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THE IMPACT OF BODY DISSATISFACTION ON DEPRESSION
AND SEXUAL ATTITUDES AMONG COLLEGE AGE WOMEN

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Alesha Ianthe Marshall
Liliana Enriquetta Llamas


June 2010

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AND SEXUAL ATTITUDES AMONG COLLEGE AGE WOMEN

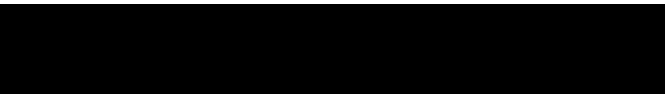
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Approved by:


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ABSTRACT

This research study examined the link between body image dissatisfaction, depression, and sexual attitudes among college women. This study hypothesized that various factors such as age, religion, and ethnicity may affect body image dissatisfaction. This study also hypothesized that body image dissatisfaction had an effect on depression levels, sexual attitudes, and sexual experience. Previous research has demonstrated a link between body image, depression, and intimate relationships. It has also shown that women with body image issues are more vulnerable to depression. This study is significant because depression can lead to suicide and other mental health issues such as eating disorders and body dysmorphic disorder that require professional intervention. This study utilized quantitative research methods through surveys that were administered to 120 college women between 18 and 30, with 83 women actually responding. These surveys addressed demographics, sexual experience, sexual awareness, body image disturbance, and depression. Data were analyzed using Pearson's r , independent t test, and a comparison of means. The study revealed a relationship between body

image disturbance and depression, body image disturbance and sexual monitoring, and that White women have higher levels of body image disturbance than minority women.

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We would like to thank our advisor, Dr. Rosemary McCaslin, for supporting us on this journey.

We also owe much appreciation to Dr. McAllister for being there when there was no one else willing or able to help.

We want to show gratitude to the CSUSB Women's Resource Center, specifically Dolores Montoya and all the staff.

In conclusion, we would like to give a special thank you to all the women who participated in our study and bared their souls to the difficult and personal questions that we laid before them.

DEDICATION

I, Alesha Marshall, would like to dedicate this to my Mother, who has supported me through all the long and tearful nights it took to get to this point. I would also like to dedicate this to my father, who pushed me to further my education and pursue my passions. Finally, I would like to dedicate this to my eighth grade English teacher, Kathy Kliever, who fostered my obsession with learning and taught me how to be a good writer.

I, Lilliana Llamas, want to dedicate this final piece of my graduate school journey to the one person who inspired, encouraged, and supported me to take this path in the first place, which is my undergraduate social work professor Katherine Emerson. I would also like to dedicate this to my two beautiful sisters, Emily and Natalie, and my two wonderful friends, Valerie Mercado and Mark Yanez, who have all strongly supported me every step of the way and who quickly lifted me when I tumbled hopelessly.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Body image development is unique and intrinsic to every individual. Cash, Ancis, and Strachan (1997) define body image as a "persons' evaluations and affective experiences regarding their physical attributes, as well as their investments in appearance as a domain for self-evaluation" (p. 433). Due to social norms of idealized bodies, body image dissatisfaction is a pervasive problem that affects both women and men around the world. There has been considerable research conducted on the effect of body image dissatisfaction on women's depression, but less research conducted on the effect of body image dissatisfaction on intimate relationships or attitudes about sexuality. These three factors are inextricably connected and will be further explored.

Body image is most often confined to how one views one's physical body. According to a study conducted by Garner and Cooke in which 3,452 women were given a five-page questionnaire, "fifty six percent of women are dissatisfied with their overall appearance" (Garner &

Cooke, 1997, para. 7). This same study also revealed that 24% of women would trade three years of their lives for a thinner body (Garner, 1997). These results are a significant indication of the pain and suffering many women are dealing with when it comes to their bodies. Society promotes an idealization of thinness through the various media messages that are distributed to the masses. Over the centuries, the ideal woman's body has changed significantly. If one looks at historical fertility statues, paintings from the 16th and 17th century and Marilyn Monroe of the 1950s, most of the women depicted are round and voluptuous. With each passing decade of the 20th century, the voluptuous body has been demonized and relabeled fat. The idealized woman has consistently gotten smaller, with models like Kate Moss and skeletal entertainers such as the Olsen twins representing what women should look like.

Due to the worship of thinness women experience negative thoughts that lead to body image dissatisfaction. Body dissatisfaction is a factor in dieting behaviors. In any 12-month period, 60 to 80% of women have been on a diet (Jaworowska & Bazylak, 2009). The average woman in the United States is 63.8 inches

tall and weighs 164.7 pounds (Fryar, Hirsch, McDowell, & Ogden, 2005). Two classic studies by Garner, Garfinkel, Schwartz, and Thompson (1980); and Wiseman, Gray, Mosimann, and Ahrens (1992), looked at the heights and weights of Playboy models and Miss America pageant participants from 1959 to 1988 to calculate their body mass indexes (as cited in Spitzer, Henderson, & Zivian, 1999). Wiseman et al., discovered that "69% of the Playboy centerfolds and 60% of Miss America contestants had weights 15% or more below expected weight for their age and height category" (1992, p. 546). Most women cannot achieve this ideal. This discord can lead to negative thoughts about the body.

The Western ideal of thinness is evident in other countries as well. In an article by Forbes, Doroszewicz, Card, and Adams-Curtis, the researchers compared women in the United States to women in Poland regarding thin body ideal and body acceptance (2004). Poland was one of the first socialist countries to be exposed to the media of the United States as early as the 1970s. In the 1990s, this first generation of media exposed young Polish girls, age 14 to 16, had begun to demonstrate a wish to

be thinner and dieting patterns similar to girls in the United States (Forbes et al., 2004).

Regardless if one is overweight or thin, this pervasive ideal can have a significant impact. Having a larger body is associated with being unintelligent and unattractive (Musher-Eizenman, Holub, Edwards-Leeper, Persson, & Goldstein, 2003). Having a thin body is equated with beauty and seen as key to life success (Muehlenkamp & Saris-Baglama, 2002). Women believe that by being thin their lives will be positively transformed. Women continually make upward social comparisons of themselves to other women. Women, who fall short of what they deem to be attractive, are devastated about their own bodies (Evans, 2003). Women who do not possess the ideal body may develop problems with low self-esteem, social phobia, intimacy, eating disorders, body dysmorphic disorder, and depression. This study specifically looked at depression and attitudes about sexuality within intimate relationships.

Depression

Depression is a major mental health issue-affecting women. The National Comorbidity Survey Replication (NCS-R) reports that women have a lifetime prevalence of

20.2% for major depressive disorder compared to men, who only have a lifetime prevalence of 13.2% (Kessler, Berglund, Chiu, Demler, Heeringa, Hiripi, et al., 2004). Certain factors can trigger depression. These factors include hormones, stress, family history, medical illness, and chemical imbalance (Office on Women's Health in the Department of Health and Human Services, 2005). In a study of media images, Cattarin et al. (2000), found that "women who engaged in social comparisons with thin-ideal female media images in appearance related commercials reported substantially more anger, anxiety, and depression" (as cited in Evans, 2003, p. 209). Thus, body image dissatisfaction has been established as a stressor with a connection to depression. More research must be conducted relating body image to the incidence of depression in women.

Intimacy and Sexual Attitudes

Body image dissatisfaction may affect intimacy in three ways: less sexual experience, more self-consciousness during sexual activity, and greater relationship discord. Studies inform that preoccupation with appearance can lead women to feel as though they are not a viable sexual partner (Markey & Markey, 2006).

Research also indicates that women who feel self-conscious about their bodies are less likely to put themselves in social settings where they feel their bodies may be judged (Wiederman & Hurst, 1998) Limiting social interactions limits the opportunity for women to meet available people. However, some studies demonstrate that supportive relationships can have a positive influence on body image. Unfortunately, few studies have looked at the negative impact body image dissatisfaction can have on relationships. Many women derive their self-worth from male attention (Wiederman & Hurst, 1998). Women who feel badly about their bodies may shy away from sexual activity and engage in negative self-talk, blaming, or depressive symptoms. Intimate partners may become angry or tired with this behavior and discord can begin to develop.

For the purposes of this study, intimacy referred to relationship status and attitudes about or confidence levels during sexual experience. Intimate relationships included both heterosexual and homosexual relationships. Past and present relationship experience was also considered relevant in our survey research.

Practice Context

Two values of social work important to women address social justice and the dignity and worth of the person. Women have a long history of oppression in this country and around the world. Although strides have been made to improve the status of women, much work still needs to be done. Body image is definitely strongly correlated with a person's feeling of self worth. Body image dissatisfaction can become an overwhelming stressor in a woman's life that can lead to depression, eating disorders, relationship difficulties, and even suicidal ideation.

Social workers are certain to work with women in various environments including domestic violence shelters, sexual assault crisis centers, mental health clinics, and colleges in connection with these issues of self worth. As practitioners on the front line of mental health, it is imperative for social workers to know how to work with women experiencing negative body image.

Purpose of the Study

The purpose of this research project was to examine the role body image dissatisfaction plays in depression

and intimate relationships of college women. College women are a vulnerable population. At this point in their lives, young women are pursuing educational goals that will increase their lifetime earning potential and quality of life. However, women are still discriminated against. Body size and appearance expectations have become increasingly narrow. This is a social realm lacking equality. Social workers and campus therapists must acknowledge that young adult women feel particularly scrutinized at this point in their lives. It is during this stage when young women are engaging in romantic partnerships and marriages.

College women were an ideal population to study because they are highly susceptible to body image troubles and are readily available for survey. Although research has been conducted on both of these areas, few studies have tested both variables together to discover correlations. This research may help women develop better coping skills. This study may also reveal protective factors for young women that will prevent them from developing body image dissatisfaction in adulthood. This study determined if having significant body image dissatisfaction can lead to major depressive symptoms. It

also examined what effects body image dissatisfaction has on physical intimacy, lifetime sexual experience, and attitudes about sexuality within romantic relationships.

This research study was quantitative. It used rapid assessment instruments to measure the connections between body image dissatisfaction, depression, and sexual attitudes. These instruments were distributed to college women attending California State University, San Bernardino. The survey method was deemed best for women experiencing body image issues because this is a very sensitive topic. Some women may not have been comfortable and truthful if a face-to-face style had been chosen.

Significance of the Project for Social Work

Social workers make up 60% of mental health practitioners (National Association of Social Workers, 2006). Women who suffer from body image issues often experience depression that can transform into mental disorders including eating disorders and body dysmorphic disorder. One of the main symptoms that must be demonstrated in order to be diagnosed with an eating disorder or body dysmorphic disorder is pervasive and obsessive negative thoughts of one's body (American

Psychological Association, 2000). Groez, Levine, and Murnen share "statistics placing the eating disorder prevalence rate for females ages 15-19 at 125.1 per 100,000 per year and for females ages 20-24 at 82.7 per 100,000 per year" (2002, p. 7). It is vital that social workers are aware of the mitigating role that body dissatisfaction plays in women's psychological well-being.

Social workers must utilize their tools learned from the generalist practice model to address negative body image. Body image concerns must be identified during the rapport building and planning phases of the generalist model. Each woman is different and will need an individualized approach to therapy. Some women will respond to strengths based therapy, while others might prefer narrative therapy. Our research in this field may influence social workers in determining which therapeutic methods are evidentially beneficial.

Mental health service agencies should be concerned with addressing the whole woman. This would include a biopsychosocial, spiritual, and cultural assessment. Body image is a crucial part of this assessment, especially the psychological and social aspects. Body image

dissatisfaction may affect the sex of the therapist with whom a client may be comfortable. Body image may play a role in how the client reacts in therapy. Is the client reticent, closed off, or anxious? She may be experiencing body image issues that are hindering her ability to address other important mental health needs. Social workers must be aware of how body image dissatisfaction can obstruct uncovering other key problems and limit positive progress.

At the macro level, this study can influence how agencies address body image among adolescents and college aged women. Media and peers can have an impact on the creation of identity in these formative years (Markey & Markey, 2006). Armed with research results, social workers can provide evidence based psychoeducation about the harms of poor body image and parental or peer pressure to conform to the societal ideal of thinness and beauty.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consist of an examination of the literature related to this study. The chapter is divided into four sections: body image and body size, body image and depression, body image and intimate relationship, and the final section illustrates theories guiding conceptualization.

Body Image and Body Size

As defined in Chapter One body image is subjective to how a person perceives his or her physical appearance. Nationwide the thin body ideal is shared among females that commonly struggle with body dissatisfaction from the lack of achieving idealized weight and body shape (Forbes et al., 2004). In a quantitative research study among young adults, Forrest and Stuhldreher (2007) found that females perceived themselves unattractive to opposite sex and preferred to be thinner. Rand and Wright (2001) stated from their quantitative research that thin body sizes are far more expected of females than males. Female importance of body weight is greater than males' for the

reason that cultural value for a female is measured by their physical appearance (Fallon, as cited in Rand & Wright, 2001). The pressure of evaluating a woman's worth by her physical appearance can cause pressure to achieve an ideal body image that creates body dissatisfactions that might be predictors of depression.

Body Image and Depression

Body image and women's mental health are increasingly important issues in Western societies (Pimenta, Sánchez-Villegas, Bes-Rastrollo, López, & Martínez-González, 2009). Previous literature on young female adults with body image issues and depression has been limited. A large majority of the research on body image has been focused on adolescence and correlated with eating disorder rather than depression. This is likely because past research studies have found that women become less concerned with body image as they age (Altabe & Thompson, 1993).

Tovee (1993) conducted a study of two groups of 48 women divided into groups of high personal value on both body shape and size, and a group placing a low personal value on body shape and size. Measurements of both groups

were measured by the means of a depressed mood. He found that women who place a high value on shape and weight exhibited a more negative body image than the group of women that placed a low personal value on shape and size. Women that hold high values on shape and size are more vulnerable to the effects of depression. This study contrasts with other literature (Faubel, 2001) that found obese women were highly satisfied with their body image and had no signs of depression.

Pimenta et al. (2009) investigated body image disturbance and the association with mental health problems of anorexia, bulimia, body dysmorphia, and depression. Their quantitative study was a longitude research for a period of 4.2 years of 10,286 male and female university graduates. The research found that overweight men underestimated their body size, whereas a significant number of underweight women overestimated their body size. The underweight women who overestimated their body size demonstrated a higher incidence of depression. However, researchers did not find a correlation between body image and subsequent depression.

The bulk of the research studies fail to yield focused research specifically examining the correlation

between college women's body image and depression. Much of the research literature is focused on body image in adolescence or the gender differences learned from social cultural influences. Further research needs to be conducted on college age women to expand on Fabian and Thompson's research results of college women who were teased during adolescence, exhibiting high levels of correlation between depression and body dissatisfaction (1989). The present study proved to be important to increase awareness of the need to further examine the effects of body image on depression among college women.

Body Image and Intimate Relationships

A vast number of studies have been conducted on the effects of sociocultural influences (e.g., family, peers, media, and culture) on female development of body image concerns about physical appearance (Cash, 2003; Field et al., 1999; Markey, 2004, as cited on Markey & Markey, 2006). However, there appears to be a gap in the research done in relation to the impact of female body image on intimate relationships. The present study proved to be important in helping females realize the effects of their personal self-worth on intimate relationships. The study

specifically focused on the correlation of the two factors among females only.

Ambwani and Strauss (2007) conducted a qualitative and quantitative analyses of 107 males and 113 females to examine the correlation between gender, body image, and experiences in intimate relations. Results of Ambwani and Strauss's study demonstrated that men were significantly more satisfied with their body image than women. Both men and women demonstrated a relation between body image and romantic relations, but only women associated trust and jealousy as significant predictors of body esteem. Ambwani and Strauss suggested that women's body image in intimate relationships influenced their self-confidence by provoking thoughts of infidelity from their partner due to their negative outlook on physical appearance. However, Markey and Markey's (2006) study findings contrast with these research results.

Markey and Markey (2006) sought to examine the role of intimate partners in association with their feelings about their physical appearance. The quantitative analysis consisting of ninety-five couples, examined women's body satisfaction and their perception of their partner's satisfaction with their bodies. Results for the

study were consistent with past findings in showing that women underestimate what their partners perceive about their physical appearance. Researchers also found that communication among intimate partners assists in improving women's feeling about their body image. However, the authors explained that the cross-sectional design of the study makes it impossible to detect if there is a correlation with length of time in a relationships that can effect women's perceptions or level of comfort in communication with partner.

Cash, Theriault, and Annis (2004) examined the relationship between body image, interpersonal anxiety, and adult attachment processes. The 103 males and 125 females who participated in the quantitative study completed three standardized assessments that examined body image, anxiety, fear of romantic intimacy, general adult attachment, and romantic attachment. Research found that women's anxiety in romantic intimacy was from body image dissatisfaction, distress, and appearance investment. Researchers concluded that females with negative body image and infatuation with personal appearance, increase insecurities and anxiety in intimate relationships. The anxiety and insecurities in a

relationship can then create other issues that may affect intimacy or the relationship in general.

Wiederman (2000) in his quantitative study found 35% of the 232 female participants indicated experiencing body image self-consciousness during physical intimacy. He also found that females measure their perception as sex partners from their viewpoint of physical appearance. These findings are of interest to females, considering body image effects intimate sexuality by inhibiting feelings of anxiety that cause the avoidance of interaction with a partner.

Theories Guiding Conceptualization

There is limited literature on the theoretical frameworks examining body image and the lack of there of has caused few studies of conceptual frameworks (Heinberg & Thopson, 1993). The theory most recognized and documented as a framework for understanding body image in Western culture is objectification theory (Park, DiRaddo, & Calogero, 2009).

Objectification theory offers a framework for understanding the correlation between body image and mental health risks that affect women, such as

depression, anxiety, and sexual dysfunction.

Objectification theory hypothesizes that the cultural environment socializes females to internalize outward expectations and see themselves as objects that are to be looked at, evaluated and often potentially objectified (Fredrickson & Roberts, 1997). As a result, this perspective leads females to evaluate their self-worth from the outside by comparing their physical appearance to Western European's cultural idealization of youth, slimness, and Whiteness (Fredrickson & Roberts, 1997).

Objectification theory explains the fact that sexual objectification of the female body consequently develops the unrealistic perspective of self-objectification. Females who self-objectify internalize an observer's perspective on their own bodies and seek acceptance from the way other people judge and treat them by their measurable physical appearance (e.g., slimness, body shape) rather than from their unapparent attributes (e.g., intelligence, health) (Fredrickson & Roberts, 1997). The female pressure to scrutinize their appearance from an observer's perspective can cause anxiety from a dispositional tendency to anxiously await signals of approval or rejection based on one's physical appearance

(Park, as cited in Park, DiRaddo, & Calogero, 2009).

Reoccurring feelings of anxiety can have an impact on negative body image and increase the risk for females to suffer from a mental health conditions.

The cognitive model can explain how the reoccurrence and accumulation of uncontrollable experiences of anxiety from negative body image may lead to depression (Fredrickson & Roberts, 1997). This is known as the learned-helplessness theory. According to Fredrickson and Roberts (1997), learned-helplessness theory suggests that when individuals attribute their negative life events to depression they are perceived as causes that are not willingly controllable or solvable. Fredrickson and Roberts argue that women's bodies are not necessarily adjustable. Women frequently develop negative feelings of shame and anxiety from experiencing a situation that is uncontrollable and impossible to overcome. As a result women then begin to feel helpless by not being able to alter their physical appearance or have power over people's reactions based on their physical appearance.

Summary

An analysis of the literature related to the present study has provided several key factors that illustrate a correlation between body image, depression and intimate relationships. Western European cultures have internalized females with an idealization of an unrealistic thin weight. Females who lack ideal weight or body shape are more vulnerable to the effects of depression and having issues in intimate relationships.

CHAPTER THREE

METHODS

Introduction

The data collected examined the impact body image dissatisfaction has on depression and sexual attitudes. This section presents the research methods and procedures with detailed descriptions of the study design, sampling criteria, data collection, instruments, procedures, and data analysis. This chapter also describes the measures taken to ensure the protection of human subjects and confidentiality of data collected.

Study Design

The purpose of the study was to assess the correlations between a young female's body image, the corresponding levels of depression, and the impact on her feelings about and experiences of intimate relationships. The primary independent variable of the study is one's body image and the dependent variables are depression and intimacy. Related literature has researched both dependent variables individually with the independent variable of body image.

This study employed a quantitative survey design using self-administered questionnaires. Self-administered written questionnaires were gathered from participants to identify the magnitude of the role body image plays in depression and intimate relationships. In addition to the questionnaires, the packet included a letter of introduction, informed consent, and debriefing statement inside a blank envelope with a seal. After completion of the questionnaire, participants then returned the packet inside the sealed envelope to the Women's Resource Center at California State University, San Bernardino.

Quantitative methods allow researchers a greater amount of data to be collected in a short period of time and at a low cost. A greater amount of data collected increases the validity of the research results. The survey study design for this research makes certain that any biases and values do not interfere with participant responses or the interpretation of information gathered. Participants may also experience more comfort in disclosing personal and sensitive information within a self-reported questionnaire than a personal interview.

The methodological limitations of this study involved the sample size from which data was collected.

Due to time restrictions, it was impossible to guarantee the collection of a sizeable sample and therefore possible generalization. Another limitation was that the participants' responses to the surveys may be biased, untruthful, or left unanswered, as females might feel insecure answering questions pertaining to personal issues. This might have posed a threat to the validity of the study as it relies to accuracy of the information being provided by participants. University restrictions on approved locations for distributing surveys caused a methodological limitation since it limits who the surveys may reach. A final methodological limitation involved the design of the survey, which limited the ability to observe verbal and non-verbal behavior as participants are completing the survey.

This study had several hypotheses. The first hypothesis searched for a correlation between body image and depression. The second hypothesis looked for a relationship between body image and the actual experience of sexual intercourse. The third hypothesis looked at the connection between body image and sexual awareness. The fourth hypothesis addressed the correlation between age and body image. The fifth hypothesis questioned the

relationship between participant's religion and level of depression. The final hypothesis explored the similarities or differences of body image dissatisfaction between White women and minority women.

Sampling

Participants for this study will be enlisted from California State University, San Bernardino. This was the ideal location to find college women between the ages of 18 and 30. College is a time when women are finding themselves and dealing with the formation of complex romantic relationships. Thus, the sample population was limited to unmarried, college aged women. Because the purpose of this research study was to determine the relationship between body image, depression, and sexual attitudes, college women were the suitable population to study.

The sample was a convenience sample consisting of 80 participants of varying ages, ethnicities, sexual orientations, and religious backgrounds. Participants also differed in level of education, from undergraduate freshman to graduate students.

Data Collection and Instruments

The data for this study was collected using self-administered questionnaires. The questionnaire (see Appendix A) consisted of sections including demographics, body image, depression, sexual experience, and sexual attitudes. The primary independent variables are body image and the dependent variables are depression and intimacy. The questionnaires asked participants to fill in the blank or answer on a Likert scale.

The demographic section included questions on age, ethnicity, religious background, level of education, and marital status. The independent variable, body image, was measured through the use of the seven questions, Multidimensional Body-Self Relations Questionnaire - Appearance Scales (MBSRQ-AS) by Thomas Cash (Cash, Phillips, Santos, & Hrabosky, 2004). This instrument was purchased from Cash's website, Body Images Research Consulting (2000-2008). According to Fischer and Corcoran (2007) the MBSRQ demonstrates "good internal consistency, with alphas that range from .75 to .90" (p. 490). This scale has also been proven valid through various studies using the scale with other health and body image instruments (Fischer & Corcoran, 2007).

The dependent variable of the study, depression was measured using the Center for Epidemiologic Studies - Depression Scale (CES-D). This inventory consists of twenty questions measuring the severity of depression symptoms. This survey is free for academic use. According to the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), tests for internal consistency have demonstrated "Cronbach's alpha coefficients of .85 to .90 across studies" (Radloff, 1977).

The second dependent variable of sexual attitudes was measured by the thirty-six item Sexual Awareness Questionnaire (SAQ) created by Snell, Fisher, and Miller in 1991 (as cited in Davis, Yarber, Bauserman, Schreer, & Davis, 1998). The SAQ is a self-reported measure, consisting of 36 questions on a Likert scale. This questionnaire measures sexual consciousness, sex-appeal consciousness, sexual monitoring, and sexual assertiveness. According to Davis et al. (1998), the SAQ demonstrates satisfactory levels of reliability for females with an alpha of .86 to .88 on sexual consciousness, .82 on sexual monitoring, .92 on sex-appeal consciousness, and .81 to .85 for sexual assertiveness. Validity for the SAQ has been proven

through various studies that have used the scale to measure sex-anxiety, sex-guilt, sexual attitudes, and behaviors (Davis et al., 1998).

In addition to the aforementioned instruments, researchers asked five questions related to the quantity of sexual partners, frequency of sexual encounters, and the participants' self awareness of the role that body image plays in their intimate experiences. These questions were created to enhance the SAQ, which addressed attitudes about sexuality, but not about participant experiences. Supplemental questionnaire was reviewed by female social work students to test clarity and legitimacy. Strength of this added measurement is that it is entirely self-reported through fill in the blank or yes/no questions. Participants had complete freedom to answer as they chose.

The main limitations of the instruments that were chosen are that participants may be uncomfortable answering certain questions or may misinterpret a question. Researchers provided informed consent that notified participants of their right to skip any question that they chose or were uncomfortable with. Researchers also informed participants that they should interpret

questions to the best of their ability. There is no right or wrong answer.

Procedures

Before data was collected, this study had to receive approval from the Institutional Review Board at California State University, San Bernardino. Researchers also needed to gain permission from the director of the Women's Resource Center (WRC) to provide a table distributing the surveys. Once in connection with the WRC, workers solicited the participation of the women entering the center. A package including a letter of introduction (see Appendix C), informed consent, survey questionnaire, debriefing statement (see Appendix D), and a blank envelope will be given to participants. A locked box with a slot for collecting the envelopes was provided. This box was only accessible by the researchers.

Survey packets were available from Tuesday, February 9, 2010 until Tuesday, March 9, 2010. Participants had the opportunity to participate in a raffle after they returned their surveys. On March 9, 2010 the raffle was conducted. Prizes included two Visa gift cards valued at

\$25 each. The winners were posted on the bulletin board in the WRC.

Protection of Human Subjects

Feasible measures were taken to ensure the protection of anonymity and confidentiality of participants. The use of questionnaires limited the amount of personal identifying information collected and disallowed the ability to link surveys to individual subjects. The participant's identity was protected because the questionnaires did not request information such as names, addresses, phone numbers, and student's identification numbers. Additionally a letter of introduction was provided to participants to inform them of the research project and confidentiality measures. Also, participants were instructed to complete an informed consent form-advising participants of voluntary participation, the right to withdraw from the study at anytime without penalty, and the right to refuse to answer any question if they felt uncomfortable. Researchers instructed participants to complete the informed consent form with an "X" rather than their signature. Upon completion of the study a debriefing form

was made available to provide them with more information about the study, including contact information of the faculty advisor supervising the project, and resources pertaining to the study. Once data completed was withdrawn from the Women's Resource Center security safe drop-off box, the extracted information was entered into the SPSS computer program. Thereafter, the data will be identified only by a study supplied identification number. Questionnaire forms were then destroyed after the study was completed.

Data Analysis

Quantitative data analysis was the method utilized in this study to describe the correlation between independent and dependant variables. Descriptive statistics such as frequency, mean, and median were used to review demographic data. Inferential statistics such as the Chi-square test and Pearson's correlation coefficients were used to determine if a relationship existed between body image, depression, and sexual attitudes.

Summary

This study examined the link between female body image, depression, and sexual attitudes. This research may contribute to the increasing number of research studies regarding the effects that body image imparts on depression and the impact it can have on intimacy. Using quantitative surveys, a sample population was collected for the study. Ethical measures to minimize harm and protect human rights, such as confidentiality and participant anonymity, were taken seriously.

CHAPTER FOUR

RESULTS

Introduction

Data from the Demographics Questionnaire, the Sexual Experience Questionnaire, the Sexual Awareness Questionnaire, the Body Image Disturbance Questionnaire, and the Center for Epidemiologic Studies Depression Scale was analyzed using PASW Statistics 18. Descriptive statistics including frequency, mean and standard deviation were used to describe the sample. Pearson's r was used to determine the strength of correlations among specific variables. To reduce the likelihood of making a Type I error, p -value levels less than .01 were used in all tests.

Presentation of the Findings

The initial sample studied consisted of 81 women. Seven women were excluded due to being outside of the age range of 18 through 30. One was excluded for being married. The remaining sample was made up of 73 women. Within this sample, the mean age was 21.89, and the standard deviation was 3.156. The study sample consisted of 14 freshman, 14 sophomores, 11 juniors, 10 seniors,

and 19 graduate students. Five participants chose other and reported that they were fifth-year seniors.

The majority of participants, twenty-nine, were of Hispanic ethnicity. Seventeen participants were White. Thirteen participants were African-American. Three participants identified as Asian/Pacific Islanders. The remaining 11 participants identified as other, several indicating in writing that they were of more than one race.

Seventy participants indicated that they had never been married. One participant marked that she was divorced/separated. Two participants reported that they currently cohabitated with a partner.

Approximately 41.1 % of respondents reported that they were Catholic. In addition, 38.4 % of respondents identified themselves as Christian. One respondent indicated that they were Jewish and another marked that they were Protestant. The remaining 17.8 % of survey participants chose other. Figure 1 provides visual histogram charts of the age, and educational makeup.

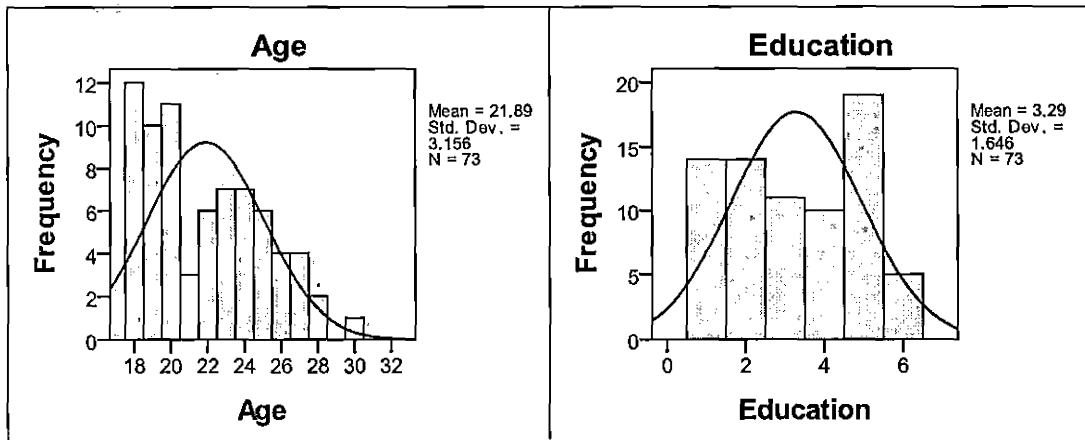


Figure 1. Frequency

The participants were asked to fill out a 3-item sexual experience questionnaire. All 73 participants answered the questions. Fifty-six women, 76.7 % of respondents, reported that they had already had sexual intercourse. Seventeen women, 23.3% of respondents, indicated that they had never had sexual intercourse. Thirty-nine people, 53.4% of the sample, responded yes when asked if they believed body image dissatisfaction affected their ability to enjoy sex. Nineteen people, 26.0% of the sample, indicated that they did not believe body image dissatisfaction affected their ability to enjoy sex. Fifteen people, 20.5% of the sample, chose not to respond to this question because they had previously indicated that they had never sexual intercourse. The final question of the sexual awareness questionnaire

asked those who chose to skip question two, to indicate if they believed body image dissatisfaction played a role in their lack of sexual experience. Twelve participants, or 16.4%, said yes to the abovementioned question. Twelve participants, or 16.4%, indicated no to this question. Forty-nine people did not respond to question three.

Several scales were created from the surveys administered. The Body Image Disturbance Questionnaire (BIDQ) was made up of seven questions that formed a scale scored from 0 to 5. The mean for the BIDQ was approximately 2.03, with modes of 1.14 and 1.43, and a standard deviation of .81. The Center for Epidemiologic Studies Depression Scale (CES-D 20) was made up of 20 questions with a possible score from 0 to 60. A score of 16 or greater was considered depressed. Of the 73 participant sample, only 64 chose to take the CES-D 20. The mean for the CES-D 20 was 16.92, with a mode of 19.00, and a standard deviation of 10.58.

The Sexual Awareness Questionnaire (SAQ) was made up of 36 items that were scored in four subscales: sexual-consciousness, sexual-monitoring, sexual-assertiveness, and sex-appeal-consciousness. Each subscale was scored on its own scale with higher scores

indicating a greater psychological tendency. Sexual-consciousness was scored on a scale of 0 to 24, sexual-monitoring on a scale of 0 to 32, sexual-assertiveness on a scale of 0 to 36, and sex-appeal-consciousness on a scale of 0 to 12. The most notable score appeared on the sexual consciousness scale, which showed a mean of 16.87 out of 24. Table 1 provides a visual of the mean, median, mode and range for the subscales of the SAQ.

Table 1. Sexual Awareness Subscales

		sexual_ consciousness	sexual_ monitoring	sexual_ assertiveness	sex_appeal_ consciousness
N	Valid	71	69	66	71
	Missing	2	4	7	2
Mean		16.8732	16.7536	17.2727	3.9577
Median		18.0000	17.0000	17.0000	4.0000
Mode		19.00	19.00	19.00	6.00
Range		23.00	25.00	28.00	12.00

Research Questions

Statistical tests were run to determine correlations of six different research questions. The first research question searched for a correlation between depression and body image. In order to find a correlation, a

Pearson's r test was conducted. A positive correlation between body image and depression was discovered, with an r of .643 at the $p < .000$ level.

The second research question asks if there is a correlation between body image and if a participant has had sexual intercourse. An independent- t test was conducted. The test showed that the mean body image score for women who had had sexual intercourse was 2.08. The mean body image score for women who had not had sexual intercourse was 1.84. According to the t -test, the variables have approximately equal variance. The t -value is 1.068, with 68 degrees of freedom. There is no significant difference between the two groups as demonstrated by the p value of .289.

The third research question is concerned with a connection between body image and the four subscales of the Sexual Awareness Questionnaire (SAQ). Four separate Pearson's r tests were run to look for relationships. The test demonstrated no significant relationship between body image and sexual consciousness. The second Pearson's r test, between body image and sexual monitoring, revealed a positive relationship between the two variables as indicated by an r of .606 and a p value of

.000. The third test, between body image and sexual-assertiveness, ascertained a no significant relationship. The final test, between body image and sex-appeal-consciousness, also divulged no significant relationship.

The fourth research question addresses the correlation between age and body image. A Pearson's r test was chosen because both variables were at the interval level. The test identified no specific relationship with an r of .103 and a p value of .398.

The fifth research question probed the relationship between a participant's religion and levels of depression among the sample population. The two most common religions, Catholic and Christian, were compared for depression levels. An independent t -test was performed. The t -test showed that the mean depression score for Catholics was 16.33. The mean depression score for Christians was 16.86. According to the t -test, the variables have approximately equal variance. The t -value is $-.179$, with 47 degrees of freedom. There is no significant difference between the two groups as demonstrated by the p value of .859.

The final research question analyzed the similarities or differences between White women and Minority Women regarding their levels of body image dissatisfaction. Minority women included African-American, Hispanic, Asian/Pacific Islander, Native-American, and other. The mean body image scores for each ethnicity were calculated and analyzed. White women have an average body image score of about 2.42. Taking all the mean body image scores for the minority women and averaging those, the overall average body image score for minority women is 1.84. See Table 2 for a visual of the mean body image scores for each ethnicity.

Table 2. Body Image Scores

Ethnicity	Mean	N	Std. Deviation
White	2.4196	16	.86105
African-American	1.7500	12	.69487
Hispanic	1.9643	28	.80777
Asian/Pacific Islander	1.6190	3	.35952
Other	2.0390	11	.82088
Total	2.0286	70	.80798

Summary

The 73 respondents in this study were all female college students between the ages of 18 and 30. All respondents were single or cohabitating. Nearly 40% of respondents identified as Hispanic.

The respondents were asked to answer demographic and sexual experience questions. In addition, the respondents were asked to respond to three separate scales: the Sexual Awareness Questionnaire (SAQ), the Body Image Disturbance Questionnaire (BIDQ), and the Center for Epidemiological Studies, Depression Scale 20 (CES-D 20). Pearson's r correlations indicate a significant relationship between body image and depression and body image and sexual monitoring. A comparison of means indicated that White women have higher level of body image disturbance than minority women.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five interprets the findings and lists the limitations presented in the study. In finalization, this chapter offers recommendations for social work practice, policy, and research.

Discussion

This study found that a significant positive correlation exists between depression and body image. This implies that there is a direct association between depression and body image. As levels or scores of depression increase, the levels of body image disturbance increased as well, and vice versa. Results also indicated there was no significant correlation between body image and the participant's experiences in sexual intercourse.

When testing the four subscales Of the SAQ and body image, results indicated no significant correlations between body image and sexual consciousness, sexual assertiveness, and sexual appeal. Study results found a significant positive correlation between body image and sexual monitoring. The positive correlation among the two

variables indicates that when body image scores from the BIDQ increased, sexual monitoring scores from the SAQ also increased. This means that when participant's level of body image distortion increase, their sensitivity to others evaluation of their sexuality increased as well.

When testing the correlation between age and body image, results indicated no specific correlation among the two variables. There also appeared to be no correlation between religion and depression. A final hypothesis examined the relationship between White women and Minority women on levels of body image dissatisfaction. Results indicated White females have a higher level of body image dissatisfaction in comparison to Minority women.

Additional analysis of our results was conducted on the BIDQ questionnaire that consisted of seven multiple-choice questions with an optional written section to extend clarification for their answer. In question number one participants were asked if they were concerned about the appearance of their body and certain body parts they found particularly unattractive. It appears that a large majority reported to be self-conscious of their arms and stomach. One participant

stated, "I hate my arms because they are so big and I feel everyone is just focusing or staring at them" (Participant 64, personal interview, February 2010). On question numbers two when asked, "What effects has your preoccupation with your appearance had on your life?" most participants who answered that questions expressed how their appearance effects what clothing they wear and not being able to wear certain clothes. Finally on the last question almost all participants that responded when asked, "Do you ever avoid things because of your physical 'defect?'" wrote down beach, pool, or swim wear. Females find comfort in clothing that cover body areas they feel self-conscious of and prefer to avoid locations where it is customary to wear minimal clothing.

Study results answered the six research questions discussed in Chapter Three and were similar to a large portion of previous literature reviews. For example, Fallon's research results, cited in Rand and Wright (2001), confirmed that body image dissatisfaction may be a predictor of depression. Body image and depression results in this study also found a significant correlation among the two factors. Findings also support results found in Tovee's (1993) research findings that

found body image as a feature of depression. Body image dissatisfaction appears to stand as a strong indicator or component of depression.

Cash et al.'s (2004) research study found women in a romantic relationship were revealed to have increased feelings and concerns of body image dissatisfaction, when in the presence of their partner. These research results provide significant support for Cash et al.'s findings. Participants in this research also illustrated that body image dissatisfaction can increase concerns of one's sexual evaluation from others. Body image dissatisfaction can increase one's insecurities and affect how one feels about one's own appearance and sexual relationships.

Influences like these can lead women to perceive themselves in a stage of helplessness. This could support Fredrickson and Roberts' (1997) research theory of learned-helplessness, which suggests women's body image dissatisfaction and lack of power over others' evaluation of their physical appearance or achieving ideal body appearance can contribute to feelings of depression. Pressure of obtaining idealized physical appearance affects the way one perceives oneself and increases feelings of insecurities around others. The inability to

control others' opinions and comparing oneself to others creates feelings of anxiousness and hopelessness, which may result in isolation and lead to depression.

Limitations

Several limitations of the research regarding the effects of college women's body image dissatisfaction on depression and attitudes on intimate relationships were present. First, the retrospective design of this study relied on participants' responses to be accurately answered to ensure the measurement's validity. Participants may have been hesitant to answer personal questions due to their comfort and trust level with researchers. A large portion of participants had no knowledge of the researchers before completing questionnaires and may have felt uncomfortable trusting an unfamiliar person with their personal responses. Also participants may have answered questions inaccurately due to the pressure of time and completing questionnaires in a public area. Specifically, the majority of participants completed questionnaires during limited break periods between classes and may have felt rushed.

Second, although the age of participants in the sample was the most convenient age group and very likely to have experienced body image issues, depression, and sexual relationships, the generalizability of this study is affected. This study was limited to a small sample size of college women who were all students at California State University, San Bernardino. Thus, results are not as easily generalized to women at other universities or women not attending school. As well, participants were instructed to answer questions from current or past feelings and thoughts, but biased emotions could have influenced the way they answered certain questions. One can have a different feeling when remembering an event then how one actually may have felt during the incident. One may discount or belittle past feelings. Indeed, on the SAQ participant's answers which reflected on past feelings may have affected the analysis of the correlation between feelings of body image dissatisfaction and current feeling depression. Although interpretation of the questions may have been from past or present experiences, the findings still indicate significant relationships.

The third potential limitation involves the measures. Researchers did not provide participants with a definition

for the meaning of "body image," therefore participants' written answers on the BIDQ were based on different interpretations of the concept. Also a large portion of the participants choose not to complete the written portion of the BIDQ where indicated. Thus researchers separated the written portion of the BIDQ into a narrative interpretation of its own category findings. Last, validity of the measurement may be a threat if participants did not comprehend a question on one of the questionnaires and answered it incorrectly or left the question blank.

Finally, the internal validity of the study may have been influenced by the form in which participants were presented and directed to complete questionnaires. Participants also only interested in receiving a compensation prize for completing questionnaires may have been untruthful when they responded to questions. Thus inaccurate or untruthful responses may affect the outcomes of our research analysis.

Recommendations for Social Work Practice, Policy and Research

Social Work Practice

Considering the research finding of the effects that body image has on mood, body image dissatisfaction appears to be highly connected to depression. Social workers should create proper treatment plans that are specifically designed to assist individuals living with a depression tied to body image dissatisfaction. Social worker's assessments should include categories of questions designed to target body image dissatisfaction for adolescents and young adults. Referrals must be found or created for clients living with a depression due to body image issues. This is important because if social workers can detect body image disturbance at an early onset, they can immediately provide specific attention in treating the target factors. By providing necessary body image assessment questions, social workers can create more precise treatment plans that are specifically designed for clients with body image risk factors.

In order to grant specific treatment for this population it is important that social workers not only assess for body image perceptions but also advocate to

provide specific treatment, and increase awareness and education for young women living with body image issues. Different methods can accomplish this task by providing specific individual therapy, support groups, seminars with motivational speakers, and mentors that have overcome struggles with body image issues. In addition, hotlines could be provided and national awareness campaigns or educational websites created. Most important of all is to have social workers continue the necessary research of the effects body image has on depression increase the awareness of its importance in social work literature.

Social workers should increase awareness of the impact body image has on females and the effect it plays in other leading mental health disorders such as eating, anxiety, and body dysmorphic disorders. School social workers should be proactive by providing school programs that teach young children and adolescents about body image risk factors and provide programs to increase self-esteem, self worth, and teach them not to buy into negative media and peer influences. By doing this, social workers can strengthen minds, bodies, and souls at an early stage of identity and decrease the number of

individuals that suffer each year from a mental disorder that may be generated by body image distortion.

Social Work Policy

Recommendations for social work policy consist of providing education on the effects body image may cause on depression, so that awareness of the matter is increased and considered of importance by a larger spectrum of people. Conceivably national social work organizations could lobby to have federal, state, and local government implement policies and programs to expand opportunities, increase awareness, and decrease societal factors affecting females' body image perception negatively. These programs could address entitlements to help eliminate societal factors including media regulation, comprehensive medical and mental health treatment, psychoeducational information to individuals suffering with body dysmorphia or eating disorders, family and friends, social workers, and other professionals.

Literature on the matter should be implanted into text books designed for social workers. Literature should consist of the effects and association with other mental health disorders, and also how to assist clients with

body image distortion. Social work schools and programs should integrate body image distortion, eating disorders, and coinciding effects to their curriculum. Universities, such as California State of San Bernardino, School of Social Work should create a policy to have students sign a contract that indicates they have been provided with an information packet that consists of a directory of all campus resources and listings of services provided by each center, such as the Women's Resources Center, Counseling Center, and Health Center. This will inform and encourage students to receive necessary assistance if needed or provide appropriate information to other students they know will benefit from the services.

Social Work Research

To further strengthen research and continue to support findings of the correlation between body image effects on depression and attitudes toward intimate relationships, it is important for researchers to conduct research on a larger number of participants. Thus, it is suggested that studies be run on a larger, more diverse group of women of various ages, ethnicities, and religions, not only female college students.

Researcher predominantly focused research findings from single college aged women that may have been a in a long term relationship, which may have affected their perception of body image. Future research should test if there is a significant correlation between a female's body image and relationship influences. Finally, to continue research from these findings, it is suggested that future research be conducted to further inspect why White women compared to other Minorities have higher levels of body image dissatisfaction. Researchers should further explore cultural influence that may affect White women more than other minorities.

Conclusions

Researchers created this study with the interest of examining correlations between college women's body image, depression, and attitudes on sexuality and intimacy. In the process, researchers found the need to thoroughly examine other research studies, due to the fact that there was a limited amount of literature focused on the effects body images has on female mental health and social relationships. The study found a significant positive correlation between depression and

body image dissatisfaction that supported previous studies. Researchers encourage other social workers to continue to investigate and increase the awareness of body image distortion. In the future, researchers hope to have inspired a revolutionary analysis of how women view and value themselves as individuals.

APPENDIX A
QUESTIONNAIRE



The Sexual Awareness Scale (SAS)

by

William E. Snell, Jr. @ SE Missouri State University
Terri D. Fisher @ The Ohio State University at Mansfield
Rowland S. Miller @ Sam Houston State University

INSTRUCTIONS: The items listed below refer to the sexual aspects of people's lives. Please read each item carefully and decide to what extent it is characteristic of you. Give each item a rating of how much it applies to you by using the following scale:

A = Not at all characteristic of me.

B = Slightly characteristic of me.

C = Somewhat characteristic of me.

D = Moderately characteristic of me.

E = Very characteristic of me.

-
1. I am very aware of my sexual feelings. _____
 2. I wonder whether others think I'm sexy. _____
 3. I'm assertive about the sexual aspects of my life. _____
 4. I'm very aware of my sexual motivations. _____
 5. I'm concerned about the sexual appearance of my body. _____
 6. I'm not very direct about voicing my sexual desires. (R) _____
 7. I'm always trying to understand my sexual feelings. _____
 8. I know immediately when others consider me sexy. _____
 9. I am somewhat passive about expressing my sexual desires. (R) _____
 10. I'm very alert to changes in my sexual desires. _____
 11. I am quick to sense whether others think I'm sexy. _____
 12. I do not hesitate to ask for what I want in a sexual relationship. _____
 13. I am very aware of my sexual tendencies. _____
 14. I usually worry about making a good sexual impression on others. _____
 15. I'm the type of person who insists on having my sexual needs met. _____

16. I think about my sexual motivations more than most people do. _____
17. I'm concerned about what other people think of my sex appeal. _____
18. When it comes to sex, I usually ask for what I want. _____
19. I reflect about my sexual desires a lot. _____
20. I never seem to know when I'm turning others on. _____
21. If I were sexually interested in someone, I'd let that person know. _____
22. I'm very aware of the way my mind works when I'm sexually aroused. _____
23. I rarely think about my sex appeal. (R) _____
24. If I were to have sex with someone, I'd tell my partner what I like. _____
25. I know what turns me on sexually. _____
26. I don't care what others think of my sexuality. _____
27. I don't let others tell me how to run my sex life. _____
28. I rarely think about the sexual aspects of my life. _____
29. I know when others think I'm sexy. _____
30. If I were to have sex with someone, I'd let my partner take the initiative. (R) _____
31. I don't think about my sexuality very much. (R) _____
32. Other people's opinions of my sexuality don't matter very much to me. (R) _____
33. I would ask about sexually-transmitted diseases before having sex with someone. _____
34. I don't consider myself a very sexual person. _____
35. When I'm with others, I want to look sexy. _____
36. If I wanted to practice "safe sex" with someone, I would insist on doing so. _____

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Center for Epidemiologic Studies Depression Scale (CES-D)

L. S. Radloff and B. Z. Locke

CENTER FOR EPIDEMIOLOGIC STUDIES—DEPRESSION SCALE Circle the number of each statement which best describes how often you felt or behaved this way – DURING THE PAST WEEK.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
During the past week:	0	1	2	3
1) I was bothered by things that usually don't bother me	0	1	2	3
2) I did not feel like eating; my appetite was poor	0	1	2	3
3) I felt that I could not shake off the blues even with help from my family and friends	0	1	2	3
4) I felt that I was just as good as other people	0	1	2	3
5) I had trouble keeping my mind on what I was doing	0	1	2	3
6) I felt depressed	0	1	2	3
7) I felt that everything I did was an effort	0	1	2	3
8) I felt hopeful about the future	0	1	2	3
9) I thought my life had been a failure	0	1	2	3
10) I felt fearful	0	1	2	3
11) My sleep was restless	0	1	2	3
12) I was happy	0	1	2	3
13) I talked less than usual	0	1	2	3
14) I felt lonely	0	1	2	3
15) People were unfriendly	0	1	2	3
16) I enjoyed life	0	1	2	3
17) I had crying spells	0	1	2	3
18) I felt sad	0	1	2	3
19) I felt that people disliked me	0	1	2	3
20) I could not get "going"	0	1	2	3

BIDQ (© Thomas F. Cash and Kathleen A. Phillips)

This questionnaire assesses concerns about physical appearance. Please read each question carefully and circle the answer that best describes your experience. Also write in answers where indicated.

Are you concerned about the appearance of some part(s) of your body which you consider especially unattractive? (Circle the best answer)

1	2	3	4	5
Not at all concerned	Somewhat concerned	Moderately concerned	Very concerned	Extremely concerned

What are these concerns? What specifically bothers you about the appearance of these body parts? _____

If you are at least somewhat concerned, do these concerns preoccupy you? That is, you think about them a lot and they're hard to stop thinking about? (Circle the best answer)

1	2	3	4	5
Not at all preoccupied	Somewhat preoccupied	Moderately preoccupied	Very preoccupied	Extremely preoccupied

What effect has your preoccupation with your appearance had on your life? (Please describe): _____

Has your physical "defect" often caused you a lot of distress, torment, or pain? How much? (Circle the best answer)

1	2	3	4	5
No distress	Mild, and not too disturbing	Moderate and disturbing, but still manageable	Severe, and very disturbing	Extreme, and disabling

Has your physical "defect" caused you impairment in social, occupational or other important areas of functioning? How much? (Circle the best answer)

1	2	3	4	5
No limitation	Mild interference but overall performance not impaired	Moderate, definite interference, but still manageable	Severe, causes substantial impairment	Extreme, incapacitating

Has your physical “defect” significantly interfered with your social life? How much? (Circle the best answer)

1	2	3	4	5
Never	Occasionally	Moderately Often	Often	Very Often

If so, how? _____

Has your physical “defect” significantly interfered with your schoolwork, your job, or your ability to function in your role? How much? (Circle the best answer)

1	2	3	4	5
Never	Occasionally	Moderately Often	Often	Very Often

If so, how? _____

Do you ever avoid things because of your physical “defect”? How often? (Circle the best answer)

1	2	3	4	5
Never	Occasionally	Moderately Often	Often	Very Often

If so, what do you avoid? _____

Demographics Questionnaire

- 1) How old were you on your last birthday? _____ Years
- 2) What is your ethnicity?
 - A) White
 - B) African-American
 - C) Hispanic
 - D) Asian/Pacific Islander
 - E) Native-American
 - F) Other (Please specify) _____
- 3) What is your marital status?
 - A) never married
 - B) married
 - C) divorced/separated
 - D) widowed
 - E) co-habitation
- 4) What is your religious background?
 - A) Protestant
 - B) Catholic
 - C) Christian
 - D) Jewish
 - E) Islamic
 - F) Other (Please Specify) _____
- 5) What is your level of education?
 - A) Freshman
 - B) Sophomore
 - C) Junior
 - D) Senior
 - E) Graduate Student
 - F) Other (Please Specify) _____

Sexual Experience Questionnaire

- 1) Have you ever had sexual intercourse with a partner? If no, skip to question number 3.
 - A) Yes
 - B) No
- 2) For those who answered yes to the question above, do you think that body image dissatisfaction affects your ability to enjoy sex?
 - A) Yes
 - B) No
- 3) For those who have not had sexual intercourse, do you think body image dissatisfaction plays a role in your lack of sexual experience?
 - A) Yes
 - B) No

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the correlation between body image dissatisfaction, depression, and intimate relationships among college aged women. This study is being conducted by Alesha Marshall and Liliana Llamas under the supervision of Rosemary McCaslin, Professor, School of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study is to examine the relationship between body image dissatisfaction, depression, and intimate relationships among college aged women, so that effective therapies can be developed in the field of social work to address these issues.

DESCRIPTION: You are being asked to fill out a survey. You will be asked a few questions about your background, body image, depression, and intimate relationships. You must be a female college student between the ages of 18 and 30.

PARTICIPATION: Participation in this study is completely voluntary, refusal to participate will involve no penalty or loss of benefits to which you are entitled, and you may discontinue participation at any time without penalty.

ANONYMITY: The information you provide will be completely anonymous. Your name will not be associated with any data you have provided. No name or identifying information will be collected.

DURATION: The survey will take approximately 30 minutes to complete.

RISKS: A minor risk of discomfort may result from the nature of the questions asked on the questionnaire. You may be uncomfortable or upset to answer certain personal questions such as age, education level or feelings of depression or intimate relationship experiences. In such case, you will be able to refuse to answer those questions or withdraw any time without penalty.

BENEFITS: A benefit in taking part in this survey will be to gain a greater understanding of your level of body image satisfaction, depression, and intimacy issues. In addition, you will be providing essential information that will expand the field of social work and possibly contribute to the creation of future therapies. A random drawing for two gift cards will be conducted after all surveys have been collected. Incentives are only provided upon the completion of the survey.

CONTACT: If you have any questions about this project, please contact my research supervisor, Dr. Rosemary McCaslin, Professor, School of Social Work, California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA 92407, rmccasli@csusb.edu, (909) 537-5507.

RESULTS: The results of this survey will be available at the Pfau Library, California State University, San Bernardino after September 2010.

MARK: _____ **DATE:** _____

APPENDIX C
DEBRIEFING STATEMENT

“The Impact of Body Image Dissatisfaction on Depression and Intimate Relationships among College Aged Women”

Debriefing Statement

This study you have just completed was designed to discover the connection between body image dissatisfaction, depression, and intimate relationships. We are particularly interested to find out if body image dissatisfaction increases depression and intimacy problems in college aged women. We realized that body image, depression, and intimacy are private and sensitive issues. Thus, we greatly appreciate your participation in this study and provide resources below that may be helpful if you are experiencing any after effects from the study questions.

Thank you for your participation and for not discussing the contents of the questionnaires with other students. If you feel uncomfortable or distressed as a result of participating in the study, you are advised to contact the Community Counseling Center, Department of Psychology at CSUSB at (909) 763-4970, Loma Linda University Marriage and Family Therapy Clinic at (909) 558-4934, or Bilingual Family Counseling Service, Inc. at (909) 986-7111. If you have any questions about the study, please feel free to contact Rosemary McCaslin, Professor, School of Social Work, California State University, San Bernardino at (909) 537-5507. If you would like to obtain a copy of the findings of this study, please contact the Pfau Library, California State University after September 1, 2010.

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Alesha Marshall & Liliana Llamas

2. Data Entry and Analysis:

Team Effort: Alesha Marshall & Liliana Llamas

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort: Alesha Marshall & Liliana Llamas

- b. Methods

Team Effort: Alesha Marshall & Liliana Llamas

- c. Results

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- d. Discussion

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