

Damsel in Distress: Significance of Body Image, Psychological Health in 21st Century

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Abstract—In 21st century, concern about one's body image is fast becoming of great significance to all- across gender, age, status, and race. According to Cash (2000) body image refers to how you personally experience your embodiment. More than a mental picture of what you look like, your body image consists of your personal relationship with your body- encompassing your perception, beliefs, thoughts, feelings and actions that pertain to your physical appearance. The aim of the present study is to find out the relationship between psychological health, body image evaluation (physical appearance), body image distress, and importance of appearance. Data was collected from 80 female students of Delhi University of the age group 17-23 years. GHQ-12 by Goldberg (1978), body image evaluation test, body image distress test, appearance importance test by Cash. The data was divided into 3 categories on the basis of percentiles based on health scale. The results indicate that there is a significant relation between psychological health, body image distress and body image evaluation. There is significant relationship between importance of appearance and distress. Therefore, body image of a person effects his psychological wellbeing.

1. INTRODUCTION

Body image is becoming of great significance to all- across gender, age, status and race. Indian women are becoming more and more concerned about their body and physical appearance. According to Cash (2000) body image refers to how you personally experience your embodiment. More than a mental picture of what you look like, your body image consists of your personal relationship with your body-encompassing your perception, beliefs, thoughts, feelings and actions that pertain to your physical appearance. Women these days are becoming very dissatisfied with their body. It has become apparent that body dissatisfaction and inaccurate body image perception is quickly becoming a global phenomenon. Factors such as globalization, westernization, media and culture have influenced body image of Indian women. With globalization and westernization, the perception of 'ideal' Indian women or 'ideal' Indian body has also changed. Women now look upon models and actresses as role models. It is evident from ever increasing number of salons, gyms, beauty clinic etc. As a result of this false perception women are becoming more and more dissatisfied with their body

image and physical appearance. They have started giving importance to appearance. Their concern for their appearance preoccupies their thoughts, behaviour and emotion. These women have low self-worth and self-esteem. The concern for their body has affected their psychological health; it causes distress; has also affected their quality of life. Women nowadays suffer from eating disorders. In order to achieve the 'perfect' body, women binge-eat, follow strict exercise regimes, undergoes surgery etc. A lot of women these days are suffering from body dysmorphic disorder - the disorder of imagined ugliness (Philips, 2005). A lot of studies are being done in the area of body image. Body image is becoming one of the most researched topic. The study was to done to find out how female college students feel about their body. How their body image affects their psychological health. Study was also conducted to find out whether body image dissatisfaction causes distress. Allgood (1990) found the significant relationship between body image and depression for both sexes. They found that females reported more depressive symptoms and negative body image than males. Dixit et al (2011) found out nearly one third (32.8%) of girls surveyed overestimated their weight and nearly a third of those who were satisfied with their body size were actually underweight. Priya et al (2010) found out that most of the women perceived their image correctly regarding to their weight. Most of the underweight and all overweight females were not satisfied. Underweight females preferred to gain weight and overweight females preferred to lose weight. Perceived Body Image Dissatisfaction (PBID) arises from a complex interplay of factors, including gender, self-esteem, and actual body mass (Kostanski and Gullone, 1998). Self-esteem is consistently related to body image dissatisfaction for women, and women consistently exhibited a more negative body image than did men. Even when both men and women were consistent exercisers, the women had poorer body image (Lowry et al, 2005). In a study by Cash et al (2004), it was found that non-Black women's increasing body-image dissatisfaction until the early or mid-1990s, after which significant improvements occurred in terms of overall body-image evaluation and overweight preoccupation among both non-Black and Black

women, despite heavier body weights. A reduction over time in women's investment in their appearance was also evident. Men's body image was relatively stable during the 19-year period. Body image has received increasing empirical and clinical attention (Cash & Pruzinsky, 2002; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999), in part because of the high prevalence of body-image concerns especially among females in Western societies (e.g., Cash, 2002c; Striegel-Moore, Silberstein, & Rodin, 1986). A negative body image can result in adverse psychosocial consequences for both sexes, including disordered eating (Cash & Deagle, 1997; Stice, 2002), depression (Noles, Cash, & Winstead, 1985), social anxiety (Cash & Fleming, 2002a), impaired sexual functioning (Wiederman, 2002), poor self-esteem (Powell & Hendricks, 1999), and diminished quality of life (Cash & Fleming, 2002b). In a study by Miller, Schnur, Weinberger, Montgomery (2014) on women facing breast cancer surgery, it was found that younger women, particularly those with poor body image, are at an increased risk for pre-surgical emotional distress. Studies have consistently shown that overweight and obese and normal-weight individuals involved in physical activities show increased prevalence of body image dissatisfaction (BID), a greater pre occupation with weight and body shape compared to the general population (Brewerton et al., 1995; Bryne 2002; Davis, Kennedy, Ravelski, & Dionne, 1994).

Research Queries:

1. Explore the relationship between psychological health and body image evaluation (physical appearance).
2. To understand the relationship between psychological health and body image distress?
3. To recognize the relationship between distress and body image evaluation (physical appearance)?
4. To investigate the relationship between distress and appearance importance?

2. METHOD

2.1 Sample

Data was collected from 80 female students of Delhi University of the age group 17-23 years. Convenient and purposive sampling were used. There were girls from various disciplines (15- Bachelor of Science, 15- Bachelor of Commerce, and 50- Bachelor of Arts). The participants came from various socio-economic backgrounds. The height of the participants varied from 145cm to 173cm and weight of the participants varied from 38kg to 97kg.

2.2 Tools

1. General health questionnaire(GHQ-12) by Goldberg(1978): cronbach alpha for this test was found out to be 0.804

2. The Body Image Evaluation Test by Cash (2000): This test assesses evaluative body image. This refers to how you feel about your appearance in general as well as your particular physical characteristics or features. The cronbach alpha for this test was found out to be 0.804
3. The Body Image Distress test by Cash (2002): negative body image emotions such as anxiety, disgust, despondency, anger, frustration, envy, shame, or self-consciousness crop up in different situations for different people. This test assesses how often you experience negative emotions about your appearance in situations. Cronbach alpha was found out to be 0.702
4. The Appearance Importance Test by Cash (2004): people have various beliefs and experiences about the meaning and importance of their physical appearance. This test assesses these beliefs about physical appearance. Cronbach alpha was found out to be 0.697

2.3 Procedure

The topic was deliberated upon and after a review of literature research questions were formulated and tools to be used were selected. Permission was taken from these participants before cordially requesting them to respond to the various measures. The four tests were administered on each participant. Scoring was done according to standardized scoring method. The mean, standard deviation, quartiles, correlation using SPSS 16.0. The data was divided into 3 groups (poor health, average health, good health) on the basis of quartiles based on GHQ-12 score. ANOVA was done. MENTION CRONBACH value

3. DATA ANALYSIS

Table 3.1: Percentiles for health quotient, evaluation, distress and appearance measures

Quartiles					
		Health	Evaluation	Distress	Appearance
N		80	80	80	80
Percentiles	25	40.25	1	7.25	5
	50	55.5	2	12	7
	75	63.75	5	17	8.75

Table 3.2: Descriptive measures and variance for four measures

	N	Minimum	Maximum	Mean	Std. Deviation
Health	80	22.00	110.00	53.28	16.11
Evaluation	80	.00	14.00	3.30	3.28
Distress	80	.00	32.00	12.30	7.22
Appearance	80	1.00	12.00	6.6500	2.68

Table 3.3: Correlation values between the four measures

Correlations				
	Health	Evaluation	Distress	Appearance
Health		.431**	.376**	.278*
Distress	.376**	.436**		.553**
Appearance	.278*	.161	.553**	

** . Correlation is significant at the 0.01 level (2-tailed).
 * . Correlation is significant at the 0.05 level (2-tailed).

The scores were divided into 3 groups on the basis of quartiles based on GHQ-12. One-way ANOVA was calculated. The results are represented in table 3.4 and table 3.5

Table 3.4: Descriptive measures for the three groups – good health, average health and poor health

		N	Mean	Standard Deviation
Evaluation	Good Health	20	1.70	2.15
	Average Health	40	3.15	3.03
	Poor Health	20	5.20	3.84
	Total	80	3.30	3.28
Distress	Good Health	20	8.05	6.17
	Average Health	40	12.55	6.77
	Poor Health	20	16.05	7.09
	Total	80	12.30	7.22
Appearance	Good Health	20	6.40	2.68
	Average Health	40	6.05	2.58
	Poor Health	20	8.10	2.46
	Total	80	6.65	2.68

Table 3.5 F values for Body image - evaluation, distress and appearance

	F	Sig.
Evaluation	6.569	.000**
Distress	7.149	.001**
Appearance	4.335	.016*

**Significant at 0.01 level
 *Significant at 0.05 level

4. DISCUSSION

The present study aims to explore the following four relationships - between psychological health and evaluative body image, psychological health and body image distress, body image distress and evaluative body image and body image distress and appearance importance. The data was collected from 80 female participants across Delhi University.

The participants were divided into 3 groups on the basis of the overall psychological health scores. Participants who scored below 40.25 (p25) have good psychological health. Those who scored above 63.75 (p75) have poor psychological health. Participants who scored between 40.25 and 63.75 have

average psychological health. The sample has average psychological health.

It is important to note that higher the score obtained on body image evaluation test, the more is the person dissatisfied with her evaluative body image. In general individuals who are more critical about their looks are more dissatisfied with their body image. Participants with good health are more satisfied with their physical appearance. Participants with poor health have most dissatisfied with their evaluative body image. There is no significant difference between scores of good health and average health. However, there is significant difference between scores of good health and poor health and average health and poor health. This implies that poorer the health, more is the person dissatisfied with their physical appearance. People who are discontented with their physical appearance or are critical of their looks have poor psychological health.

People who have scored high on this test have some situations and places that intensify their body image displeasure. People who have good psychological health have very low body image distress. Participants with poor health have very high body image distress. There is significant difference in the scores of participants with good health and average health and participants with good health and poor health. However there is no significant difference in the scores of participants with poor health and average health. Participants with poor health have more body image distress. They experience negative emotions about their appearance very often. Negative emotions that person experiences are anxiety, disgust, despondency, anger, frustration, envy, shame, or self-consciousness. The poorer the health more is the body image distress. People with poor health have more experiences, situations and places that increase their body image displeasure.

The higher the score on the appearance importance test, the more is the person is concerned about their appearance. People with high score on this test are more vulnerable to body image troubles and problems in their life. People with good health are less concerned about their appearance. People with poor health are more concerned about their appearance. Their concern for their appearance effects their behaviour, emotions and thoughts. There is no significant difference between scores of good health and average health. However there is significant difference between scores of good health and poor health and average health and poor health. Participants with poor health have more negative beliefs about their physical appearance. The more the people are invested in their appearance, the more it preoccupies them in their thoughts, emotions and behaviour. The more the people invest in looking physically attractive because they believe it is important for the self-worth, the less they will actually feel self-worth.

There is a positive and significant correlation between psychological health and body image evaluation. This implies poorer the health, more is the body image dissatisfaction.

People with poor health are more dissatisfied with their physical appearance.

There is a positive and significant correlation between the 2 scales. This implies poorer the health more is the body image distress. People with poor health experience more negative emotions about their body. They have some situations that intensify their body image displeasure.

The correlation between body image distress and evaluative body image is +.436 which is significant at 0.01 level. The more the person is dissatisfied with their physical appearance, more is the body image distress. People who are dissatisfied with their physical appearance experience more negative emotions about their body image.

There is positive and significant correlation between body image distress and appearance importance. People who give more importance to their appearance experience more body image distress. The more the people invest in looking physically attractive because they believe it is important for the self-worth, the less they will actually feel self-worth. They experience more negative emotions about their body.

Therefore there is significant relationship between psychological health and evaluative body image, psychological health and body image distress, body image distress and evaluative body image and body image distress and appearance importance. These dimensions of body image are influenced by psychological health. Conversely, psychological health is also influenced by dimensions of body image.

Body image is emerging as an important area of research in India. Several studies are being conducted in this field. Shah, Shaikh and Wasim found that girls are not satisfied with their body image and Indian adolescent girls are skipping their meal rather than doing physical exercise. In another study conducted by Cash, Annis and Hrabosky (2003), it was found out that overweight women reported more body dissatisfaction/distress, overweight preoccupation, and dysfunctional appearance investment, as well as more binge eating, lower social self-esteem, and less satisfaction with life.

A study done in the Lucknow District of Uttar Pradesh in 2011, A Study on Consciousness of Adolescent Girls about their Body Image, concluded that "desire to become thin are higher in adolescent girls even in those who already perceived their body images as too thin" (Dixit et al 2011). The study found that out of the total 586 adolescent girls who participated, coming from rural, slum and urban areas, the prevalence rates of dissatisfaction were higher among girls from urban and slum areas, compared to those from rural areas, substantiating the negative impacts of industrialization on body image.

A study based out of Delhi University, Affluent Adolescent Girls of Delhi: eating and weight concerns demonstrates comparable findings. Of the 150 wealthy adolescent girls

surveyed, 88% of those classified as a normal weight indicated that they were unhappy with their current weight, and 46% considered themselves to be "yo-yo dieters". There is a whole range of unhealthy body-related behaviors like - unhealthy dieting regimes and problematic eating behaviors, clinical eating disorders, cosmetic surgery, extreme exercising, and 4 unhealthy muscle-enhancing behaviors (Rekha & Maran 2012).

These studies show that Indian women, especially adolescent girls are becoming more and more concerned about their body image. Many Indian women are becoming dissatisfied with their physical appearance. Thin body is considered as ideal body. They have started focusing on their body. Their life goals also include losing weight and achieving perfect figure. They are obsessed with thinness. This is evident from the number of gyms, fitness centers, and diet clinics that are opening. Nowadays, there is a gym opening in every colony. This provides evidence towards concern about body image and health.

Body image issues does not only include weight issues and being slim, it also includes other issues such as obsession with being fair, being tall, having good quality hair, having good skin etc. the number of salons, beauty clinics, cosmetic surgery clinics are increasing day by day.

It has been demonstrated that "the standardized model of beauty in our society that prefers and emphasizes just particular physical aspects such as slimness and thinness influences adolescent' beliefs of physical growth" (Dixit et al 2011), and distorts their perceptions of what their bodies really look like and instills unrealistic and unattainable goals of the ideal body size within them. Westernization has led to a large increase in services that promote the idealized unrealistically and unhealthily thin body image: "A focus on the body is evidenced by the mushrooming of fitness centers and massage and facial parlors even in small towns, and the appeal of consumerism in general among a burgeoning middle class. Under conditions of economic and cultural globalization, it is felt that the marketing and commodification of body ideals is having adverse effects on the young" (Chakravarty 2011).

Globalization and westernization has impacted Indian standards of beauty and body image. Earlier the ideal Indian woman was fair or medium-complexioned, had a narrow waist but wider hips and breasts, and had large eyes, full red lips, and long black hair that was either straight or wavy. But now due to globalization and influence of media, there has been a shift in the concept of ideal Indian women. Now ideal women is the one who is fair, tall, and slim and have straight hair. Women today want to look like models. Moreover Bollywood has also influenced women today.

The new 'ideal' body image and the obsession to achieve it, has affected women. It has affected their psychological health and well-being. In order to achieve the ideal body, women get

stressed, they follow unhealthy diet patterns, suffer from various eating disorders.

Indian women are being more concerned about their body image. They should learn to be satisfied with their body.

5. CONCLUSION

Body image is multidimensional. There are several aspects of body image. All these have influenced psychological health in some way or the other. There is a close relationship between psychological health, evaluative body image, and body image distress and appearance importance. Significantly all these factors influence each other.

There were several limitations of the study. The sample size was small and hence the results cannot be generalized. Though data was collected from female students of Delhi University, more than 80% was collected from students of Daulat Ram College, Delhi University.

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