</td>
<td>10 or more</td>
<td></td>
</tr>
</tbody>
</table>
Why a Negative Body Image? A Study on: Gender, Age, Social Media, and Mass Media

<table>
<thead>
<tr>
<th>Activity</th>
<th>Less than 1 hour</th>
<th>1-2 hours</th>
<th>3-4 hours</th>
<th>5-6 hours</th>
<th>7-9 hours</th>
<th>10 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snapchat</td>
<td>0</td>
<td>1-2 hours</td>
<td>3-4 hours</td>
<td>5-6 hours</td>
<td>7-9 hours</td>
<td>10 or more hours</td>
</tr>
<tr>
<td>Watching Movies</td>
<td>0</td>
<td>1-2 hours</td>
<td>3-4 hours</td>
<td>5-6 hours</td>
<td>7-9 hours</td>
<td>10 or more hours</td>
</tr>
<tr>
<td>Playing Video Games</td>
<td>0</td>
<td>1-2 hours</td>
<td>3-4 hours</td>
<td>5-6 hours</td>
<td>7-9 hours</td>
<td>10 or more hours</td>
</tr>
<tr>
<td>Reading Magazines (print/electronic)</td>
<td>0</td>
<td>1-2 hours</td>
<td>3-4 hours</td>
<td>5-6 hours</td>
<td>7-9 hours</td>
<td>10 or more hours</td>
</tr>
<tr>
<td>Reading Newspapers (print/electronic)</td>
<td>0</td>
<td>1-2 hours</td>
<td>3-4 hours</td>
<td>5-6 hours</td>
<td>7-9 hours</td>
<td>10 or more hours</td>
</tr>
</tbody>
</table>

Thank you for completing my questionnaire! Please share the following link with someone else to help further my body shaming research.

Please visit the following websites if you are feeling negatively about your body image and feel you need helpful resources:

https://www.thebodypositive.org (body positive)
http://bodyimagehealth.org (building a positive and healthy body esteem)
http://nedic.ca/edaw-2015 (national eating disorder information center)
http://www.shyness.com/research-and-presentations/ (shyness/social training)
http://www.pamf.org/teen/life/bodyimage/ (negative body image help)
Appendix B

Informed Consent

To Whom It May Concern:

This is a completely anonymous questionnaire. The information provided will not be linked to you in any way, shape, or form. By completing this questionnaire, you are consenting to allow the data provided to be used for research purposes. This questionnaire will provide vital research for a body image thesis. Thank you for participating!

Taryn Bland
Phone: 217-361-8567
Email: teteeters@eiu.edu

Sincerely,

Taryn Bland
Appendix C

IRB Approval

November 1, 2017

Taryn Bland
Family & Consumer Sciences

Thank you for submitting the research protocol titled, “Why a Negative Body Image? A Study on Gender, Age, Social Media, and Mass Media” for review by the Eastern Illinois University Institutional Review Board (IRB). The IRB has reviewed this research protocol and effective 10/29/2017, has certified this protocol meets the federal regulations exemption criteria for human subjects research. The protocol has been given the IRB number 17-118. You are approved to proceed with your study. The classification of this protocol as exempt is valid only for the research activities and subjects described in the above named protocol. IRB policy requires that any proposed changes to this protocol must be reported to, and approved by, the IRB before being implemented. You are also required to inform the IRB immediately of any problems encountered that could adversely affect the health or welfare of the subjects in this study. Please contact me, or the Compliance Coordinator at 581-8576, in the event of an emergency. All correspondence should be sent to:

Institutional Review Board
c/o Office of Research and Sponsored Programs
Telephone: 217-581-8576
Fax: 217-581-7181
Email: eiuirb@www.eiu.edu

Thank you for your cooperation, and the best of success with your research.

John Bickford, Chairperson
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