

**A STUDY TO DETERMINE THE EFFECT OF THE MEDIA ON THE
PERCEPTION OF ADOLESCENT FEMALE BODY IMAGE AND THE
RESULTANT RELATIONSHIP TO ACADEMIC ACHIEVEMENT**

By

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ABSTRACT

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Body Image and the Resultant Relationship to Academic Achievement

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The purpose of this study was to explore the various issues of body image, and the perceptions that the average adolescent female has about her physical and mental image. This study includes a comprehensive review and critical analysis of literature in regards to the definition of body image, along with the relationships between the media, family, self-esteem, and academic success and body image. The goal is that the recommendations may serve to improve the outlook and awareness of body image between teachers and other educators, families, and communities.

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TABLE OF CONTENTS

ABSTRACT.....	i
ACKNOWLEDGEMENTS.....	ii
TABLE OF CONTENTS.....	iii
CHAPTER ONE Introduction.....	1
Purpose of the study.....	3
Research Questions.....	4
Assumptions of the Study.....	4
Definition of Terms.....	4
Limitations of the Study.....	5
CHAPTER TWO Review of Literature.....	6
Introduction.....	6
Media.....	6
Advertising.....	7
Magazines.....	9
Eating Disorders.....	12
Dieting & Nutrition.....	13
Society, family, & Peers.....	17
Self-esteem.....	19
Plastic Surgery.....	22
Academic Success.....	27
School Counselor.....	30
CHAPTER THREE Summary, Analysis, and Recommendations.....	35

Introduction.	35
Summary.	35
Conclusion.	36
Recommendations.	37
BIBLIOGRAPHY.	39

CHAPTER 1

Introduction

For many adolescent females, beauty is just out of reach (Mayo, 1992). The media constantly bombards us with messages about how we can adorn or alter our bodies and thereby enhance the qualities of our lives (Mayo, 1992). Adolescent girls struggle with perceptions of the ideal body image and this effects them with their self-esteem and educational development. The media contributes greatly to this distortion, along with peers, society, and family. In other cases, a distorted body image leads adolescent females to the extremes of eating disorders such as anorexia nervosa and bulimia.

National surveys consistently reveal among 11 to 17 year old girls, the number one goal is to “lose weight and keep it off” (Kilbourne, cited in Blackhurst & Wilson, 1999, p. 111), and 80% of girls have dieted by the time they reach the age of 18 (Brown, cited in Blackhurst & Wilson, 1999). The prevalence of eating and body image problems is evidence that rather than representing pathology on the part of individual girls and women, such behavior reflects pathology in our culture (Brown & Jasper, cited in Blackhurst & Wilson, 1999). These researchers who have acknowledged the importance of social and cultural factors in development of eating disorders have focused primarily on the cultural norm of thinness (Striegel-Moore, Silberstein, & Rodin, cited in Blackhurst & Wilson, 1999). This approach has highlighted the role of the media and other cultural forces in promoting a “thin ideal” that is unattainable for most women (Orbach, cited in Blackhurst & Wilson, 1999). Additionally research shows (Huon, cited in McCabe & Ricciardelli, 2001) that dieting is the main weight regulation used by

females. Indeed, larger girls report more dieting and body dissatisfaction, and many normal weight girls also diet and report dissatisfaction (Huon & Patton, cited in Dunkely, Paxton, & Wertheim, 2001). Although body concerns may lead to healthy eating choices and exercise in some girls, many others diet despite already being a healthy body weight or report using unhealthy methods such as fasting or vomiting (Dunkley, Wertheim, & Paxton, 2001).

The media, along with cultural forces has highlighted the role in promoting a “thin ideal” that is unattainable for most women (Orbach, cited in Blackhurst & Wilson, 1999). Blackhurst and Wilson (1999) stated that the media delivers this message in its advertisements: If thin, beautiful, fashion models and television personalities are dissatisfied with their weight and looks, then ordinary women must be doubly concerned. Research has demonstrated that magazines play an important role in body image and disturbed eating among adolescent girls (Levine, Smolak, & Hayden, cited in McCabe & Ricciardelli, 2001). Magazines such as Seventeen, Cosmopolitan, YM, and Vogue provide adolescent girls with information on hot new makeup tips, the latest fad diets, how to get the perfect man to notice you, the newest wardrobe styles, and the latest cosmetic surgery.

With media being a huge impact on the distorted body images of adolescent females, it may also be a factor for adults as well. Media influences to alter weight, as well as feedback from mother, father, and both male and female peers, were greater for females (McCabe & Ricciardelli, 2001). Parents appear to play an important role in transmitting sociocultural messages regarding the ideal body to adolescents (Stice, cited in McCabe & Ricciardelli, 2001). While mothers have a strong influence on adolescent

females' attitudes and behaviors, less is known about the role of fathers, although one study found that mothers and fathers did not differ in the dieting encouragement given to their daughters (Moreno & Thalen, cited in McCabe & Ricciardelli, 2001). A study by Schwartz, Phares, Tantleff-Dunn, and Thompson (1999) found that, among both adult males and females, parents were perceived to be more likely to provide feedback to daughters than to their sons regarding their appearance (Schwartz, Phares, Tantleff-Dunn and Thompson, 1999, as cited by McCabe & Ricciardelli, 2001). McCabe & Ricciardelli (2001) found that fathers are perceived to have a greater influence on their daughters' attitudes. Additionally, a substantial number of adolescent girls talked with their female friends about weight, shape, and dieting at least sometimes (Levine, Smolak, Moodey, Shuman, and Hessen, 1994, as cited by Ricciardelli, 2001).

The extent to which the media messages play on adolescent females is astounding. Kalodner (1997) found that looking at thin models resulted in feelings of anxiety and body dissatisfaction among females (McCabe & Ricciardelli, 2001). With the connection between body image among adolescent females and the media, it is important for schools to educate the issues of body image and eating problems.

Purpose of the Study

There are two purposes of this study. One, to review the literature to determine the relationship between the media and how adolescent females perceive their body image, and to connect adolescent girls' body image perception to their academic success. Two, to analyze the literature and provide a foundation to formulate recommendations for present and future counselors and educators.

Research Question

With the media portraying a thin or “ideal” body image, will there be a relationship between adolescent females perception of body image and the media, as well as their academic success?

Definition of Terms

For purposes of clarity, the following are the definition of terms used in this study:

Body Image – An individual’s perception of her or his body (Gabel & Kearney, (1998).

Media – **a.** An urgency by which something is accomplished, conveyed, or Transferred.

b. A means of mass communication, such as newspapers, radio, television.

c. A specific kind of artistic technique or means of expression as Determined by the materials or creative methods used (Parke, E. 2000).

Assumptions

It is assumed that the research in this study will show that the media is a primary factor contributing to adolescent females’ perceptions of body image. In addition to the media, adolescent girls who have a negative body image are likely to have low self-esteem and are likely to have eating disorders. Finally, adolescent females with negative perceptions of their body image are likely to struggle academically as opposed to females who have positive body image.

Limitations

The limitation of this study is that there will be no instrument or correlational data presented in this research.

CHAPTER TWO

Literature Review

Introduction

This chapter reviews the literature relating to the perceptions of body image among adolescent females. There are three categories of body image that is researched. First, the media's influence regarding the "ideal" body image and the effect this has on adolescent females. Second, the body image in relation to self-esteem, development, and the influences among adolescent females. Finally, this chapter concludes with the relationship between adolescent females' perception of body image and their resultant educational success.

Media and body image

Media pressure to be thin is stronger now than at any time in the last 19 years. A recent study found that television and diet promotions, nonexistent in 1973, now comprise about five percent of TV advertisements (Berg, 2001). According to Berg (2001), advertising is a 130 billion-dollar industry, and the most powerful educational force in America. It has designed the cultural ideals of the last two decades. Advertising expertly conveys messages that "you're not okay-and here's what you need to fix what's wrong". Advertising sells body dissatisfaction a thousand times a day to women and men who are being set up by the constant stream of gaunt images in the media. The perfect model guarantees our desire to fix our "ugly fat" or "ugly" features through buying product 'x' (Berg, 2001, p. 35). Capitalism and patriarchy most often use the media to project the

culturally desirable body to women (Hesse-Biber, 1996). According to Hesse-Biber (1996), these images are everywhere-on television, in the movies, on billboards, and in print. A later study also found that reported peer and media influences were important in predicting elementary and middle school girls' weight concerns (Taylor et al., cited by Dunkley, Paxton, & Wertheim, 2001).

Advertising and body image

Advertising has been vilified for upholding-perhaps even creating-the emaciated standard of beauty by which girls are taught from childhood to judge the worth of their own bodies (Freedman, 1984; Nichter & Nichter, 1991, Solomon, 1992, as cited by Stephens & Hill, 1994). In their four to five hours a day in front of the television, children are bombarded with images of thinness, as beauty, in advertising as well as programs (Nichter & Nichter, 1991, as cited by Stephens & Hill, 1994). Saturday morning cartoon programming includes commercials focusing on appearance enhancement, nine out of ten of which are delivered to little girls (Ogletree et al., 1990, as cited by Stephens & Hill, 1994). Barbie and her clones found forces with real adult role models-teachers, parents, older friends, and celebrities to drive a lesson home. As girls grow toward puberty, researchers as well as clinicians have observed that while a boy learns to view his body of achieving master over the external environment, a girl learns that a main function of her body is to attract others (Erickson, 1968; Freedman, 1984; Koff, Rierdan, & Stubbs, 1990, as cited in Stephens & Hill, 1994).

Women who are very dissatisfied with their physiques may be particularly vulnerable to advertising that features female product endorsers or models who exemplify thinness as a sine qua non of feminine beauty. To paint a clearer picture of how body

dissatisfaction might strengthen the persuasiveness of such advertising, findings on the link between endorser attractiveness and advertising effectiveness must first be examined. Then it will be possible to pinpoint where body dissatisfaction may come into play (Stephens & Hill, 1994).

Research on the persuasion process has shown the recipients of persuasive messages are often more likely to accept it if they find a communicator or message source to be physically attractive (Chaiken, 1986, cited in Stephens & Hill, 1994). Physical attractiveness of the communicator has been found to facilitate message acceptance in a wide array of studies differing in subject population, communication mode, experimental setting, message content, and measure of persuasion. Advertising researchers have found that an attractive model or product endorsers may positively influence the recipient's attitude toward the ad (Kamins, 1990, cited by Stephens & Hill, 1994), attitude toward the advertised brand (Kahle & Homer, 1985, cited by Stephens & Hill, 1994), and actual purchase (Caballero & Pride, 1984, as cited by Stephens & Hill, 1994).

It has been suggested that physically attractive individuals tend to be more persuasive in part because others like them better or credit them with desirable traits such as sociability, friendliness, warmth, poise, and kindness (Berscheid & Walster, 1974; Chaiken, 1986; Patzer, 1985, cited by Stephens & Hill, 1994). Several of the studies cited provide indirect support for this speculation. It was reported that attractiveness increased perceived trustworthiness and knowledgeability, both of which were closely associated with enhanced message evaluations (Debevec, Madden, and Kernan, (1986), as cited by Stephens & Hill, 1994).

It seems plausible that women who are more dissatisfied with their bodies (and therefore more susceptible to peer pressure) may be more persuadable by attractive (thin) endorsers of such products and services. Stephens and Hill (1994) predicted two points. One, the more dissatisfied a woman is with her body, the more positively she will evaluate an advertisement for a socially conspicuous brand, product, or service featuring a physically attractive female endorser or model. Two, the more dissatisfied a woman is with her body, the more positive will be her evaluation of a socially conspicuous brand, product, or service advertised by a physically attractive endorser. This finding indicates that higher levels of body dissatisfaction are associated with an increased tendency to attribute socially desirable traits to those who are judged physically attractive by virtue of being thin (Stephens & Hill, 1994). Stephens and Hill (1994) provides an explanation of why more dissatisfied women might be expected to evaluate a product or brand more positively if it is advertised by an attractive endorser. Women who are more dissatisfied with their bodies are more likely to ascribe socially desirable traits to a physically attractive endorser.

In summary, it is predicted that women who are especially dissatisfied with their physiques will particularly be vulnerable to advertising that features the cultural ideal endorsing brands, products, or services that are socially conspicuous or result in visible changes in appearance (Stephens & Hill, 1994).

Magazines and body image

The popularity of teen magazines, as well as the release of several new teen publications in the past few years, may come as a surprise to some educators. Shared readership of the leading teen magazines, including giants Seventeen, YM, and Teen is

assessed at well over 10 million. With cover prices of approximately four dollars per issue, monthly revenues for these publications are in the multi-million dollar range. Any reading material that attracts this kind of expenditure of both leisure time and money on the part of young readers should be of interest to educators (Norton, 2002).

Women's magazines have become so dependent on promoting their advertisers that many are little more than catalogs selling products. These magazines with their glossy pages of advertising and beauty advice, hold up an especially devious mirror. They offer to "help" women, while presenting a standard nearly impossible to attain (Hesse-Biber, 1996). According to Berg (2001), extremely thin models are used almost exclusively the pages of women's magazines. Computer enhanced photography has advanced far beyond the techniques that merely airbrushed blemishes, added highlights to hair, and lengthened the legs with a camera angle. Most photos are computerized composites (Hesse-Biber, 1996).

Teenagers are believed to be among the heaviest users of many forms of massed media, particularly specialized magazines (Arnett, Larson, & Offer, 1995; Arnett, 1995, as cited by Thomsen, Weber, & Brown, 2000). Recent circulation figures reported by the Standard Rate and Data Service indicate that more than 6.5 million adolescent females read *Seventeen*, *Teen*, *YM*, three of the most popular magazines targeted at teenage females, each month (Thomsen, Weber, & Brown, 2000). Klein, Brown, Childers, Oliveri, Porter, and Dykers (1993) have reported that at least three-fourths of white females between the ages of 12 and 14 read at least one magazine on a regular basis (Klein, Brown, Childers, Oliveri, Porter, and Dykers, 1993, as cited by Thomsen, Weber, & Brown, 2000). It is believed that the messages in these magazines are primarily used

by readers in the identity development and gender socialization process (Arnett, 1995, as cited by Thomsen, Weber, & Brown, 2000).

Specifically, it is believed that reading beauty and fashion magazines leads many young women to internalize and embrace the sociocultural “thin ideal” and, in turn, motivates them to attain it, sometimes through pathogenic practices (Thomsen, Weber, & Brown, 2000). In addition, several studies have analyzed a number of magazines targeted at adolescent females and have suggested that their content supports the perception that female happiness and success are tied to physical appearance, with ultra-thinness being the preferred state of health and beauty as well as the most important form of self-improvement (Silverstein, Peterson, & Kelley, 1986; Evans, Rutberg, Sather, & Turner, 1991; Guillen & Barr, 1994, as cited by Thomsen, Weber, & Brown, 2000).

While the majority of teen magazines are commercially advertised, there are a few magazines that offer broader perspectives on the lives of young women. The magazine, *Teen Voices*, with a readership of 75,000, is published quarterly by the nonprofit organization Women Express, Inc., located in Boston and San Francisco. *Teen Voices* challenges media images of women and provides an intelligent alternative to glitzy, gossipy, fashion-oriented publications that too often exploit the insecurities of the adolescent female population. *Teen Voices* also honors the sensibilities, ideals, hopes, fears, anger, joy, and insights of teenage and young adult women (Amoroso, A., 2002, cited by Norton, 2002). Another magazine, *Reluctant Hero*, is a Canadian publication with a circulation of 10,000 readers. *Reluctant Hero* is an ad-free teen magazine. This magazine emphasizes that people are the leaders of their own life journeys (Norton, 2002).

Advertising and eating disorders

Research also suggests that when women become dissatisfied with their inability to match the ideals presented in magazine photographs, stories, and advertisements, they begin to develop eating disordered cognitions which may eventually be acted upon in the form of anorexic and bulimic behaviors (Stice et al., 1994; Shaw, 1995; Irving, 1990, as cited by Thomsen, Weber, & Brown, 2000). Shaw (1995) found that adolescents who saw images of thin fashion models were more likely to report higher levels of body dissatisfaction immediately after exposure than those who saw non-fashion images (Thomsen, Weber, & Brown, 2000).

A consequence of the use of the media for self-socialization is believed to be the cultivation of unrealistic standards of beauty and the development of symptoms related to anorexia and bulimia (Abramson & Valene, 1991; Collins, 1988; Grogan & Wainwright, 1996; Guillen & Barr, 1994; Pinhas, Toner, Ali, Garfinkel, & Stuckless, 1999; Shaw, 1995; Stice et al., 1994, as cited by Thomsen, Weber, & Brown, 2000).

The American Psychiatric Association (1994) characterizes anorexia nervosa and bulimia nervosa as biopsychosocial disorders that result in distortions in self-image and self-perception. Young women who suffer from these disorders develop abnormal attitudes about food and eating (Thomsen, Weber, & Brown, 2000). Anorectics develop such intense fear of food, as well as an obsessive desire to control intake, that they often literally starve themselves to death. Bulimics, on the other hand, suffer from self-distorted body images that lead them to sessions of bingeing, or excessive body eating, followed by purging, which most often, but not always takes the form of self-induced vomiting. The onset of these two diseases typically occurs during early adolescence or

early adulthood when most young women are not only susceptible to cultural pressure for thinness but also likely to be heavily involved with, and influenced by, the mass media (Smolak & Striegel-Moore, 1996; Heatherton, Mahamedi, Stiepe, Field, & Keel, 1997; Polivy & Herman, 1987; Levine & Smolak, 1996; Arnett, 1995; Arnett, Larson, & Offer, 1995; Steele & Brown, 1995; Levine, Smolak, & Hayden, 1994, as cited by Thomsen, Weber, & Brown, 2000). The susceptibility to these pressures and influences from the media is believed to be heightened because of the intense preoccupation with appearance and identity development that typically characterized adolescence.

Dieting & nutrition and body image

Americans are preoccupied with dieting and their weight. They are taught that excessive eating behaviors are undesirable through advertisements, the media, and social ridicule. As a result, disordered eating behaviors have become commonplace (Gabel & Kearney, 1998). The term disordered eating behaviors reflect any unhealthy modification of food intake. This is in contrast to clinically defined eating disorders. Examples of disordered eating include consuming food to relieve an undesirable emotion of stress or depression, and dieting to lose pounds when one is actually at normal weight. In addition, disordered eating may also predispose an individual to eating disorders (Gabel & Kearney, 1998). Nassar, Hodges, and Ollendick (1992) identified an active involvement or interest in dieting and poor self-image as predisposing factors for the development of eating disorders (as cited by Gabel & Kearney, 1998).

At the age of six, children begin to acquire the cultural criteria used by adults for judging physical attractiveness (Cavior & Lombardi, 1973, as cited by Gabel & Kearney, 1998). Children may also tease others about appearance, body shape, or weight.

Unfortunately, the teasing can inflict damage on the child. Researchers have found a significant relationship between weight-related teasing and the level of body dissatisfaction, low self-esteem, and eating disturbances (Gabel & Kearney, 1998). Dieting is common among school children (Hill, Oliver, & Rogers, 1992; Patton, 1988, as cited by Gabel & Kearney, 1998). In some children the fear of becoming overweight is so great that it promotes an extreme reduction in food intake. If children diet, they increase their chances for developing undesirable patterns of eating behavior. Consequently, this may disturb the risk of developing an eating disorder (Gabel & Kearney, 1998).

The transformation from childhood to adulthood is characterized by rapid physical growth, large increases in hormone levels, and the appearance of secondary sexual characteristics (O'dea & Abraham, 1996). O'dea and Abraham (1996) discussed three physical and sexual characteristics that affect adolescent females. One, pubertal development is an important life transition that affects the adolescent at biological, psychological, and sociological levels. Two, the nutritional status of adolescents may be influenced by the many factors affecting pubertal development such as physical growth, peer group pressure, environmental factors (e.g. the media), and psychological factors (e.g. body image). Finally, nutritional status may influence physical growth and development. Girls are developing breasts, beginning menstruation, and preparing for adulthood.

Weight gain and fat gain are a normal part of adolescent development, yet a significant proportion of young people today seek the cultural ideal of slimness as it is perpetuated by Western society. That is why it is essential that young people need to

learn sensible methods of weight control (O'dea & Abraham, 1996). O'dea and Abraham (1996) disclosed that studies of adolescents have shown that dieting and weight control practices are undertaken by 20% to 45% of adolescents and may begin among children as young as eight years of age. Adolescent females are more likely to be dissatisfied with their bodies, undertake weight-losing behaviors, and adopt health-damaging weight loss methods. More than half of women and girls in the United States are trying to lose weight at any one time, often using hazardous methods to do it (Berg, 2001).

Psychosocial factors examined to find reasons for the high statistics of adolescent females dieting included depression, self-esteem, trouble in school, school connectedness, family connectedness, sense of community, grades, autonomy, and protective factors (Pesa, 1999). Self-esteem was the strongest contributing factor differentiating dieters and nondieters (Pesa, 1999). Additionally, teenage girls have the poorest nutrition of any group on the United States. At least two-thirds are deficient in iron, calcium, and other important nutrients (Hesse-Biber, 1996). Both male and female adolescents receive information about their weight, food intake, and exercise patterns from parents, peers, other family members, teachers, sport coaches, and ballet teachers rather than qualified dietitians. Seeking advice about body weight and diet from a qualified dietitian or health professional may benefit by providing effective weight control strategies to reduce confusion about nutrition and information (O'dea & Abraham, 1996).

Along with dysfunctional eating, Americans share a marked ambivalence toward, and preoccupation with food. There is an ever-expanding repertoire of foods from which to choose. The creation of global villages has given unprecedented variety of ethnic cuisines, and the ruse of the middle-class gourmet has resulted in crowding of

supermarket shelves with a seemingly endless diversity of flavors and textures in everything from lettuce to ice cream. Food advertisers target people of all ages, including very young children. For example, food is the focus of about 60 percent of the commercials shown during Saturday morning cartoon programming (Ogletree et al., 1990, as cited by Stephens & Hill, 1994). Also, in the Lodz Ghetto in 1941, besieged Jews were allotted starvation rations of 500-1,200 calories a day. At Treblinka, 900 calories were scientifically determined to be the minimum necessary to sustain human functioning. At “the nation’s top weight-loss clinics” where “patients” are treated for up to a year, the rations are the same (Wolf, 1991, p. 195, as cited by Stephens & Hill, 1994).

One thing is certain. Dieting doesn’t work. Liquid diets ALA Oprah Winfrey, meal substitute shakes with sugar as the main ingredient, and any restrictive diet that allows for less than 1,000 calories a day will all wreak havoc with body metabolism and blood sugar levels. Then when the diet is over, the weight creeps back with more added pounds. This is called yo-yo dieting. Artificial sweeteners stimulate cravings for sweets, and diet drinks sap calcium stores as well as take the place of pure water, which your body may be craving. Physicians believe that cravings may be a signal of poor nutrition (Womens Health Matters, 1993). Although you may consume a lot of calories, overly processed food is so lacking in vitamins and minerals that your body urges you to eat more to get the nutrients it needs. Food addictions and fixations are a symptom of an underlying psychological problem such as poor self-esteem or body image. The only way to lose weight is to eat only when you are hungry, feed your body the whole foods it needs, and find a fun way to keep fit and fight stress. When food is no longer an issue,

your body will eat enough to live, and the problem of stored excess fat will be diminished (Womens Health Matters, 1993).

Society, family, peers, and body image

Weight is an important aspect of appearance, affecting young women's sense of social and psychological well being (Hesse-Biber, 1996). Many women experience even a few extra pounds as a major issue in their lives; they tend to weigh themselves frequently and report seeking medical help for weight problems more often than men (Hesse-Biber, 1996).

Women's body focus arises with discussions with their friends, their interactions with family and social groups, and the messages they receive from outside this intimate cycle. It is reinforced by the everyday practices that make the body central to their identity as female—from clothing, hairstyle, and makeup, to speech, walk, and gesture. The cult of thinness becomes a powerful lure as society decides which is the “right” or the “wrong” body and treats women accordingly (Hesse-Biber, 1996, p. 59).

When a girl or woman looks at her body and then to the mirror of society, she sees an ever-thinner image of the ideal female. In the United States, the ideal woman has been reduced by one-third over the past 30 years, as shown by studies of Miss America contestants and Playboy Centerfold girls (Berg, 2001). The 1950's screen goddess, Marilyn Monroe, was a size 12-14, the curvaceous body of the average American woman. However, today's gaunt models come in size one, two, or even zero, setting forth an ideal body size that most women and girls cannot meet in a healthy way. Yet they are desperately trying (Berg, 2001).

According to Berg (2001), by age two, girls are watching television and starting their daily exposure to messages that show successful women are thin. They are hearing their mothers, teachers, older sisters, and women in general objectify, distrust, and battle their bodies in order to make them acceptably thin. They are hearing their fathers, brothers, and important males in their lives talk about and judge women's bodies. Although young girls are being exposed to these messages by the age of two, it is up to the age of 11 that they are confident, unafraid of conflict, and willing to say exactly what is on their minds (Berg, 2001). As young girls enter puberty, they adjust to society's messages about what young women are "supposed" to be: Nice, kind, caring, self-sacrificing, agreeable, and compliant (Berg, 2001). Females have never had more opportunities than now, yet they grow up feeling as though their bodies are being constantly watched. They learn to feel disconnected from their bodies as if observing themselves from the outside, and this is especially likely when they have been sexually abused or harassed, say the experts (Berg, 2001). Berg (2001) also stated that girls do not simply live in their bodies, but become aware of how their bodies appear in the eyes of men and boys. By seeing themselves as images in male eyes, they begin to observe rather than to experience their own bodies (Berg, 2001). Some researchers suggest that young girls' problems with weight, body image, and eating are linked to the onset of puberty, which brings a 20% to 30 % increase in body fat. Though it is critical to maturity and reproduction, many young teenagers regard this normal increase with horror (Hesse-Biber, 1996).

Body image and self-esteem

Beauty and perfection promotes great self-worth. The media constantly bombards us with messages about how we can adorn our bodies and thereby enhance the quality of our lives. Self-Mastery offers a sense of control in the world where we feel increasingly disconnected. The self-improvement industry and the media have significant financial reasons for wanting us to believe that being beautiful, thin, handsome, or muscular will give us love, happiness, and acceptance (Mayo, 1992).

Mayo (1992) stated that our efforts at physical perfection offer us tangible solutions to fix what ails us – the newest gym, the latest diet, new fashions, and a nip or tuck here and there. These cures require a lot of energy, money, and effort, but they actually enable us to avoid the tedious and scary prospect of searching inward. This makes people feel alive and up-to-date, but keeps them from looking into the recesses of their souls. Thus, distracted, we can easily continue to deny the trouble inside.

When we opt for secrecy and self-deception, the relentless pain continues to fuel our compulsive patterns of living. We have become a country of addicts. Becoming the best we can be as a route to happiness has tragically backfired. Focusing on the external and ignoring our internal needs have undermined our confidence. Rather than contentment, the result is often increased anxiety (Mayo, 1992).

Many studies confirm the link between body image and self-esteem. But it is important to remember that body image is not limited to some conscious picture of what we think we look like. The image of a person holds of his or her body includes not only the condition and visual impact of the body, but also collective attitudes, feelings about appearance, fitness, and health lead to healthy psychological adjustment (Mayo, 1992).

So, are attractive people really all that others think they are? Mayo (1992) found that preferential treatment goes a long way toward creating successful individuals. Have you ever caught yourself reacting differently toward a salesperson because of their appearance? It happens all of the time. In one experiment, male college students who believed they were speaking to a pretty young woman (whom they couldn't actually see), chose to use words and manners in the conversation that were different than when they thought they were speaking to a plain or unattractive woman. The women to whom they were speaking responded accordingly. Conversations with unattractive women ranged from nonresponsive to rejecting, undermining the development of social skills and favorable self-concept. The encouragement needed to develop social confidence and competent behavioral patterns are frequently reserved for the good looking (Mayo, 1992).

As a consequence of all of this, unattractive people are at a greater risk for psychological disorders in general, but especially those involving interpersonal conflict and anxiety. Fear of social rejection is increased. Some less attractive people find it difficult to succumb to the self-fulfilling prophecy that suggests they are what they and others think they are (Mayo, 1992). Mayo (1992) stated that poor self-esteem is almost always a factor in psychological problems and is linked to a poor body image.

Unfortunately, children grow up facing the same stereotypes and pressures. Whereas adults concern themselves with the fact that a woman has not lost her baby fat after the baby, and a man insists on polyester and looks like a holdout from the fifties, children are most direct. Terms like "fatso", "metal face", "crater face", and "Kansas plains" are more their style (Mayo, 1992, p. 35).

Before long a child learns to value people according to their looks. Six-year-olds poke fun at peers who don't fit the prevailing standards of beauty. Even fathers have been shown to demonstrate more animosity toward their less attractive offspring and give more attention to the cute infant. At home, school, or out in society, homely children are blamed, punished, and mistreated more frequently. Some teachers will react differently to students depending on their looks (Mayo, 1992).

The chubby child endures the most negative stereotypes. Kindergarten children who are fat or thin often not selected as popular or desirable buddies on tests designed to measure popularity. From middle childhood through early adolescence, how a child looks affects the likelihood of how close others get to him or her. Body image, and consequently, feelings about interpersonal attractiveness and self-esteem, remain consistently more negative for fat children when tested at five, fifteen, and twenty years of age than for their average weight peers (Mayo, 1992).

The impact of body image has a huge impact going from childhood to adolescence. As has been already noted, parents and others draw conclusions, harbor expectations, and seek consciously or unconsciously through their attitudes and values to affect what they are to become (Mayo, 1992). A child naturally wants to adapt to or make sense of the demands of significant others. As critical as those early years are, however, the teen years are crucial in the acceptance of one's body. Consequently, the timing and the adjustment to new body image has a major bearing on how an individual feels about himself or herself as an adolescent and often as an adult (Mayo, 1992).

Teens almost universally measure their self-worth by their physical attributes. Adolescents in grades six through nine who were diagnosed as being moderately to

severely depressed were found to have less satisfaction with their bodies overall, viewed their bodies as less attractive, and felt they were less competent. Since teens are the center of their own universe, they assume they are the center of everyone else's too. If you thought three hundred pairs of eyes watched your every move, you would feel awkward and uncomfortable. Consequently, teasing a teen about an imagined or real defect can be very damaging (Mayo, 1992). Mayo (1992) stated that teens need extra reassurance that imperfections are not fatal flaws. As they mature, adolescents begin to use other criteria for judging their value. Parents can foster this by giving praise for real accomplishments.

Plastic surgery and body image

Women and teenagers are getting plastic surgery done in large numbers. There are concerns regarding teens being able to make permanent decisions about changing their bodies through breast surgery and liposuction because their bodies are constantly changing. Plastic surgery has become a five-billion-dollar a year industry and is increasingly considered part of the natural order of things for women (Hesse-Biber, 1996). According to the American Society of Plastic and Reconstructive Surgeons, approximately 94% of their patients are women (Hesse-Biber, 1996).

There is a current study that addresses three questions about adolescents and adults applying for plastic surgery. The study, conducted by Simis, K.J., Verhulst, F.C., & Koot, H.M. (2001) asks the following questions: First, do adolescents undergoing plastic surgery have a realistic view of their body? Second, how urgent is the psychosocial need of adolescents to undergo plastic surgery? Third, what relations exist

between bodily attitudes and psychosocial functioning and personality? These three questions will be addressed further.

In recent years, plastic surgery on adolescents has increasingly become an accepted procedure (ASPRS/ASAPS, 1997, as cited by Simis et al., 2001). For the plastic surgeon this causes the problem of deciding whether or not to operate during a period of rapid physical and psychological development with uncertain outcome. However, plastic surgery may offer significant benefits to the adolescent's self-confidence provided that these adolescents are properly psychologically evaluated before the operation (ASPRS/ASAPS, 1997; Morani, 1970, as cited by Simis et al., 2001).

It is unknown whether adolescents applying for plastic surgery experience a generalized dissatisfaction with their body compared to adolescents in the general population. In focusing on body image dissatisfaction, recent literature is followed about the psychology of plastic surgery patients, suggesting that research on body image dissatisfaction, and not overall psychopathology, is the most fruitful way to assess this problem (Sarwer, Pertschuk, Wadden, & Whittaker, 1998, as cited by Simis et al., 2001). Irrespective of the plastic surgical patients' level of dissatisfaction, it is unknown whether their dissatisfaction is focused on the body parts considered for operation, or whether they are dissatisfaction is focused on their appearance overall. Generalized dissatisfaction may be a contradiction for surgical intervention on specific body parts (Simis et al., 2001).

In surgical practice, the assessment of adolescents' satisfaction is difficult because the increased self-consciousness and dissatisfaction about physical appearance are characteristic for the adolescent age period (Thomsen, Coovert, Richards, Johnson, &

Cattarin, 1995, as cited by Simis et al., 2001), for girls more so than for boys (Davies & Furnham, 1986; Levinson, Powell, & Stellman, 1986; Rauste-von Wright, 1989; Rierdan & Koff, 1997, as cited by Simis et al., 2001). Up to now, patient data has been inconclusive in this respect. Studies show that adult plastic surgical patients undergoing either cosmetic or reconstructive operations tend to exaggerate their deformity (Hay, 1970; Napoleon, 1993, as cited by Simis et al., 2001), whereas studies on children and adolescents undergoing cleft lip and craniofacial surgery showed that they tend to underestimate their deformity as compared to their surgeons' and their parents' appearance ratings (Lefebvre & Barclay, 1982; Lefebvre & Munroe, 1978, as cited by Simis et al., 2001). However, a previous study on the same sample comparing adolescents', parents', and the surgeons' views, suggested a realistic appearance perception of adolescents undergoing plastic surgery for a broad range of deformities (Simis, Koot, Verhulst, & The Adolescent Plastic Surgical Research Group, 2000, as cited by Simis et al., 2001).

In addressing the first aim of this research, assuming that there is no difference from their age-mates in the general population, there may be expectation that adolescents who apply for plastic surgery will be dissatisfied with their appearance as those from the general population, and that girls in this group would be more dissatisfied about their appearance than boys (Raust-von Wright, 1989, as cited by Simis et al., 2001). Alternatively, the dissatisfaction might only focus on the body parts that are the object of the operation. This would favor the conclusion of their making a realistic evaluation of their appearance (Simis et al., 2001).

The second aim was to assess the urgency of the request for surgery by determining appearance-related aspects of daily functioning. Impediments in psychosocial functioning are the primary motivation for plastic surgery in children, adolescents, and adults (Bradbury, Hewison, & Timmons, 1992; Harris, 1982; Pruzinsky & Cash, 1990, as cited by Simis et al., 2001). The task for the plastic surgeon is to weigh the patient's psychosocial problems against the limitations and risks of surgery (Harris, 1982, cited by Simis et al., 2001). It has been stressed that the adolescent's perspective on the problem is the only perspective that really matters in the consideration of surgeons to operate or not (Pruzinsky & Cash, 1990, cited by Simis et al., 2001). Since body image dissatisfaction is strongly related to lower self-esteem (Harter & Whiteshell, 1996; Kostanski & Gullone, 1998; Rauste-von Wright, 1989; Thompson et al., 1995, as cited by Simis et al., 2001) and depression (Harter & Whitesell, 1996; Kostanski & Gallone, 1998; Rierdan & Koff, 1997, as cited by Simis et al., 2001), it is hard for a surgeon to assess which adolescent-reported psychological or social problems are age-appropriate and which may be increased due to appearance dissatisfaction. Additionally, clinical reports, semi-structured interviews, and study-specific questionnaires, do reveal that child and adolescent patients encounter a large range of appearance-related problems, such as being teased (Bradbury et al., 1992; Sheerin, Macleod, & Kusmaker, 1995, cited in Simis et al., 2001), feeling inferior and rejected (Lefebvre & Munroe, 1978, as cited in Simis et al., 2001) or self-conscious (Beale, Hambert, Lisper, Ohlsen & Palm, 1985; M.K. Goin & Rees, 1991; Harris, 1982, as cited in Simis et al., 2001), being upset about their disfigurement (Sheerin et al., 1995, as cited in Simis et al., 2001), and feeling depressed (Lefebvre & Munroe, 1978, as cited in Simis et al., 2001). Therefore, in comparison with

adolescents from the general population, adolescent plastic surgical patients may be expected not to report overall behavioral and emotional problems, but significant and specific problems related to their appearance (Simis et al., 2001).

The third question pertained to the relationship between bodily attitudes, psychosocial problems, and personality characteristics in plastic surgical patients. Personality characteristics may determine bodily attitudes and appearance-related problems (Wallander & Varni, 1995, cited by Simis et al., 2001). If bodily attitudes are strongly related to psychosocial problems and personality characteristics, these factors may have more influence on satisfaction with the surgical result than the surgical intervention itself (Courtiss, 1978; Venot, 1998, cited by Simis et al., 2001). Neurotic personality characteristics may result in postsurgical psychological problems (Beale et al., 1985; Bradbury et al., 1992; Dixon, Roter, & Hutether, 1984; J.M. Goin & Goin, 1981; M.K. Goin & Reese, 1991; Napoleon, 1993, as cited by Simis et al., 2001).

Body image dissatisfaction in adolescent patients may be expected to show relations to psychological problems such as depression and self-esteem, comparable to those of peers in the general population. However corrective patients are attributed various neurotic characteristics (Napoleon, 1993, cited by Simis et al., 2001), and therefore their bodily attitudes may be expected to be more influenced by personality characteristics than those of reconstructive patients. Further, a gender difference may be expected. Boys undergoing plastic surgery may show more characteristics that may cause problems after the operation than girls (Simis et al., 2001).

In summary, these are the results that Simis et al. (2001) found. Adolescents accepted for plastic surgery have considerable appearance-related psychosocial problems.

Plastic surgeons may assume that these adolescents in general have a realistic attitude towards their appearance, are psychologically healthy, and are mainly dissatisfied about body parts concerned for operation.

Academic success and body image

As a culture, we associate beauty with the good and ugliness with the bad (Hesse-Biber, 1996). Attractive people are “viewed as being happier, more successful, more interesting, warmer, more poised, and more sociable” (Hesse-Biber, 1996, p. 59). Research suggests that social consequences of looking good begins as early as infancy. As they enter school, less attractive youngsters are likely to be blamed and punished more often than attractive children (Hesse-Biber, 1996). In another study, 400 fifth grade teachers examined report cards with pictures of either attractive or unattractive children. The teachers were asked to evaluate the students’ IQ and academic potential. The researchers noted, “We predicted that the child’s appearance would influence the teacher’s evaluation of the child’s intellectual potential, despite the fact that the report cards were identical in content. It did. The teachers assumed that the attractive boy or girl had a higher IQ, would go to college, and that his parents were more interested in his education” (Hesse-Biber, 1996, p. 60).

With these findings, along with the impact that the media and society have on the perceptions of adolescent females, it is no wonder that some may struggle with low self-esteem and low academic achievement. According to Wiest (1998), there is a relationship between school achievement and self-perceptions. Students who exhibit higher intrinsic motivation and self-esteem tend to earn better grades than those students who have lower intrinsic motivation and self-esteem. Schools need to educate students

about self-esteem and body image. This involves help from educators, families, and communities.

The World Health Organization (WHO) Health Promoting Schools Framework outlines a holistic approach to foster health within a school and its local community by engaging health and education officials, teachers, students, parents, and community leaders in making common efforts to promote health. A health promoting school has an organized set of policies, procedures, activities, and structures designed to protect and promote the health and well-being of students, staff, and wider-school community members (O’dea & Maloney, 2000). According to O’dea and Maloney (2000), the Health Promoting Schools concept is based on the premise that education and health are inseparable and that health supports successful learning, and successful learning supports health.

The ideology of the Health Promoting Schools Framework states that the school and its surrounding community must implement policies, practices, and other measures that respect individual self-esteem, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements. A Health Promoting School also strives to improve health of school personnel, families, and community members as well as students, and it works with community leaders to help them understand how the community is influential in affecting health and education (O’dea & Maloney, 2000).

The Framework outlines requirements for a planned and sequential health education curriculum across all age groups and the need for intersectoral and cross-curricula. An example of these concepts include focusing on dieting prevention in Health

Education (skill development to reduce the influence of peer pressure), English classes (the impact of persuasive advertising), and Science (normal composition of fat in human body). The cross-curricular approach ensures health messages remain consistent across subject areas. In addition, the Framework emphasizes teacher training in specific areas and the opportunity for teachers to reflect on their own values, beliefs, and life experiences to be effective role models. In terms of preventing eating and body image problems, teachers and other school community personnel may require training to understand eating problems, training in effective and safe preventive strategies, and access to counseling and referral services (O’dea & Maloney, 2000).

Additionally, the Framework includes beliefs, attitudes, and norms within the school and local community that form the overall “ethos” of the school environment. To foster a healthful school environment, health promotion policies of the school must be examined. For example, the school may need to examine its school meal policy, and may need to introduce policies about teasing, bullying, dress codes, prejudice, and the need for special programs such as school sport programs specifically suited for the needs of overweight students (O’dea & Maloney, 2000).

Part of the Health Promoting Schools’ holistic approach involves developing collaborative relationships with students’ families, school and community health workers, youth and educational services, and non-government agencies. In regard to preventing eating and body image problems, examples of exchanging resources between school and community should include providing health services for students, teachers, school nurses, and families such as mental and allied health services. Complementary educational services such as training programs for preventing eating and body image problems for

parents, school nurses, youth workers, coaches, dance teachers, journalists, and health workers may be designed to maximize the impact of school-based curricula. A comprehensive collaborative approach between the school and community will enable implementation of policies, procedures, activities, and structures required to promote healthy body image and healthy eating behaviors in children, teachers, parents, and community members (O’dea & Maloney, 2000).

School counselor strategies and body image

Along with the World Health Organization Health Promoting Framework agenda, there are strategies for school counselors to use when promoting a balanced view of eating behavior and weight concerns in schools. In brief, counselors should initially assess their personal feelings about body weight. After an honest evaluation, counselors should help students identify cultural and societal influences on beliefs and attitudes about body image and weight, learn coping skills for teasing, and increase personal knowledge about nutrition, exercise, and self-acceptance (Gabel & Kearney, 1998).

Personal assessment and body image

It is important to reflect on one’s own personal views about dieting and body weight before developing a program aimed at normalizing beliefs and attitudes about dieting and body weight for students. Ask yourself the following questions: Are you currently following a diet? How many times have you dieted this year? Has your physician or dietitian recommended that you follow a diet for weight loss? Do you weigh yourself everyday? If you are overly concerned about your weight, a re-evaluation of personal health habits is recommended. A balanced intake of nutritious foods, emphasis

on enjoyable and regular exercise, and healthy acceptance of one's body are necessary before developing a program for students who are dieting (Gabel & Kearney, 1998).

Identification of cultural and societal influences

Discussion with students to identify cultural and societal influences that promote dieting will enhance an awareness of external forces on their dieting behavior (Omizo & Omizo, 1992, as cited by Gabel & Kearney, 1998). How does the media influence their food choices? How do advertisements affect their food and fashion purchases? An assignment of collecting pictures from advertisements and other media that teach us that fat is bad, followed by a discussion, can be enlightening and reveal the degree of power and influence that the media has on young people. Locating mixed messages in the media can also be helpful. Feature stories on how to lose weight and calorie laden, delicious chocolate desserts can often be found in the same magazine, or even co-featured on the front page (Gabel & Kearney, 1998).

Coping strategies for teasing and body image

Learning how to deal with teasing about body shape or weight can help students cope with everyday interactions with others. Role-playing demonstrations may give them confidence to deal with uncomfortable situations (Omizo & Omizo, 1992, as cited by Gabel & Kearney, 1998). According to Gabel & Kearney (1998), students can play the roles in which the following questions are acted out: What do you say to a parent who keeps telling you to lose weight? How do you deal with a class bully who keeps calling you names in front of your friends? What do you say to people who say, "You would be so good looking if you would lose some weight"?

Nutrition, exercise, and self-acceptance course and body image

The cornerstone to a school counselor's disordered-eating prevention program is likely to be the classroom teacher. Encourage teachers to combine information about nutrition, exercise, and self-acceptance into one course. Counselors and teachers can promote reasonable goals in the classroom for improving appearance through a healthy and active lifestyle. A simple assessment to determine the degree of dieting and weight concerns of the students would dictate the content and depth of the class. Asking the question used by Nassar, et al. (1992) to assess attitudes and behavioral patterns in young adolescent girls could provide some estimation of the degree of dieting and concern about weight. (1) Are you trying to lose weight now?, (2) Are you usually worrying about gaining weight?, (3) Are you interested in dieting?, (4) When on a diet, do you act tense or irritable, (5) Do you read about diets in magazines or newspapers?, (6) Do you follow diet magazines in magazines or newspapers?, and (7) Do you ask friends about dieting ideas (Nassar, et al., 1992, p.339, as cited by Gabel & Kearney, 1998). Along with this assessment comes the discussion of nutrition. Educators need to discuss with students the dangers of dieting, meal skipping, chronic food restriction, and eating when one is upset or lonely. There needs to be recognition that fat in the diet and on the body has positive attributes that can be an eye-opener for many children and adults. Fat in the diet is required for energy for normal growth and development, necessary for absorption of fat soluble vitamins, required for healthy skin, and provides an efficient energy source for athletes in endurance events (Gabel & Kearney, 1998). A variety of life-long physical activities that promote long-term good health and fitness should be taught during the exercise section of the class. It is essential that each student identify at least one

satisfying and enjoyable activity that can become part of his or her lifestyle (Gabel & Kearney, 1998).

The self-acceptance section of the course would stress acceptance of one's body and value of oneself. Information about individuality of body shapes; physiological, social, and psychological changes during puberty, and increased fat deposition during growth could be provided to help students accept their bodies and normal bodily changes (Neumark-Sztainer, 1995, as cited by Gabel & Kearney, 1998). Adolescence is often characterized by preoccupation with appearance, and with young people striving to conform to a particular size, shape, or look. A discussion of what clothing means in society, how fashion industry influences consumers' choices, and how people feel about wearing various types of clothing may be warranted. What factors do adolescents consider in choosing their clothes? Is a popular style more important than comfort? Is it important to look like everyone else? Emphasis on the special uniqueness and personal choices of each individual can enhance the understanding that each of us is different, yet valued and important (Gabel & Kearney, 1998). Teachers can also integrate weight concepts with other subjects taught in the classroom. A sixth grade teacher teaches her students how to use the Internet by surveying and exchanging height/weight data with other sixth graders in the development in this age group. Increased self-esteem results as students learn that their sizes are not that different than others their age (Gabel & Kearney, 1998).

Networking with professionals and body image

Networking with qualified nutrition professionals and health educators can provide support for school counselors who wish to develop a major campaign to promote

good nutrition and reasonable weight maintenance practices (Nassar et al., 1995, as cited by Gabel & Kearney, 1998). Joint presentations with dietitians and health educators to students, parents, teachers, and administrators can provide a starting point for discussion of the problems, and a basis for a comprehensive plan to educate the community about the hidden dangers of dieting and weight-preoccupation (Gabel & Kearney, 1998).

School counselors are encouraged to play a major role in diminishing predisposing factors of eating disorders in students. Prevention of dieting at an early age may be the one single factor to sustain permanent healthy eating behaviors and normal food intake in this population (Gabel & Kearney, 1998). According to Gabel and Kearney (1998), to provide a healthier outlook for many of our students, counselors can self-evaluate their personal concerns about weight, increase student awareness of external factors that promote weight-related behavior, enhance students' coping skills against teasing and ridicule, and assess weight related concepts taught in the classroom. Finally, the development of a primary intervention program to curb dieting and excessive concern about weight would promote a healthier adulthood for these future healthcare consumers (Gabel & Kearney, 1998).

CHAPTER THREE

Introduction

After conducting a thorough and comprehensive review on the topic of body image, this chapter addresses three concluding points. First, the summary of findings presented throughout this research. Second, conclusions about the findings. Finally, recommendations geared for the media, adolescent females, and their families and educators.

Summary

Much of the research regarding the topic of body image is both old and new. Overall, researchers agree that the key points presented in Chapter Two consisted of the following holistic approaches towards the perceptions of adolescent females' body image. These approaches were the media, society, family, and schools.

The media spend billions of dollars advertising to adolescent females for the purpose of trying to get them to buy their products in order to obtain the ideal body image. Magazines, television, and movies are all factors that contributed to advertising these ideal images and selling products in order to obtain "ideal" body images that were difficult to acquire.

Furthermore, our culture values thinness. Due to cultural expectations, family, peers, and society hold high expectations for the drive to thinness, or the "ideal" image. Researchers agreed that such pressure starts at young ages for adolescent females. Often the result was low self-esteem, dieting, and eating problems, and eating disorders.

Additionally, studies suggested that body image among adolescent females was related to academic success. Adolescent girls who have negative perceptions about their

body image tend to have lower self-esteem, resulting in lower academic success. There were examples of approaches that educators can do to provide effective school policies, curriculum, and standards to teach body image and self-esteem issues. The World Health Promoting Organization (WHO) Health Promoting Schools Framework outlined holistic approaches to foster health within a school and its local community leaders in making common efforts to promote health. The Framework provided examples of incorporating relevant curriculum in various classes such as health, English, science, and physical education. Additionally, the Framework established policies on teasing, bullying, and the school lunch program. Finally, it was noted that educators, parents, and the community needed to be educated through seminars in order to make them aware of the relationship between their own body image and self-esteem. Then they can provide appropriate modeling and support for students.

Conclusion

The majority of adolescent girls and women have had struggles with body image. Generally, research points out those adolescent females who have a distorted body image experience pain, guilt, depression, low self-esteem, and lower academic success. However, there was little information that tied the relationship between academic success and an adolescent females' body image. There was some evidence that suggested that adolescent females, who have low self-esteem and depression tend to suffer academically. Therefore, since researchers stated that adolescent females who have a distorted body image tend to have lower self-esteem and depression, it was assumed that they tended to struggle academically as opposed to adolescents who did not have a distorted body image.

Additionally, research shows that the media and society have the biggest impact on contributing to the adolescent females' warped perceptions of their body image. As stated, the media spent billions of dollars annually to advertise the "ideal" thin and flawless female images that females can attain if they buy their products. For the vast majority, the products are quite disappointing and sometimes dangerous. It's a huge marketing agenda that preys on hopeful adolescent girls.

Along with the media, peers and parents contributed to the distorted perceptions of the adolescent females' body image. The family and peer system are the biggest influences of a child's life. Adolescent girls witness their own mothers, sisters, and other female figures, and friends discuss their frustrations about their weight. In addition, yo-yo dieting was also witnessed. Also, adolescent girls watch fathers, brothers, and male figures in their lives make comments about what the "ideal" female should be and scoff at females who are not ideal.

Recommendations

The results of this comprehensive review of the literature has led the researcher to the following recommendations regarding the relationship between female body image, media influence, and academic achievement.

1. It is recommended that the media, being the most powerful contribution towards adolescent females' body image, provide advertisements of the average woman, along with alternative magazines that portray everyday issues such as the relationship between self-esteem and body image.
2. It is recommended that female family members, friends, and female role models decrease the fussing about their own weight, as well as the weight of others.

3. It is recommended that male family members, friends, and male role models increase their awareness of the impact that body image has towards adolescent females. In doing this, they need to start by decreasing the comments and suggestions they make towards women.
4. It is recommended that teachers and other educators discuss the topic of body image in their respective schools. These discussions could be incorporated in academic school subjects such as English (Media/advertising), health and science (dangers of dieting and eating disorders), and physical education (fat content).
5. It is recommended that teachers and other educators have appropriate training and resources to implement the issue of body image to their students and communities. They need to be aware of the issue, as well as the proper precautions to take when counseling and working with students who have eating problems and eating disorders.
6. It is important for each school system to have effective policies on bullying and teasing.
7. It is recommended that teachers and other educators, with the proper training and resources, network with families, professionals, and the community to share information regarding body image.

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