THE EFFECT OF TELEVISION ON BODY DISSATISFACTION

by

ABIGIAL SNYDER

(Under the direction of Linda Grant)

ABSTRACT

Evidence of the sociological importance of television and body dissatisfaction and their relationship is presented, combining social psychological and communication theories. This study is an attempt to apply a framework of cultivation theory to body dissatisfaction. Three aspects of body dissatisfaction are explored: body shame, drive for thinness, and drive for muscularity. A survey is constructed to measure amount of television watched, television and social comparison, and salience of weight in family of origin; and data was collected from 370 undergraduates. Gender effects (resonance in cultivation theory) are posited and not supported. Cultivation theory is not supported. The amount of television watched did not have a significant effect on measures of body dissatisfaction. Cultivation theory appears insensitive to the social factors that have the most effect on the experience of body dissatisfaction. Social comparison, dieting, and family relations were found to be important influences on body dissatisfaction.

INDEX WORDS: Cultivation Theory, Body Dissatisfaction, Television, Media, Body Image, Social Comparison, Body Shame, Drive for Thinness, Drive for Muscularity, Survey, Gender Effects, Dieting, Family Relations

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ABIGAIL SNYDER

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ABIGAIL SNYDER

Approved:

Major Professor: Linda Grant

Committee:

Jody Clay-Warner David Smilde

Electronic Version Approved:

Maureen Grasso Dean of the Graduate School The University of Georgia December 2002

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TABLE OF CONTENTS

ACKNOWLEDGEMENTSiv					
LIS	LIST OF TABLES				
Cha	Chapter				
	1	INTRODUCTION			
	2	IMPORTANCE OF TELEVISION			
		Early Media Theories7			
		Cultivation Theory11			
	3	IMPORTANCE OF BODY DISSATISFACTION			
		Body Dissatisfaction			
		The Thin Ideal and Social Control			
		Body Dissatisfaction as a Social Issue23			
	4	APPLYING CULTIVATION THEORY TO BODY DISSATISFACTION27			
		Criticisms of Cultivation Theory			
	5	HYPOTHESES			
	6	VARIABLES, DATA, AND METHODS			
		Variable and Measures			
		Survey Instrument			
		Participants45			
		Statistical Methods46			

	Findings	47
7	RESULTS AND DISCUSSION	50
	Results	50
	Discussion	54
8	CONCLUSION	59
	Limitations and Directions for Further Research	62
REFERENCES		

LIST OF TABLES

Table 1.	Size of Television Commercial Actors vs. Surgeon
	General's Weight Classifications
Table 2.	Mean Scores and Standard Deviations of the Scales67
Table 3.	Pearson Correlations between Control, Dependent,
	and Independent Variables
Table 4.	Demographic and Behavioral Variables
Table 5.	Women: Importance of the Body Scale Regressed on Amount of
	Television, Controlling for Demographic and Behavioral Variables70
Table 6.	Men: Importance of the Body Scale Regressed on Amount of
	Television, Controlling for Demographic and Behavioral Variables71
Table 7.	Women: Perfectibility of the Body Scale Regressed on Amount of
	Television, Controlling for Demographic and Behavioral Variables72
Table 8.	Men: Perfectibility of the Body Scale Regressed on Amount of
	Television, Controlling for Demographic and Behavioral Variables73
Table 9.	Women: Body Shame Scale Regressed on Amount of Television,
	Controlling for Dieting Status (Equation 1),
	Demographic (Equation 2) and Behavioral Variables (Equation 3)74
Table 10.	Men: Body Shame Scale Regressed on Amount of Television,
	Controlling for Dieting Status (Equation 1),

Demographic (Equation 2) and Behavioral Variables (Equation 3)75

- Table 11. Women: Drive for Thinness Scale Regressed on Amount of Television, Controlling for Dieting Status (Equation 1), Demographic (Equation 2) and Behavioral Variables (Equation 3)76
- Table 12. Men: Drive for Thinness Scale Regressed on Amount of Television, Controlling for Dieting Status (Equation 1), Demographic (Equation 2) and Behavioral Variables (Equation 3)77
- Table 13. Women: Drive for Muscularity Scale Regressed on Amount of Television, Controlling for Dieting Status (Equation 1), Demographic (Equation 2) and Behavioral Variables (Equation 3)78
- Table 14.
 Men: Drive for Muscularity Scale Regressed on Amount of Television,

 Controlling for Dieting Status (Equation 1),

Demographic (Equation 2) and Behavioral Variables (Equation 3)79

CHAPTER 1

INTRODUCTION

Television is an increasingly pervasive aspect of American life. In our homes, our classrooms, and even our airports, television is a source of information, education, music, and culture. In 1994, Gerber, Gross, Morgan, and Signorielli found that the television is on for seven or more hours a day in the average American home. With such a large amount of viewing, television may have a significant effect on the way people perceive reality.

Being a visual medium, one aspect on which television may have an impact is body image. Beginning in the 1960's, the female body ideal promoted by the media became slimmer. In the 1970's, this ideal reflected a more toned body as exercise increased in popularity, but for women, fitness continued to be equated with thinness. During the 1980's and 1990's, this ideal body size has continued to shrink, and the ideal female weight as currently portrayed in the media is suitable for approximately 5-10% of the population of American women (Seid 1994). Roberta P. Seid (1994) states that this ideal is a "statistical deviation [that] has been normalized, leading millions of women to believe that they are abnormal." For the majority of the population, the current body ideal is unhealthily thin. This ideal has had a profound effect on the women of this country by making them feel constantly critical of their bodies. A majority of women in America are currently dieting or unhappy with their bodies (Smolak 1996). The problematic relationships women have with their bodies is expressed in eating disorders,

1

negative body image, weight preoccupation, dieting and other aspects of body dissatisfaction. Body dissatisfaction, the concept in consideration here, is a multifaceted concept that includes a measure of body shame, drive for thinness, and drive to increase muscularity.

While there has been some research that shows that during the same time period the male body ideal has become more muscular, this change has been less pronounced and less salient to the public (Miskind, Rodin, Silberstein, and Striegel-Moore 1986). It is arguable that our society focuses on feminine beauty and appearance more than that of men (Andersen and DiDomenico 1992). Thus, most of the previous research on body image has focused on messages magazines and television advertising has directed toward women. However, men also watch television and it is important to understand the effects it has on them as well. Additionally, rather than being concerned only with the effects of advertising, this paper examines the effect of long term exposure to the view of reality depicted by the ever present world of television.

This paper lies at the intersection of the fields of social psychology, sociology, and mass communications. I will explore the sociological aspects of television and body dissatisfaction, and highlight the relation to social psychology and mass media theory. Television transcends the barriers of both literacy and mobility, and the images on television are shared by a very diverse audience. Members of this audience vary greatly in terms of education, income, age, and political leanings among other things. Television is a central aspect of our society, and how it communicates aspects of culture to individuals is crucial to understanding culture. In order to understand this relationship, it is important to understand the nature of television and its possible effects on viewers and society as a whole. Television is a cultural artifact with a dialectic ability to influence the way individuals experience culture. It is also essential to explore the extent of body dissatisfaction of not only women as individuals but as a group. Further, men also experience body dissatisfaction in similar or conflicting ways from women. The central question of analysis is whether exposure to television has a demonstrable effect on individuals in terms of increasing their body dissatisfaction. Exposure to television may also have an effect on the extent of agreement with cultural beliefs about the body. These relationships may operate differently for men and women, and vary by different types of body dissatisfaction.

These complicated connections merit a comprehensive exploration of the significance of both television and body dissatisfaction in American culture. Additionally, this analysis must take place within the framework of gender. Only by exploring the relationship between all three of these elements can a full picture emerge.

CHAPTER 2

IMPORTANCE OF TELEVISION

First, it is important to understand the position of television in culture. As part of the social institution of media, television expresses the goals of individuals in society and various ways to accomplish those goals. Television acts as a socializing agent in American society (Gamson, Croteau, Hoynes, and Sasson 1992), for children as well as adults. The average child spends almost twenty hours a week watching television (Nielsen 2000).

Television may be the greatest storyteller of our age. Television is unique in that it is so widely disseminated; it inundates all classes, groups, and ages with the same perspectives at the same time. In fact, Nielsen research in 2000 reported that 98% of American households owned at least one television and 76% of households owned two or more television sets. By its commercial nature, television programs necessarily have the goal of appealing to large masses of people in a relatively nonselective manner. The average American watches over four hours of television a day (Nielsen 2000). Television has become a prominent element of American life, and it is essential to understand the role of television in defining and expressing American culture and society.

Social theorists have suggested at least two types of possible negative outcomes of watching excessive amounts of television (Williams 1986). The first is displacement: that individuals spend time watching television that they would otherwise spend on activities such as schoolwork, exercise, or social interaction with other people. The

4

second concerns the effects of the content of the programming and advertising, especially the inadvertent messages viewers receive. These messages may include, among other things, information about the body image expectations society has for individuals. With high levels of television watching, these messages may negatively influence body image. Exposure to standards of beauty emphasizing unattainable thinness may have a longlasting effect on the body image of women and men.

One of the ways that television may have an impact is in the way people construct reality. It is itself a "constructed reality" that utilizes actors, sets, and makeup to create people and places that look real. This is the setting around which plausible events happen that must be real enough for viewers to understand, empathize, and connect with for a show to be successful. In fact, what makes it believable is its similarity to reality. The views of the world, the social hierarchy, and the relations among individuals on television are comparable to reality.

While simultaneously representing "nowhere" and "everywhere," television oversimplifies reality to story lines and sound bites. Television is a source of information about people, places, and events beyond an individual's daily experience. Few of us have witnessed a murder trial, but we have seen countless constructions of one, through movies, television dramas such as "Law & Order," and more recently "Courtroom TV." Further, these various representations could be placed on a continuum of realism, blurring the boundaries of reality and fiction. However, it also represents the way writers, producers, and editors see the world and its inhabitants and convey these images to audiences. For example, a show about a family in poverty is more likely to be about how the writer and producer think the family would live, rather than how a family in poverty actually lives. In effect, television presents a simplified world that is believable, as long as one does not look too closely.

In 1948, Lasswell identified three functions of the mass media, two of which are of interest here. The first function is the *surveillance* of the world, alerting people to what is happening in the various facets of nature, the economy, politics, in the city, nation, or world that may be relevant to viewers lives. This is a useful function, but sometimes media can create panic or information overload. The second function, *correlation*, is the selection and interpretation of information. Creators and producers of media cannot relay all the information available and must decide what topics are of import and interest to receivers and how to present the selected themes. This function serves to enforce social norms, maintain consensus, confer status, and manage public opinion. However, it can also perpetuate stereotypes, create false images, and lend legitimacy to events enacted purely for media attention. The third function is the *transmission of culture* in the form of information, values, beliefs, and norms among members of a society and newcomers to that society. This function increases social cohesion, increases integration, and decreases anomie, but it can also depersonalize the society and reduce the variety of subcultures. The correlation and transmission of culture functions of media are opportunities for the media to affect how people perceive the world.

As a form of mass media, television is widely available and specifically formulated to appeal to large and heterogeneous audiences. The information disseminated may include both intentional and unintentional messages. Viewed mostly for their overt message, television and other mass media also subtly communicate standards of morality, success, and beauty. The overt messages are easy to detect, and therefore easy to decode, deconstruct, and accept or reject according to personal inclination.¹ The inadvertent messages, however, appear as part of the background or scenery. The information one receives from these unseen messages has been termed vicarious or incidental learning. These messages are the ones that aren't important to the plot or moral of the story, but subtly communicate ideas about where and how to live, act, and look. It is the last that will be the focus of this paper, what normal people should look like and how to reach one's desired appearance; in other words, the influence of television watching on body image.

Early Media Theories

There are a number of theories about how we get information from television. The field of mass communication has a long history, as people were concerned with the effects of television since its inception. Most of the early theories of the effects of media focused on its presumed instant and powerful effects. Theories like the Magic Bullet theory expected direct and immediate effects on all viewers because individuals are isolated from other people and interpret media messages in uniform ways (DeFleur 1994). Although this theory was only solidified in retrospect, it was the prevailing feeling of the 1920s and influenced the Payne Fund Studies and researchers such as Herbert Blumer, Ruth Peterson, and L. L. Thurstone (DeFleur 1994). This theory was soon disputed by research that showed that people were affected by television differently based on individual characteristics and the social categories to which they belonged.

¹ Research on selective attention, perception, and retention (DeFleur 1970) is most likely to focus on these overt messages of media. The long-term effects of the accumulation of unintentional messages are not presumed to require the awareness of the viewer (Weimann 2000).

However, many theorists still maintain that even if television affects everyone differently, it may still be having important effects. This is the premise from which the remaining theories stem.

The next theory to receive much attention was the two-step flow of communication. The two-step flow of communication is a process in which some individuals, who are considered opinion leaders, personally influence other individuals (Katz 1957). These opinion leaders are usually similar in social characteristics to those they influence, but they are more exposed to mass media. The personal influence was stronger than the effect of the media, especially among primary group members (Katz 1957). Additional factors that influence the determination of opinion leaders are an individual's personification of values, competence in subject matter and strategic social location (Katz 1957). However, as media becomes ubiquitous, the dichotomy between opinion leader and non-opinion leader breaks down. Often the two-step process works more on opinion sharing and solidifying than opinion giving, and the role of widely available but specialized sources of information complicates matters. Rogers and Shoemaker (1971) found that media serves to inform, whereas personal influence is more important for persuasion.

The difference between topical information and persuasion leads directly to the third theory of communication: the agenda-setting function of the media. The agenda-setting theory asked whether media had an effect on people's perceptions of the importance of issues rather than their position on the issue itself. McCombs and Shaw (1972), the originators of this theory, found that that the public views as important the topics that the media emphasizes. Journalists, editors, and producers decide which news items to discuss and the depth and length of coverage. The news media inform individuals about which topics are important to think about, but does not persuade individuals towards either side of the issue. In other words, "the news media may not tell us what to think, but they tell us what to think about." The frequency and prominence of a story and how the story is framed all have been found to have effect on whether the public perceives the story as important (McCombs and Shaw 1972).

The agenda-setting theory of media focuses on the intentional aspects of media in that it analyzes the impact of an increase in focus on particular issues. Research on news coverage and politics has supported this theory (McCombs and Shaw 1972, Iyengar and Kinder 1987), but it has not been tested with other types of television programming. There is question whether the agenda-setting theory functions similarly for concrete vs. abstract issues, for obtrusive vs. unobtrusive issues, and about the amount of time necessary for agenda-setting to take effect or wear off. Finally, little research has been conducted on the effect of amount of exposure. Wanta and Wu (1992) did measure the amount of exposure to news media and determined that individuals with more exposure to news media tended to be more concerned about the issues receiving heavy media coverage.

Here we can see how the agenda-setting theory of media and the two-step flow of communication may not be inconsistent with one another. After being more exposed to media, if individuals are more concerned about an issue, they may be more likely to talk to others about the issue. Having more information about the issue, they may become opinion leaders. Additionally, salience of an issue in news media in an established opinion leader's mind may increase his or her likelihood of bringing up the topic for discussion; in effect, the agenda of the media may influence the agenda of the opinion leader.

All of the previous media theories grew out of research that was directed toward identifying the effect of manifest, overt content of media. These theories are characterized as selective and limited influences theories because they showed that other aspects of viewers' lives limit the effects of television. An additional possible limitation on the effects of television is the question of audience portrayal. As Andrea Press (1991) discusses in her book *Women Watching Television*, there are two conceptions of the relationship between the mass media² and its audience. The first is that the audience is a passive sponge, indiscriminately soaking up all the overt <u>and</u> covert messages contained in the media. In this view, the mass media are an example of hegemony, or a mechanism for the circulation and the reinforcement of a consistent, dominant ideology in liberal capitalist societies. The second is that the audience members are actually active readers of the media and have choices in the interpretation of the images. They may even choose not to pay attention.

While these two concepts may seem contradictory, many theorists, including Press, see both as valid. While the audience can choose how, and whether, to interpret the messages produced in mass media on an individual basis, those messages are there, influencing the larger culture. However, the choices that are available are constrained by the capitalistic marketplace. Choices are limited by what producers decide to make, and

10

² This discussion centers on a holistic definition of mass media, including both programming and advertising.

by the success or failure of the product. Products which are not profitable rarely survive long in the marketplace.

Thus, the effect of television may be limited by other aspects of viewers' lives or by audience activity. However, saying that "any specific mass-communicated message will have only limited effects on the public" (DeFleur 1994) does not necessarily mean that those effects are inconsequential. Over time, these limited effects may add up, especially if the messages are consistent and persistent. These messages corroborate each other and create a coherent whole, and slowly, new beliefs and attitudes develop in response. Additionally, although viewers may select to attend to particular media, many different media may contain many of the same or similar messages. Thus, while a viewer may be consciously avoiding one particular message, others may pass unnoticed or unexamined. Recently, the prevailing attitude of media theorists can be characterized as the understanding that individuals can be affected by the accumulation of minimal effects. *Cultivation Theory*

The accumulation of minimal effects is the central idea in the cultivation theory of media. This theory begins from the premise that television displays and teaches common roles and common values, culminating in a common worldview among audiences. The theory highlights cultivation because television reflects and reinforces concepts and values that already exist in the culture. Cultivation theory is a social psychological theory about how an individual reacts to television, but it also contains an implication about the cultural function of television. According to cultivation theory, television amplifies, solidifies, and spreads ideas of culture.

11

Cultivation theory is drawn from social learning theory. Bandura's (1986) social learning theory holds that modeling is a powerful way of learning beliefs, actions, and patterns of behavior. Models can include parents, friends, and television personalities. Individuals learn appropriate behavior directly my mimicking behavior and also learn by vicarious reinforcement when they see the responses their models receive for their actions. This process may be intentional, such as watching an exercise video to learn a new aerobics step, or it may be incidental, such as picking up a new slang word one heard in a sitcom. John Caughey (1984) discusses a reason why people might specifically choose to model media personalities. Media personalities can be ideal models because they are often seen as better than real people; they are always moral, happy, and successful, having qualities which individuals aspire to obtain. In addition, television personalities can provide role models for careers or personality traits to which an individual does not have access in their local social world.

It may seem that the difference between social learning theory and cultivation theory is slight, but the difference lies in the details. Social Learning theory holds that we learn actions and behaviors from watching others. Cultivation theory holds that we gather attitudes and beliefs from watching television, which highlights and reinforces attitudes, values, and beliefs that already exist in our culture. Like other social institutions, television defines the social world and legitimizes the social order. Television serves a normalizing function in our society, expressing ideology and creating culture.

Social learning theory is mostly concerned with specific actions and behaviors that are learned while cultivation theory is more concerned with more general values and attitudes. Additionally, social learning theory concentrates on processes affecting one person, while cultivation theory focuses on a broader audience, envisioning similar learning among a group of people.

Cultivation theory is specifically concerned with belief structures and attitudes people acquire as a result of watching television. Advanced by Gerbner, Gross, Morgan, and Signorielli (1994), this theory evolved from research showing that television often presents a distorted view of reality. As people watch more television, their views will be more evocative of that artificial reality. The authors originally applied their theory to violence and found that people who watch more television perceive the real world as more dangerous because they see so much violence on television (Gerbner, Gross, Morgan, and Signorelli 1994)

Morgan and Signorelli (1990) explain that the world presented by television consists of relatively consistent and coherent images and messages that can be identified through content analysis. It is the consistency and cohesion of images and messages across genres of television that allows for the influence on the construction of reality among heavy viewers. According to cultivation theory, heavy viewers will have views more similar to each other than to light viewers of similar backgrounds. The goal of cultivation theory is to determine if differences in attitudes, beliefs, and actions exist between light and heavy viewers, and if these differences are due to viewing habits independent of personal and social factors (Morgan and Signorelli 1990).

Testing cultivation theory requires two stages. First, through content analysis, the researchers show that the view of reality presented by television is significantly different from the accepted social reality on some topical metric like amount of violence or body size. The second step involves assessment of the impact of the images. Typically, this is

accomplished via a survey of viewers. When compared with light viewers, heavy viewers should be more likely to respond with answers that resembled the television-world than the real-world.

Understanding cultivation theory is further complicated by the fact that it does not predict immediate or short-term responses. Rather, cultivation theory is focused on cumulative, long-term effects of repeated exposure to the medium and its consistent messages. However, cultivation theory is not looking for changes in people's beliefs, but agreement with society. Cultivation theory looks at the way attitudes and beliefs that already exist in society are highlighted, affirmed, and reinforced by television.

The theory has been modified by the recognition of two distinctive processes. Mainstreaming occurs when heavy viewers respond similarly to television content, even when they vary across other characteristics such as gender, age, education, race, and social class. This is presumably because television dominates heavy viewers' sources of information whereas light viewers receive information from a variety of sources and relatively less information from television. Resonance is the effect of heavy television viewing exacerbated by the co-occurrence of a personal characteristic, such as sex or race, which is highlighted in the television-world. For example, women heavy viewers should be more fearful because they are more often victimized by crime on television than are men. Gerbner and associates (1980b) have also conceded that the effect of cultivation may be small when all other variables are strictly controlled. However, they maintain that cultivation has a cumulative effect over time, and therefore may be important in light of the large amounts of television that most people in the United States view. This amount may be more than one would expect, given that the average American watches about four hours of television a day (Nielsen Report 2000).

A second important modification of the theory is the division of potential cultivation effects into first- and second-order beliefs (Gerbner et al. 1986). First-order beliefs concern factual beliefs, such as beliefs about the number of crimes in a year or the number of people who are overweight. Second-order beliefs concern attitudes, perceptions, or expectations drawn from first-order beliefs. Examples of second-order beliefs include the belief that the world is a dangerous place or that thinner people are more successful. Second-order beliefs may be directly derived form first-order beliefs, or they may be influenced by other factors in a person's life, such as type of neighborhood he or she lives in or the influence of close family ties.

Researchers have used cultivation theory to establish links between television and many aspects of social life. In addition to violence, they have analyzed links to gender roles (Morgan and Shanahan 1995; Preston 1990), political attitudes (Gerbner, Gross, Morgan and Signorelli 1984), health beliefs and practices (Gerbner, Gross, Morgan and Signorelli 1981), adolescent career choices (Morgan and Shanahan 1995), attitudes toward marriage (Signorielli 1991), materialism (Harmon 2001), views of the elderly (Gerbner, Gross, Signorelli, and Morgan 1980a), views of minorities (Volgy and Schwartz 1980), and general values (Potter 1990). Overall, these studies have tended to find demonstrable but weak effects of cultivation. Researchers have not yet applied cultivation to the topic of body dissatisfaction.

CHAPTER 3

IMPORTANCE OF BODY DISSATISFACTION

Eating disorders, body image, and body dissatisfaction are often thought of as individual problems, and therefore the domain of psychology. Unfortunately, these problems now affect such a large number of individuals that a wider analysis must be undertaken. Feminists (Kilbourne 2000, 1995; Wolf 1992) have long argued that appearance should be considered sociologically, but the discipline of sociology has been slow to respond.³ As body dissatisfaction affects more women, men, and children, it becomes paramount for sociology as a discipline to explore this field of inquiry. *Body Dissatisfaction*

There are many studies that focus on aspects of body image and dissatisfaction, and terminology varies widely across them. For the purposes of this study, body dissatisfaction is defined as the extent to which people are aware of, and dissatisfied with, their bodies. One group who are dissatisfied with their bodies are those with eating disorders. Approximately 6.6% of college women meet the diagnostic criteria for eating disorders (Mintz, O'Halloran, Mulholland, and Schneider 1997). Many studies of the effects of media on body dissatisfaction have focused on samples of women who have been diagnosed with eating disorders such as anorexia and bulimia (e.g. Garfinkel and Garner 1982, Mintz and Betz 1988, and Striegel-Moore, Silberstein, Frensch, and Rodin

³ Most sociological studies of appearance focus on the issues of race or disability.

1989). While Striegel-Moore et al. (1989) have found that body dissatisfaction is one of the most notable features of common eating disorders, the term "body dissatisfaction" can also include the following behaviors and tendencies: frequent dieting, excessive exercising, body shame, negative body image, weight preoccupation, drive for thinness, and ideal-body stereotype internalization. These behaviors affect the way women view themselves, their bodies, food, and exercise, but they are not eating disorders themselves. At issue here are the tendencies that may be affected by media exposure but are <u>not</u> clinically diagnosable as eating disorders.

Many clinicians believe that there is a fundamental difference between individuals who have eating disorders and those who do not. According to the Diagnostic and Statistics Manual of Mental Disorders of the American Psychiatric Association, all of the symptoms of an eating disorder must be present for the patient to be diagnosed with the condition (American Psychiatric Association 2000).⁴ But what about all the individuals who show one or two, or even three of these symptoms? And what level of symptom is necessary? How negative does someone's body image have to be in order to qualify? Dancyer and Garfinkel (1995) have found that sub-clinical forms of eating pathology are about five times more common than diagnosable eating disorders. Other researchers have found that 61% of college women have an intermediate form of an eating disorder (Mintz and Betz 1988). Additionally, Shisslak and Crago (1994) found that 35% of

⁴ In order to be clinically diagnosable as having Anorexia Nervosa, a patient must: a) refuse to maintain a body weight of 85% of normal for age and height; b) have an intense fear of becoming fat, even if underweight; c) disturbed body image; and d) the absence of three consecutive menstrual cycles (American Psychiatric Association 2000). Binge eating and purging behaviors may or may not be present. The criteria for Bulimia Nervosa include negative body image, recurrent episodes of binge eating, and

"normal dieters" progress to pathological dieting, and of those, 20-25% progress further to partial or full-syndrome eating disorders. For these reasons, Nasser (1997) argues that it makes much more sense to view these phenomena on a continuum, with eating disorders located on one extreme and healthy eating on the other. In between would fall persistent calorie counting, weight preoccupation, and full-scale dieting.

The thin ideal is contrary to both social and biological norms. Women's secondary sexual characteristics are one of the primary means of social identification. These characteristics are predicated on fat, the result of millennia of evolution to serve reproductive and protective functions. According to Garner and associates (1980), women are biologically programmed to weigh more than men, and women are likely to have twice as much fat in their bodies as men. Additionally, an increase in body fat is expected to take place around significant times in the female life cycle; i.e. puberty, pregnancy, and menopause (Garner et al. 1980). But in American society, gaining weight is the one sin that may not be forgiven, especially for women.

Women of all ages, classes, and ethnicities, and men feel the drain of body dissatisfaction.⁵ Robinson and colleagues (1996) proposed that the pressures to be thin are apparent beyond the upper and middle classes as American culture is becoming more homogeneous across social class. Combined, the decreasing differences in levels of eating disorders and body dissatisfaction among people of various social classes, races,

inappropriate compensatory behavior, such as laxative use, self-induced vomiting, fasting, or excessive exercise. These behaviors must occur at least twice a week for three months (APA 2000.)

⁵ The following authors discuss body dissatisfaction in children: Mellin, Scully, and Irwin 1986 and Moore-Moore 1992; in women of color: Hesse-Biber 1996, Buchanan 1993, Bordo 1997; differences in body

and even nations (Nasser 1997) point to the general spread of American culture and the similarity of images accessible in global media.

One reason for the spread of the phenomenon may be that fat discrimination is perhaps the last acceptable form of social prejudice. With the advent of political correctness all other "isms" have been defined as abhorrent, but "weightism" is common because one's weight is considered to be under his or her voluntary control. For this reason, people who are overweight are seen as lazy and deserving of criticism. Markia Tiggmann and Esther Rothblum (1988) found several stereotypes of overweight people. Fat people were seen as less happy, more self-indulgent, lazier, less self-disciplined, and less attractive. Fat women are judged to have these characteristics more so than fat men, and even people who were themselves overweight shared these stereotypes. These stereotypes provide a social incentive to avoid being overweight and encourage feelings of shame if one already is overweight.

Most of the research on body dissatisfaction has been conducted on women. However, it has been found that men suffer from eating and body disorders, too. The key to understanding the gender differences in these effects lie in the dynamics underlying body esteem. Men have a tendency to want to be heavier and more muscular (Miskind, Rodin, Silberstein, and Striegel-Moore 1986) while women want to be thinner. As to the prevalence of body dissatisfaction among men, the authors found in 1997 that 45 % of American men were dissatisfied with their muscle tone (Pope, Phillips, and Olivardia 2000). In response to this finding, Pope, Phillips, and Olivardia (2000) suggest that there

dissatisfaction among social class: Wardle and Marsland 1990, Robinson and colleagues 1996; men:

are "male body image industries," which advertise fitness programs, dietary supplements, and hair and skin products. These focus attention on the appearance-related insecurities of men. Men are subjected to thousands of "supermale" images linking appearance to social, financial, or sexual success. As the body ideal for women has become thinner, the body ideal for men has also become leaner but more muscular, and more distant than what is attainable by ordinary men.

The Thin Ideal and Social Control

Although men do suffer form eating disorders, and their numbers may be increasing, it is still true that women are diagnosed with far more eating disorders and experience more body dissatisfaction than men. (Shisslak et al.1995). There are two reasons why women are more likely than men to be body dissatisfied. First, the media sends more, and more explicit, messages to women than to men, indicating that appearance is more important than ability (Glassner 1988), and that conformity to the norms of appearance is paramount (Valentine 1994). These messages imply, or explicitly state, that a woman's body is not satisfactory as it is, but must continually be acted upon in order to be pleasing or attractive (Orbach 1986). Researchers found that 86% of "appearance enhancement advertisements" were directed towards young women (Ogletree, Williams, Raffeld, Mason, and Fricke 1990). Myers and Biocca (1992) found that a young woman might alter her perception of the shape of her body after watching only thirty minutes of television. Second, there is evidence that greater social control is exerted on women than on men (Glassner 1988), and social control for women often takes place with the body as

the focal point (Valentine 1994). This suggests that how a woman uses or acts upon her body is perceived by others as a gauge of her social and moral worth. Women are identified with their bodies and so a woman is seen as morally uncontrolled if she cannot or will not control her body. Through social learning, people come to understand what is expected of them in order to be a good person (Bandura 1986). Applied to body image, women see that they must be beautiful and thin in order to be appreciated.

Another issue is the salience of women's bodies. The female secondary sexual characteristics are much more visible than those of the male, with the possible exception of facial hair. Since the sexual revolution, these characteristics have become areas of social discourse. Middle-sized bodies have wider hips, a more rounded abdomen, larger buttocks and breasts, and they may be seen as more overtly sexual. As O. Wayne Wooley (1994) states: "pornography had appropriated the 'middle ground' in a double sense: the middle part of the female body (the hips, abdomen, buttock, and breasts) and the middle sized bodies." If a large body is still unattractive, this appropriation leaves the thin, small body as the only choice when one wants to de-emphasize sexual aspects in an effort to succeed in the workplace, rebel against traditional values, or even just avoid unwanted sexual advances.

In her newest analysis, Jean Kilbourne (2000) recognizes the thin ideal as an attempt to exaggerate physical differences between men and women as social differences may be declining. The thin ideal is an optimal choice as sexual dimorphism⁶, while linked to

⁶ A biological term indicating size differences between the male and female of the species.

biological sex, is not itself suggestive of sexuality. Thus women and men can appear different without a focus on sexualized body parts.

Roberta Seid (1989) supplies us with some other positive aspects of the new thin ideal. First, the new beauty focused on the body as active, rather than passive. Second, the thin ideal appears natural and healthy, a seemingly positive ideal. Third, the thin ideal de-emphasized the sexual characteristics that became salient as women entered the workforce. Fourth, a thin look is contrasted with the maternal look of the housewife and mother, the fate of whom young feminists were trying to escape. Fifth, thinness was androgynous, implying that biology is not destiny. Finally, the new beauty ideal was predicated on control, especially control of one's own body.

Control has remained one of the central issues in eating disorders and weight preoccupation. Many women who feel that they do not have much control over their lives feel that weight is the one aspect of appearance they can control. As Dolan states, "weight control becomes women's substitute for effective control of their lives" (Dolan 1994). Similarly, focusing on the body gives women an outlet for competition and achievement pressures. Weight control becomes equal to self-control, which is necessary for success. An exaggerated need for control is one of the common explanations for eating disorders.

Control can be enacted either through restraint or purging. Restraint is usually expressed by dieting, the limiting of intake of calories, fat, or carbohydrates. Purging can be expressed by the acts of vomiting, taking laxatives, or exercise. For many people, working out is part of staying thin. Fitness provides an agency component to slimming down, actively exercising rather than passively not eating. While this is healthier than just dieting, exercise too can be taken to harmful extremes, especially when large amounts of exercise is combined with caloric restriction. For women, exercise is meant to be a means to a lean, taunt body, but is not intended to develop musculature or too much strength. Women, though encouraged to exercise, are not expected to become strong or muscular.

Body Dissatisfaction as a Social Issue

The above arguments highlight the origins of ideas about the body in cultural conceptions. Yet any aspect of the body is presumed to have an individual foundation. There are two barriers to seeing body dissatisfaction as social problem. Both center on the fact that as a society we see weight-related problems are individual problems and ignore the social, political, and economic context of an individual's obsession with weight. This de-politicizes and hides the public health aspects of the issue. Additionally, they create a false dichotomy between "normal" and "abnormal." This can be a somewhat arbitrary division, such as the difference between long-term dieting as normal but excessive dieting as abnormal.

The first reason is the medicalization of eating disorders, which normalizes the symptoms and results of eating disorders, considering them "just like any other illness." This implies that it is caused by some frailty in the individual. Despite medical studies that suggest otherwise, many people still maintain the belief that weight is wholly under voluntary control. Therefore, if a person is overweight, it is perceived as his or her own fault. This implies that a person who is not thin has no willpower or concern for his or her health.

The second reason is the psychologizing of eating disorders. This locates the causes of disordered eating and negative body image in the family or the individual, making it a pathology particular to the individual. Further, the therapy suggested often takes the form of addiction therapy. This therapeutic model includes the recognition of powerlessness over the disease (Hesse-Biber 1996), which is completely antithetical to the concept that feelings of powerlessness may be at the root of the problem to begin with!

Mental health professionals hold that body dissatisfaction and disordered eating can have three sources of origin, individual, familial, and sociocultural (i.e. Garfinkel and Garner 1982). Individual psychological explanations usually focus on psychological issues such as psychosexual development and the rejection of sexuality. Individual explanations may also posit influence by other mental illnesses such as depression or anxiety.

Familial explanations center on family dynamics and history of abuse. These family dynamics could include an overly controlling or smothering parent, or conversely, the rejection of the mother as a role model. Pike and Rodin (1991) found that family influences body image and dieting in adolescent girls via both modeling of the mother's behavior and direct communication about and pressure towards thinness. Perceptions of family relations (Swarr and Richards 1996) and direct communication from parents about weight and body size (Thelen & Cormier 1995) have also been found to influence body dissatisfaction in adolescents.

While health professionals currently favor the individual and familial explanations, many feminists feel that identifying body dissatisfaction as the result of psychological problems has the effect of blaming the victim. Additionally, this process closes any discussion about the effect of sociocultural factors on eating disorders. If the individual is at fault, then society must be blameless. However, as Catherine M. Shisslak and Marjorie Cargo (1994) point out, the sociocultural model can better account for the increase in eating disorders in the past few decades. These two authors isolate two particular sociocultural pressures: the focus on thinness as beauty and the changing roles of women.

In his book, <u>Culture and Weight Consciousness</u>, Nasser outlines a sociocultural model of eating disorders. He explains that in our society, symbolic notions of thinness are cherished and promoted by the culture, positive stereotypes are attributed to thinness, and normal dieting behavior blends into eating disorders on a spectrum of severity with evidence of subclinical forms. He sees eating disorders as possibly socially contagious and more prevalent in certain groups where thinness is important to success (Nasser 1997). Finally, Nasser (1997) also suggests that eating disorders may be seen as an answer to modern dilemmas of contradictory or conflicting roles in society.

The conflicting roles which both of the above authors are alluding to are an untended result of women's liberation. Now free to work outside the home, women find that their "to do" lists have multiplied. Women now feel pressured to have a great job at which they earn lots of money, maintain a beautiful home, raise children, act as shuttle bus drivers to soccer games and scout meetings, cook interesting meals, and still be beautiful. The modern woman is cool, collected, and in control, and still beautiful. In fact, it often seems that only beautiful women are successful, especially if one looks at the media.

Although the above arguments are focused on eating disorders, they apply equally well to body dissatisfaction. Thus, body dissatisfaction is a sociocultural phenomenon, which may have sources in culture and social institutions as well as the individual.

CHAPTER 4

APPLYING CULTIVATION THEORY TO BODY DISSATISFACTION

A number of social psychology studies have focused on the media, its expectations for women, and its connection to body disturbances. Many of these studies provide a measure of support for cultivation theory. Cultivation theory and its root, social learning theory, can be considered sociocultural in that they both see the source of individual attitudes in the wider social world. Although only a few studies have been conducted on the relationship between television and body dissatisfaction, none of which have been from a cultivation perspective, many popular press articles and opinion pieces have asserted such a link.

It is easy to apply the concept of cultivation analysis to body consciousness. If people see the world as more violent when they watch more television, logically, they may also see the world as "thinner," because they see more (or only) examples of a thin standard of feminine beauty and a muscular standard of male appearance. To understand body dissatisfaction in terms of cultivation analysis aligns sociological theory and psychological theory by locating the source of widespread negative body dissatisfaction in the surrounding culture.

It is important to remember that cultivation theory is concerned with the overall patterns of television imagery, not exposure to particular shows, advertisements, or ideas therein. Cultivation analysis draws from the broad media theory of the accumulation of minimal effects. Also, I am not arguing that television causes particular attitudes, but

27
that it cultivates and amplifies attitudes that already exist in the wider culture. In fact, these attitudes may even already be held by television viewers, but may be reinforced by viewing.

Altogether, cultivation theory holds that people see the television-world as thinner, and that as people watch more television they believe that the thinness they see is attainable. Viewers perceive that all the happy and successful people on television have achieved the goal of thinness and the viewers experience more body dissatisfaction when they themselves are unable to reach the goal of thinness.

Most of the studies on the effect of media on body dissatisfaction have focused on print media. Garner, Garfinkel, Schwartz, and Thompson (1980) have found that the ideal body shape has shifted to a thinner size in the second half of the last century as evidenced by both Miss America Pageant contestants and <u>Playboy</u> centerfold models. A follow-up study by Wiseman, Gray, Mosimann and Ahrens (1992) found that this trend continued into the 1990's. This trend was also found in <u>Vogue</u> and <u>Ladies Home Journal</u> from 1901 to 1981 and popular movie actresses from 1941 to 1979 (Silverstein, Perdue, Patterson, and Kelly 1986).⁷ This trend also coincided with an increase in eating disorders (Pyle et. al. 1986) and an increase in the number of dieting and exercise articles in major women's magazines (Garner et. al. 1980, Wiseman et. al. 1992). Other researchers have found that there are 10.5 times more advertisements and articles on shape change and dieting in women's magazines than in men's magazines (Andersen and DiDomenico 1992).

Studies on the effects of print media have found that exposure to photographs of models from magazines lead to greater body dissatisfaction in samples of women both with and without eating disorders (Waller, Hamilton, and Shaw 1992, Stice and Shaw 1994, and Turner, Hamilton, Jacobs, Angood, and Dwyer 1997). Studies on television tend to show similar results. Experimental studies (Cattarin 2000; Heinberg and Thompson 1995) have shown immediate increases in body dissatisfaction in women after being shown commercials emphasizing societal ideals of thinness.

The previous studies highlight the immediate effects of minimal exposure to media images evidenced by transitory increases in psychological distress and body image dissatisfaction. Based on these findings, it is possible to consider that long-term, daily exposure is even more damaging. This points directly to the aim of the present study, to determine the cumulative effects of watching large amounts of television on a regular basis.

Cultivation theory holds that the world-view of individuals who watch more television becomes more compatible with the reality seen on television. There are two stages to testing this theory. The first is to show that the reality of television is significantly different from actual reality, and the second is to document that the more television watched, the more closely the world-view of individuals resembles the view of reality presented by the television.

To test the first stage of cultivation theory, I recently conducted a survey of television commercials on one broadcast network, National Broadcasting Company (NBC), and one

⁷ Unfortunately, I cannot find any evidence of any more recent studies along these lines. However, I doubt

cable network, Lifetime Television Network.⁸ The actors on 846 randomly selected commercials were compared with body size silhouettes modified from Stunkard, Sorensen, and Schulsinger (1983), and categorized as small, medium and large (Snyder 2001). I found that 75% of the women shown in the sampled commercials fell in to the category of small, 18% were medium-sized, and only 7% belonged in the category of large. Conversely, 21% of the men were small, 66% were medium-sized, and 13% were large. This highlights the contrasting size standards for men and women. The majority of the women seen were small, while the majority of the men were medium-sized. Also, there were twice as many large men as large women and about 3.5 times as many small women as small men. According to the Department of Health and Human Services (Surgeon General 2001), 41% of white men are overweight, and 24% of white women are overweight. Further, 21% of white men are classified as obese compared to 23% of white women.⁹ As the Surgeon General does not identify the number of underweight individuals, it is necessary, and conservative, to compare the number of overweight individuals in reality to the medium sized television characters and the number of obese individuals in reality to the large television depictions. There is a significant difference between the distributions of both women and men on television and in reality (p < .001 for women, p<.01 for men). (Table 1.) These results support the first stage of cultivation theory, and reflect the findings of Garfinkel and Garner (1982).

that models have gained much weight.

⁸ These two networks were chosen based on the hypothesis that commercials on Lifetime, a channel "for women, by women," would depict more medium-sized characters when compared with a more generally directed network. This hypothesis was not supported (Snyder 2001).

⁹ Together, these numbers indicate that 62% of white men and 47% of white women are overweight.

Other content analysis studies show similar results. In an analysis of television personalities, Garfinkel and Garner (1982) found that the most successful and beautiful television personalities were much thinner than the average woman. Women also received vicarious reinforcement that being thin is important. Fouts and Burggraf (1999) found both a significant difference in the number of positive comments about women's bodies between men and women and a positive relationship between thinness of a female television character and number of positive comments from men. The authors argue that this informs women that men are usually very aware of women's bodies and that in order to be found attractive by men, one must be thin. In further content analysis, Terre, Drabman, and Speer (1991) have found that women are portrayed as eating much less frequently than men, and Pendelton, Smith, and Roberts (1991) have found that when a woman does consume something, it is more likely to be an alcoholic drink.

The second stage of applying cultivation theory to body dissatisfaction requires analysis of the proposition that if people watch more television, and so see a consistent thin standard of beauty, they will begin to believe that that most women in the world are thin. This should result in more body dissatisfaction on the part of regular viewers. Additionally, previous research finds that women are more affected by body dissatisfaction, and are more likely to conform to messages of appearance. Thus, I posit that cultivation should operate more strongly for women than for men. This is consistent with the concept of resonance, in which heavy viewing is exacerbated by the cooccurrence of a personal characteristic, in this case gender, that is highlighted in the television-world.

Criticisms of Cultivation Theory

One potential criticism of cultivation theory lies in the definition of amount of television watched. Typically, researchers separate television viewers into three groups; light, medium, and heavy viewers. This is usually accomplished by dividing the respondents into three equal groups based on cut points at approximately the 33rd and 66th percentile of total viewing time. This approach has been seen as somewhat arbitrary because the amount of television that must be watched by an individual in order to be placed into the heavy group may change from sample to sample. An alternative is to select cut points before sampling and then see what proportion of viewers to fall into each category. However, this is also an arbitrary procedure. A more rational alternative to this issue, and the one utilized in this paper, is to use the continuous variable of number of hours watched rather than grouping the viewers at all.

A second potential criticism of cultivation theory is that it ignores other aspects of people's lives by focusing only on the amount of television watched. Specifically, the effects of family and other factors affecting body dissatisfaction are ignored. To this end, a number of factors will be utilized as controls in this study. These include age and race and behavioral variables such as exercise and dieting practices.

These variables may impact the effect of television on the individual. Nonwhite people may feel less pressure to conform to the ideal because most of the television characters displaying the ideal are white. Younger individuals may be naturally closer to the ideal, or other sources of self-concept may be more salient for older individuals. Social class will not be used as a control variable in light of the homogenizing of American culture and the overall upper middle class nature of the population at the large southern university where the research is being conducted.

Dieting (restraint) and exercise (purging) are enactments of control over the body that may have an effect on body dissatisfaction in one of two ways. The first is simply by focusing attention on the body. The second is the circular pattern of increasing selfesteem by action and decreasing self-esteem if/when positive results are not gained. Thus, these actions should be accounted for in models.

Previous research body dissatisfaction has identified two other factors that have an impact. These are the influence of parents (Pike and Rodin 1991; Swarr and Richards 1996; Thelen & Cormier 1995) and peers (Thompson 1990; Thompson and Psaltis 1988). In order to account for these factors, two final control variables will be family relations and social comparison.

CHAPTER 5

HYPOTHESES

In the application of cultivation theory, I propose a number of hypotheses. The first set of hypotheses concern which individuals will be more likely to make comparisons with television. It is important to determine if the cultivation process operates differently for men and women. Research reviewed previously holds that women may be more pressured to conform to beauty and body standards, and so may be more likely to utilize television as a basis of comparison.

Ho₁: women will be more likely than men to make comparisons of their bodies with televised images, regardless of amount of television viewed.

If the first hypothesis is supported, and one gender is more likely to make comparisons, it will be necessary to test the remaining hypotheses separately for men and women. Separate analysis will identify the potential of a model that operates differently for men and women.

The second hypothesis concerns cultural beliefs about the body. If cultivation theory is correct, if people watch more television, they begin to see television as reality. In other words, they internalize the cultural beliefs encoded in the television messages. These cultural beliefs include ideas that one's bodily appearance is important for social acceptance and ideas that the body is perfectible. Thus,

Ho₂: women and men who watch more television will have more strongly internalized cultural beliefs about the body.

34

This second hypothesis is actually a test of a second order belief about the world.

As discussed above, body dissatisfaction can be defined as the negative opinion one has of her or his body. It includes both awareness and appraisal. Body dissatisfaction can include unhappiness about size, shape, color, physical ability, and even health. However, there are three main factors of body dissatisfaction that will be considered here. The first is body shame, which is the level to which one is aware of and critical of his or her body. The second is drive for thinness, which is the wish to lose weight and become thinner. The third is the drive for muscularity, which is the desire to gain visible muscle tone. These three factors are conceptually distinctive from one another and highlight three different responses to body dissatisfaction. Body shame represents inaction while the drives for thinness and muscularity represent proclivities toward action. Additionally, drive for thinness highlights the cultural ideal of thinness for women, and drive for muscularity highlights the cultural ideal of muscularity for men. Conversely, body shame may be felt equally by both men and women.

The last set of hypotheses test these three aspects of body dissatisfaction, and are in effect a test of a potential third order belief. According to cultivation theory, as individuals watch more television, they see many thin people (first order), they internalize the cultural beliefs the thinness is important and perfect bodies are possible (second order), and feel they must meet these standards (third order). Not meeting these impossible standards should lead to body dissatisfaction. Therefore:

Ho₃: women and men who watch more television will be likely to have higher body shame.

- Ho₄: women and men who watch more television will be more likely to have a greater drive for thinness.
- Ho₅: women and men who watch more television will be more likely to have a greater drive for muscularity.

Analyses will utilize regression procedures to determine the effect of television watching while holding other factors constant. Overall, the support of these hypotheses would act as evidence of cultivation. If the agreement with cultural beliefs and the incidence of body dissatisfaction increases as television watching increases, the data corroborate cultivation theory.

CHAPTER 6

VARIABLES, DATA, AND METHODS

Variables and Measures

Dependent Variables

The dependent variables consist of scores on cultural belief and body image scales. The two cultural belief scales include the Importance of Body scale and the Perfectibility of the Body scale, each of which has five questions. The three body image scales include the six-question Body Shame scale, the six-question Drive for Thinness Scale, the fourquestion Dive for Muscularity scale. Respondents answered questions on a five point scale where "strongly agree" or "usually" equal 1 and "strongly disagree" or "never" equal 5. To make the scales easier to read, I recoded the answers to all scale questions so that the "strongly agree" or "usually" category equals 5 and the "strongly disagree" or "never" category equals 1. After recoding, having a higher score on any scale indicates a stronger presence of the variable. All scales were created from theory and were submitted to Factor Analysis and tests of internal reliability. The factor analysis used varimax orthogonal rotation and verified that each of the scales contained only one factor.

The importance of body scale has an alpha of .74 and an eigen value of 2.57. (Table 2) The respondents answered the following questions on a five-point scale (where 1=strongly disagree or never and 5=strongly agree or usually):

1) It is important to be physically fit in our society.

2) In our society, people make judgments about individuals based on their body.

3) In our society, fat people are regarded as unattractive.

- 4) It is important to have a perfect body in our society.
- 5) Body size is an important aspect of beauty in our society.

I combined the items into an additive, unstandardized scale, ranging from 5 to 25. A higher score on the importance of body scale indicates recognition of cultural beliefs that highlight the importance of the body in society, while a low score implies a lack of awareness of these cultural beliefs. Men scored a mean of 19.79 (st. dev.=2.381) and women scored a mean of 20.96 (st. dev.=2.585).

The perfectibility of the body scale has an alpha reliability of .63 and an eigen value of 2.04. The respondents answered the following questions on a five-point scale (where 1=strongly disagree or never and 5=strongly agree or usually):

- 1) Being the weight/body size I want to be is just a matter of will power.
- 2) There is no excuse for me to be fat.
- 3) People who are overweight are probably lazy.
- 4) It is possible to perfect almost any body.
- 5) There is no excuse to be fat.

I combined the items into an additive, unstandardized scale, ranging from 5 to 25. A higher score on the perfectibility of the body scale indicates agreement with the cultural belief that the body is perfectible, while a low score denotes disagreement with this belief. Men scored a mean of 15.57 (st. dev.=3.227) and women scored a mean of 15.51 (st. dev.=3.148).

The body shame scale has an alpha reliability of .82 and an eigen value of 3.16. The respondents answered the following questions on a five-point scale (where 1=strongly disagree or never and 5=strongly agree or usually):

- 1) Some clothes make me self-conscious about my body.
- 2) I think about my body size often.
- 3) I get upset if I gain weight, even if it is just a pound or two.
- 4) I feel ashamed about the size of my body.
- 5) I wear certain styles of clothing with the intent of drawing attention away from certain body parts.
- 6) I feel guilty because I should work out more.

I combined the items into an additive, unstandardized scale, ranging from 6 to 30. A higher score on the body shame scale indicates more concern and shame about how an individual's body looks. A lower score on the body shame scale denotes less concern and shame about how the body looks. Men scored a mean of 14.42 (st. dev.=3.887) while women scored a mean of 19.90 (st. dev.=4.551).

The drive for thinness scale has an alpha reliability of .85 and an eigen value of 3.42. The respondents answered the following questions on a five-point scale (where 1=strongly disagree or never and 5=strongly agree or usually):

- 1) I believe that I would be happier if I were thinner.
- 2) Being thin/lean gives me confidence.
- 3) In the future, I plan to go on a diet.
- 4) I feel envious of people who are thinner than I am.
- 5) I limit what I eat: (smaller portions, types of food, number of calories, etc.)
- 6) Most of my friends are thinner/leaner than I.

I combined the items into an additive, unstandardized scale, ranging from 6 to 30. A higher score on the drive for thinness scale signifies that the individual has a greater

desire to be thinner, while a lower score implies less desire for thinness. Men scored a mean of 15.50 (st. dev.=4.774) and women score a mean of 20.24 (st. dev.=4.808).

The drive for muscularity scale has an alpha reliability of .75 and an eigen value of 2.30. The respondents answered the following questions on a five-point scale (where 1=strongly disagree or never and 5=strongly agree or usually):

- 1) I believe that I would be happier if I had more muscles.
- 2) Being muscular gives me confidence.
- 3) In the future, I plan to work out more.
- 4) I feel envious of people who have more muscles than I do.

I combined the items into an additive, unstandardized scale, ranging from 4 to 20. A higher score on the drive for muscularity scale indicates that the individual has a greater desire to be muscular, while a lower score suggests less desire for muscularity. Men scored a mean of 14.53 (st. dev.=2.601) and women scored a mean of 13.78 (st. dev.=2.888).

Independent Variables

The two independent variables of interest are gender and exposure to television. Theoretically, women should be more body dissatisfied than men, and people who watch more television should be more body dissatisfied than those who do not. Gender is coded with males as one and females as zero. Exposure to television is treated as a continuous variable, and measured in hours watched per week. A higher number indicates more hours of television watched during one week.

Control Variables

Age, race, amount of exercise, and dieting status were included as control variables. (Table 3 for correlation matrix.) Age is coded according to age at last birthday and race is coded one for white and zero for non-white due to the small number of minority respondents. Amount of exercise is a scale coded from one to nine in increments of two hours per week. In other words, an individual who exercised from zero to two hours a week was coded as a one, and an individual who exercised from two hours to four hours a week was coded as a two, and so on. Dieting status is coded dichotomously with a one if the respondent is currently on a diet and a zero if the respondent is not currently on a diet.

An additional control variable, Body-Mass Index,¹⁰ is a metric of body size that combines weight and height. This metric is often used by the Centers for Disease Control and Prevention and other medical groups for determining health and overweight/obesity status. A larger Body-Mass Index is indicative of a larger body-size. Body Mass Index was calculated by the researcher, from height and weight information reported by the subjects on the survey.¹¹ For reference, a Body-Mass Index of 18.5 or less is considered underweight, above 25 is considered overweight, and above 30 is considered obese (WHO 1995).

Final control variables include scores on a five-question Family Relations scale, a five-question Social Comparison Scale, and a three-question Television Comparison Scale. Respondents answered questions on a five point scale where "strongly agree" or "usually" equal 1 and "strongly disagree" or "never" equal 5. I recoded the answers to all scale questions so that the "strongly agree" or "usually" category equals 5 and the "strongly disagree" or "never" category equals 1. After recoding, having a higher score

¹⁰ Body-Mass Index is calculated by the formula: BMI= (weight in pounds/height in inches/height in inches)*703.

on any scale indicates a higher level of social comparison or television comparison. All scales were created from theory and were submitted to Factor Analysis and tests of internal reliability. The factor analysis used varimax orthogonal rotation and verified that each of the scales contained only one factor.

The family relations scale has an alpha reliability of .74 and an eigen value of 2.51. Respondents answered the following questions on a five-point scale (where 1=strongly disagree or never and 5=strongly agree or usually):

- Weight was a frequent topic of discussion in my household while I was growing up.
- When I was growing up, one or both of my parents criticized my weight or body size.
- 3. While I was growing up, one or both of my parents dieted.
- 4. My family offered guidance about dieting or minimizing my weight or body size.
- 5. One or both of my parents made negative comments about anyone being fat.

I combined the items into an additive, unstandardized scale, ranging from 5 to 25. A high score on the family relations scale indicates a family environment in which weight was salient and being overweight was often criticized, while a low score would indicate that weight was not often criticized. Men scored a mean of 10.01 (st. dev.=3.158) while women scored a mean of 11.069 (st. dev.=4.091).

¹¹ Body-Mass Index is calculated by the formula: BMI= (weight in pounds/height in inches/height in inches)x703.

The social comparison scale had an alpha reliability of .79 and an eigen value of 2.77. Respondents answered the following questions on a five-point scale (where 1=strongly disagree or never and 5=strongly agree or always):

- 1) I am more aware of my body in social situations.
- I compare myself to others of the same sex like people on the street, in class, or at night spots.
- 3) Looking at other people makes me self-conscious.
- 4) My friends and I talk about weight, dieting, and body size.
- 5) I worry about how I look to others

I combined the items into an additive, unstandardized scale, ranging from 5 to 25. A higher score on the social comparison scale indicates that an individual is likely to make comparisons to others in the social world, while a low score indicates an individual does not often make comparisons to other people in reality. Men scored a mean of 14.02 (st. dev.=3.527) and women scored a mean of 17.59 (st. dev.=3.398).

The television comparison scale had an alpha reliability of .81 and an eigen value of

2.19. Respondents answered the following questions on a five-point scale (where

1=strongly disagree and 5=strongly agree):

- 1) I compare myself to people on television.
- 2) I try to look like the actors or actresses on television.
- 3) Watching television makes me want to go on a diet or work out.

I combined the items into an additive, unstandardized scale, ranging from 3 to 15. A higher score on the television comparison scale indicates an individual is likely to make comparisons to people on television, while a low score indicates that an individual does

not often make comparisons to people on television. Men scored a mean of 6.47 (st. dev.=2.467) and women scored a mean of 8.66 (st. dev.=2.821).

Survey Instrument

To determine the body image of college students, I have developed a survey instrument to measure body consciousness within a cultivation theory framework. The majority of the survey questions focus on media use, body image, social comparisons, and cultural beliefs. The survey also includes questions on demographics, family relations, self-control, and eating habits.

Most of the questions on the survey were created from a literature review and previous qualitative research on media and body image. Additional questions were created as a result of pre-testing. A final section of questions concern a group of body silhouettes modified from Stunkard, Sorensen, and Schulsinger (1983). The version of the questionnaire administered to the final participants consists of 113 close-ended questions separated into eight sections. The majority of these questions are Likert Scales with five non-numbered answer choices,¹² as suggested by Schwarz, Knauper, Hippler, Noelle-Newmann, and Clark (1991). The survey is appropriate for a group administration and takes about thirty minutes to complete.

The respondent answers the questions by filling in an included scan-sheet.¹³ Before the survey was distributed to the respondents, the researcher gave a brief oral description

¹² Two sets of answer choices were used depending on the type of question (Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree or Usually, Often, Sometimes, Rarely, and Never).

¹³ This design does not allow for open-ended questions and may encourage some respondents to refuse to answer. By using a separate answer sheet, the respondent is being asked not only to fill out the survey, but also to record their answers on a scanable sheet. This format may cause some reliability problems because

of the consent form, the survey, and the answer sheet. Additionally, instructions for the survey and answer sheet were spelled out explicitly on the survey itself. To encourage honest answers to sensitive questions, the consent form was collected separately from the answer sheets to construct a form of "anonymous consent." It was explained to the respondents that once the consent form was signed and collected, it would be impossible for anyone to connect an individual's name with his or her answers.

Participants

As this is a pilot study, a convenience sampling procedure was used. At a large Southern state university, all enrollees in two undergraduate Introduction to Sociology classes were asked to complete a survey. The survey was administered during the last week in October and the first week in November of 2001. The students were given class time to fill out the survey.¹⁴ The overall response rate¹⁵ for the survey was 74.5 %. The final sample size was 370 subjects, which consisted of 260 women and 110 men. This is the typical ratio of enrollees in introductory sociology courses. (Tables 4 and 5.) The sample was predominantly white, consisting of 230 white women, 94 white men, eleven black women, five black men, nineteen women of other races, and eleven men of other

it may be easy to record answers on the wrong lines. However, college students often fill out scanable sheets and this design is arguably no more confusing for college students than any other design. This format would not be suitable for all populations. When examined, there were no obvious mistake patterns in the current data.

¹⁴ In one class, the survey was administered in a large lecture class, and in the other class, the survey was administered in small discussion sections. For the class in which the students completed the survey in lecture class, the response rate was 79.5 % and in other class, the response rate was 70.7 %. One reason the response rate was lower in the class in which the survey was administered in discussion sections may be due to the fact the attendance in these sections is based on a voluntary bonus point system. There is no reason to believe that there are any other differences between these two classes.

¹⁵ What is reported here as response rate is actually the percentage of students enrolled in the class who returned a survey. Actual attendance numbers for each class are not available. However, this method is of

races. Because of the small number of minorities in the sample, racial categories were collapsed in white and non-white. The small number of non-white individuals also precludes separate analysis of non-white body image. Unfortunately, this implies caution must be taken when generalizing results to groups other than whites. There is a rich literature (Hesse-Biber, 1996, Buchanan 1993, Bordo 1997) on the differences in body images evidenced by various minorities.

The average age for the sample was 18.85. The Body Mass Index for the sample ranged from 15.49 to 60.53, with a mean of 22.70. The average Body Mass Index¹⁶ for women was 22.05 with a range of 15.49 to 44.28. The average Body Mass Index for men was 24.08 with a range of 17.22 to 60.53.

Statistical Methods

After the surveys were administered, the data were analyzed using the Statistical Package for Social Sciences (SPSS 1999). The first hypothesis, that women will be more likely to make comparisons of their bodies than men was tested using simple analysis of variance to see if there is a difference in the television comparison scale by gender. It is likely that the cultivation process works differently for men and women. After testing for the first hypothesis and discovering that women are more likely to make comparisons, further analyses were conducted separately for men and women. Analysis for the remaining four hypotheses was completed using ordinary least squares regression

computing response rates is actually more conservative in that these numbers include may include individuals who did not receive a survey due to absence.

¹⁶ Body-Mass Index is calculated by the formula: BMI= (weight in pounds/height in inches/height in inches)x703 (Garrow 1985). This variable was calculated by the researcher from the height and weight information reported by subjects on the survey.

analysis. For each equation, the scale in question was regressed on two sets of variables: a) the independent variable of interest, the amount of television watched, and the demographic variables age, race, body mass index, and score on the family scale; and b) the behavioral variables amount of exercise, dieting status, social comparison, and television comparison. The regression coefficients were then examined for statistical significance.

Dieting status was found to have a large significant effect on each of the body dissatisfaction scales. Although not multicolinear, dieting status seemed to be affecting the other variables and so was analyzed in a third equation for the body dissatisfaction scales.

Findings

Women watched significantly less television than men, averaging 8.70 (st. dev.=6.442) and 11.76 (st. dev.=7.415) hours a week, respectively (Table 4). Perhaps unsurprisingly, women were significantly more likely to watch sitcoms and dramas while men were more likely to watch sports.¹⁷ However, due to the small sample size, substantial analysis of the impact of the primary type of television watched would be misleading.

Measures of physical activity showed that women exercised significantly less than men, with a mean of 2.76 and a standard deviation of 1.863 for women and a mean of 3.89 and a standard deviation of 2.268 for men. The amount of exercise was measured

¹⁷ Category choices were: sitcoms and dramas, sports, talk shows, movies, music videos, news, educational, "reality", daytime soaps, and other types of television.

on an interval scale,¹⁸ and the above numbers indicate that women are averaging about five hours of exercise a week and men are exercising close to seven hours a week. There is also a statistically significant difference between men and women with respect to dieting (Table 4). Women are more likely to be currently on a diet to lose weight with 43% of women and 20% of men currently on a diet.

On the family relations scale, women scored an average of 11.07 with a standard deviation of 4.084, while men scored an average of 10.01 with a standard deviation of 3.158. These two means appear very close, but the difference is statistically significant at the .05 level. In effect, women are more likely to report family environments in which weight is salient and being overweight is criticized. The average scores and standard deviations for all of the scales are presented in Table 2.

Women also scored significantly higher at the .001 level on the importance of body scale with a mean of 20.94 and a standard deviation of 2.592 for women and a mean of 19.79 and a standard deviation of 2.381 for men. Substantively, women are more likely to report that they agree with the cultural belief that the body is important in society. There was not a significant difference between men and women on the television reality scale or the perfectibility of the body scale.

Women also scored significantly higher on two of the body dissatisfaction scales (Table 2). With respect to the body shame scale, women averaged 19.87 with a standard deviation of 4.563 and men scored an average of 14.42 with a standard deviation of

¹⁸ The interval scale is coded as follows: 0 to less than 2 hours=1, 2 to less than 4 hours=2, 4 to less than 6 hours=3, 6 to less than 8 hours=4, 8 to less than 10 hours=5,...14 to less than 16 hours=8, and more than 16 hours=9.

3.887. On the drive for thinness scale, the mean for women was 20.21 with a standard deviation of 4.826 while the mean for men was 15.50 with a standard deviation of 4.742. The difference between women and men on both the above scales is statistically significant at the .001 level. Women are reporting higher levels of body shame and drive for thinness than men. On the drive for muscularity scale, however, men scored significantly higher than women at the .05 level, with a mean of 14.53 and a standard deviation of 2.60 for men, and a mean of 13.77 and a standard deviation of 2.888 for women. This is the only scale on which men reported higher levels, indicating that muscles are a salient aspect of body image for men more so than they are for women.

While women had a wider range of scores on most of the scales, it is easy to see when the scores are plotted that there is a difference in the way most women and men scored on the scales. Women are grouped on the upper end of the all the scales except the drive for muscularity. This tells us that women are more likely to see their bodies as important and more likely to feel the need to make changes to them. It also clearly shows that women are more likely to experience body shame coupled with drive for thinness than men are to experience body shame coupled with drive for muscularity.

CHAPTER 7

RESULTS AND DISCUSSION

Results

The first hypothesis was that women would be more likely to make comparisons of their bodies with televised images than are men. For the television comparison scale, the mean for women was 8.64 with a standard deviation of 2.830 while men scored an average of 6.47 with a standard deviation of 2.467. With respect to both types of comparison, women scored significantly higher than men at the .001 level, and the first hypothesis was supported. Women were more likely to make comparisons with television than were men. For the social comparison scale, the average score for women was 17.57 with a standard deviation of 3.424 and men scored an average of 14.02 with a standard deviation of 3.527.

The second hypothesis was that individuals who watch more television would have more strongly internalized cultural beliefs about the body including the importance of the body and the perfectibility of the body. This hypothesis was not supported for either men or women. Individuals who watched more television were not any more likely to agree with cultural beliefs about the body. When the two cultural belief variables are separately regressed on the independent and control variables, the amount of television watched was not significant for either scale for either men or women. (Tables 5 and 6 for regression equations for the importance of body scale and Tables 7 and 8 for the regression equations for the perfectibility of the body scale.) For the importance of body scale, significant predictors for women were the family relations scale (beta=.25) and the social comparison scale (beta=.21). For men, significant predictors for the importance of body scale were the amount of exercise (beta=.21) and the social comparison scale (beta=.50). For the perfectibility of the body scale, significant predictors for women were the family relations scale (beta=.26) and dieting status (beta=.15). For men, the significant predictors were race (beta=.23) and the television comparison scale (beta=.22).

The amount of television watched, the demographic variables, and the family relations scale explained 5.5% of the variance in the importance of the body scale scores for women and only 2% of the variance for men. The addition of the behavioral variables explained an additional 7% of the variance in the scores for the importance of the body scale for women and 20% of the variance for men. Altogether, these variables account for 12.4% of the variance in scores for women and 22.3% of the variance in scores for men. For the perfectibility of the body scale, the amount of television watched and the demographic variables explained 6% of the variance in the scores for women and 22% of the variance in the scores for men. The addition of the behavioral variables contributed an explanation of 6% of the variance in scores for women and 11% of the variance in scores for women and 13.4% of the variance in scores for men.

The third hypothesis was that individuals who watch more television would be more likely to have higher body shame. This was not supported for either men or women, as individuals who watched more television were not any more likely to express higher levels of body shame. When the body shame scale was regressed on the independent and control variables, amount of television watched was significant for neither men nor women. (Tables 9 and 10.) For women, significant predictors for the body shame scale included dieting status (beta=.16), race (beta=.11), Body Mass Index (beta=.19), the family relations scale (beta=.18), the amount of exercise (beta= -.09), the social comparison scale (beta=.47), and the television comparison scale (beta=.13). For men, the only significant predictors for the body shame scale were dieting status (beta=.23), the amount of exercise (beta=-.18), and the social comparison scale (beta=.48).

The amount of television watched and dieting status explained 24% of the variance in the body shame scores for women and 17% of the variance for men. The addition of the demographic variables explained another 14.5% of the variance in the body shame scale scores for women but only another 2.6% of the variance for men. The behavioral variables explained a further 26% of the variance in the scores for the body shame scale for women and 31% of the variance for men. All together, these variables account for 65% of the variance in the scores for men.

The fourth hypothesis was that individuals who watch more television would be more likely to have a greater drive for thinness. This hypothesis was supported for either men or women. Individuals who watched more television were not any more likely to display a greater drive for thinness. When the drive for thinness scale was regressed on the independent and control variables, the amount of television watched was a significant predictor for women, but in a negative direction (beta=-.08). This indicates that women who watched more television actually scored lower on the drive for thinness scale. Since this relationship operates in the opposite direction as that predicted by the theory, it cannot be construed as support for cultivation.

Other predictors for women included dieting status (beta=.28), race (beta=.13), Body Mass Index (beta=.26), the family relations scale (beta=.14), the social comparison scale (beta=.28), and the television comparison scale (beta=.16). The significant predictors for the drive for thinness scale for men were dieting status (beta=.31), Body Mass Index (beta=.35), and the social comparison scale (beta=.27). (Tables 11 and 12.)

The amount of television watched and dieting status alone explained 33% of the variance in the drive for thinness scale scores for women and 25% of the variance for men. The other demographic variables explained an extra 13% of the variance for women and 10% of the variance for men. The addition of the behavioral variables explained a further 12% of the variance in the scores for the drive for thinness scale for women and 8% of the variance for men. These variables account for 58.2% of the variance in scores for women and 42.7% of the variance in scores for men.

The fifth hypothesis was that individuals who watch more television would be more likely to have a greater drive for muscularity. This hypothesis was not supported for either men or women. When the drive for muscularity scale was regressed on the same variables as outlined above, the amount of television watched was not a significant predictor for either men or women. (Tables 13 and 14.) Significant predictors for the drive for muscularity scale for women were the family relations scale (beta=.17) and the social comparison scale (beta=.29). For men, the significant predictors were race (beta=.25)¹⁹ and the social comparison scale (beta=.54). The amount of television watched and dieting status accounted for only 4% of the variance in the scores on the

drive for muscularity scale for women and only 5% for men. The demographic variables, age, race, Body-Mass Index, and the family relations scale explained another 7.3% of the variance for women and another 11% of the variance for men. The addition of the behavioral variables, amount of exercise, the social comparison scale, and the television comparison scale explained an additional 8% of the variance in the scores for the drive for muscularity scale for women and 26% of the variance for men. These variables account for only 19.6% of the variance in scores for women but 41.3% of the variance in scores for men.

Discussion

This paper has presented a number of findings related to the amount of television watched and gender in this sample. First, women watched less television and exercised less, but dieted more than men. Second, women had more body shame, a higher drive for thinness, and believed more in the importance of the body than did men. Third, women made more comparisons to both television and other people in reality, and reported more family environments in which weight was criticized than did men. Fourth, men had a higher drive for muscularity than women. All of these findings fit with both conventional wisdom and the existing literature on body dissatisfaction and eating disorders.

Another finding that fits with conventional wisdom is that Body Mass Index was a significant influence on Body Shame scale scores for women and Drive for Thinness scale scores for both women and men. Women who have a high Body mass index in our

¹⁹ This indicates that white men in the sample had more drive for muscularity than non-white men. This would be an interesting relationship to examine further in a separate study.

society would likely have body shame and both women and men who have a high body mass index may feel compelled to be thinner, for social or health reasons.

The goal of this study was to find support for cultivation theory. The first hypothesis was that women are more likely to make comparisons of their bodies with televised images than men. This hypothesis was supported, as women in this sample were significantly more likely to make comparisons with television than men. Women were also significantly more likely than men to make comparisons to other people in the real world.

Unfortunately, none of the remaining hypotheses were supported. Individuals who watched more television were no more likely to have internalized cultural beliefs about the body, more body shame, a greater drive for thinness, or a greater drive for muscularity. Amount of viewing was unrelated to body dissatisfaction and cultural beliefs, providing no support for cultivation theory.

The fact that the amount of television viewed did have a significant effect on drive for thinness in women, but in the opposite direction, does require some examination. This finding, that women in the sample who watched more television actually had a lower drive for thinness, might have been caused by one of two processes. First, it is possible that cultivation is working, but in a non-linear way. Perhaps, watching television increases drive for thinness to a point, and then ceases to operate. A more sophisticated statistical measure would be required to test this possibility, and furthermore, points to a problem in the specification of cultivation theory.²⁰ A more likely explanation is that viewers who watch more television are simply more inactive and less social. In this case, heavy viewers may be less inclined to care whether that the individuals they see on television are thinner. A third, related possibility is that heavy viewers may be more media savvy and more knowledgeable about the fact that the people shown on television are exceptionally thin or even photogenically "adjusted" to be thin.²¹

However, it is still useful in that it further articulates differences between the facets of body dissatisfaction. Following a deductive route, it appears that there may be a difference between the underlying concepts of the scales based on what actually predicted high scores on the scales. These differences appear to be organized around subjective and objective criteria.

The dissatisfaction in Body Shame seems to be closely related to subjective comparisons with others. The largest predictor of score on the body shame scale for both women and men was score on the social comparison scale, implying that people who made more comparisons to other people in the real world had higher scores on the body shame scale. This suggests that both women and men look to other people in reality rather than television to determine whether they should feel shame about their bodies. It may also indicate that people who feel body shame are more likely to make comparisons than people who do not have body shame.

²⁰ Cultivation theory posits a direct, linear relationship. Cultivation theory may be oversimplified. See below.

²¹ See note 23 below.

The Drive for Muscularity aspect of body dissatisfaction also follows this pattern. Again, the largest predictor for both women and men was score on the social comparison scale, indicating that individuals who make comparisons with other social actors are more likely to have a drive for muscularity. Or, similarly to individuals with body shame, perhaps people who have a higher drive for muscularity are more likely to compare themselves than persons who do not.

When looking at Drive for Thinness, a different pattern emerged. For women, dieting status and social comparison were equally important predictors, with body mass index a close third. This implies a complex relationship between these three variables that deserves further study. First, women who were dieting had a higher drive for thinness, but it is also possible that women who have a high drive for thinness are more likely to be on a diet. Second, women who compare themselves to others are likely to have a high drive for thinness, or conversely, women who have a high drive for thinness may compare themselves more often. And, given the social prejudice against individuals with a high body mass index, women who fall into such a category may well be likely to have a high drive for thinness. For men, the most important predictor was Body Mass Index, implying that men who weighed more had a higher drive for thinness. Thus, this aspect of body dissatisfaction may be more closely related to objective measures such as weight.

The cultural beliefs scales, which appear to be closely related, actually fall on different sides of the subjective/objective fence. For the importance of the body scale, the most important predictor for both men and women was the social comparison scale. This indicates that people who made more comparisons to other people in the real world had higher scores on the importance of the body scale, and implies that both men and women look to other people in reality rather than television to determine the importance of the body. Thus, the scale recognizing the importance of the body in American culture is related to subjective comparisons to others.

For women, the perfectibility of the body scale showed the opposite pattern, related to objective measures. The strongest predictor for women was dieting status, indicating that women who were on a diet had higher scores on the scale. Alternatively, those women who believe in the perfectibility of the body are more likely to engage in dieting. For men, however, the predictor that had the largest effect for men was race, indicating that white men who had higher scores on the perfectibility of the body scale. Nonetheless, this finding should be interpreted cautiously in light of the small numbers of minority men in the sample.

The scales differed in another way as well. The amount of television watched and variables used as controls in this study accounted for approximately half of the variance in scores on the Body Shame scale for men and women, the Drive for Thinness scale for men and women, and the Drive for Muscularity scale for men. For the other scales, these variables accounted for less than 30%. It seems that the body dissatisfaction scales are more closely connected to identity whereas the cultural beliefs scales are more closely connected to identity whereas the cultural beliefs scales are more closely connected to an individual's outlook on life and less to his or her sense of self.

CHAPTER 8

CONCLUSION

The evidence presented in this study does not support cultivation theory. The amount of television watched did not affect the degree of internalized cultural beliefs, body shame, drive for thinness, or drive for muscularity for women or for men. This indicates that real world actors, rather than television images are most important in constructions of the self.

How, then, are we to make sense of the finding that women are more likely to make comparisons to television? It is important to remember that comparisons with television are a significant influence on Body Shame and Drive for Thinness scales in women and agreement with the Perfectibility of the Body scale in men. If the amount of television watched is not significant, perhaps any amount of exposure to television may result in comparisons. Further, perhaps men and women compare themselves to television for different reasons or separate subjects for potential comparison differently.

A survey is a research method that is cross-sectional in nature. It can document current habits, but may not capture the effects of long-range viewing. In fact, the effects of long-range viewing, which lies at the heart of cultivation theory, are difficult to identify. This is especially true in a culture, such as the United States, in which the media and television are ubiquitous.

Perhaps the most interesting finding is that there were no gender differences in the effect of media. Despite the literature focus on the media's influence on women, women

59

in this sample were no more likely to evidence greater body dissatisfaction as a result of watching greater amounts of television. This cannot be construed as the absence of gender differences in the operation of cultivation (because there was no evidence of cultivation). These results must be seen as challenging the assumption of gender differences in the effect of media on individuals.

Although there was not demonstrable evidence of cultivation, two of the control variables were statistically significant for nearly every cultural belief and body dissatisfaction scale. The fact that these two variables were significant in almost every case implies that they are important to consider in order to fully understand the picture of body dissatisfaction.

Scores on the Family Relations scale was an important influence on women in every scale, implying that the salience of weight in the family environment has a lasting impact on women. The family is a social group of great importance to the individual during formative years. Through interactions within families, "the wider cultural context" is defined for individual members (McGoldrick 1993). This reflects other studies that found a strong influence of family members on individuals (Pike and Rodin 1991; Smolak, Levine, and Schermer 1999).

Scores on the Social Comparison scale were an important influence on both men and women for every scale except the belief in the perfectibility of the body. This demonstrates the importance of peers on individuals. This reflects previous studies that found a strong influence of peers on the body image of individuals (Levine, Smolak, Moodey, and Hessen 1994; Field, Camargo, Taylor, Berkey, Roberts and Colditz, 2001). However, it cannot be ignored that both families and peers exist in the same culture as individuals. Families and peers may also be affected by television and may communicate ideals of thinness based in part on television. Alternatively, the impact of television may be mediated through the family and/or social comparison. This relationship calls for a reexamination of the model of media effects. Media appears to be multifaceted, to have both direct and indirect effects.

Dieting status also had a much stronger effect on the experience of body dissatisfaction than television. Dieting status, like body mass index, seemed to be only significant for body shame and drive for thinness, indicating that these scales are more closely related to each other than to drive for muscularity. This is another site where the effect of television may be mediated by another factor. Although dieting is an action that is usually only thought of as a result of body shame and drive for thinness, it can also reinforce these attitudes.

This evidence does force us to consider the potential of cultivation theory. It is possible that the theory is oversimplified. Cultivation theory assumes an undiluted, direct effect of television over time. The theory does not allow for the effects of television to be mediated through other factors, such as social comparison with real-world models. However, due to the very fact of television's integration into our culture, it becomes harder to parcel out the effect of television net of other aspects of culture. The world depicted on television may be perceived by viewers as only slightly different from reality.

A second limitation of the theory rests on time. Cultivation theory assumes a lengthy span of time over which viewing patterns are consistent. This leads to three problems. The first is that it is impossible to establish time order. Thus no causation could be

established if significant results were found. There is no way of truly knowing whether the amount of television viewing precedes body dissatisfaction or vice versa²². Second, because causation cannot be established, it is impossible to test mediating effects. Third, it is possible that viewing patterns change dramatically, especially during different segments of the lifespan. Perhaps students who now report large amounts of viewing may have only recently begun watching more than a few hours a week, or maybe students who watched large amount in high school now are very active and watch only one or two hours a week.

However, more research should be done before cultivation theory is abandoned altogether. As Morgan and Shanahan (1997) state, we should not expect to find statistically large effects for two very good reasons. First, most people in our society do accumulate substantial exposure over their lifetimes, even by the ages represented in this sample. It may be difficult to differentiate between large and very large amounts of television. Second, light and heavy viewers live in the same culture, and comparable messages are disseminated by other media and social institutions. Television is only one of the many forces that influence individuals and shape beliefs.

Limitations and Directions for Further Research

One limitation of this study is the sample. Only college students, and only students in sociology classes were surveyed. These students may be self-selected and more aware of their cultural environment. Also, there may be substantial differences between college

²² An experiment could be conceived that would test levels of body dissatisfaction immediately after viewing television, but this would not be testing cultivation theory. Recall that cultivation theory holds that

students and the wider population. College students tend to be young and relatively physically fit, and so may be closer to the ideal already. Thus, their social comparison groups, other students at the university, may resemble the television-world, mediating the effect of television comparisons. Further, at such a large university, there may be enough other people around with whom to make comparisons that the impact of television comparisons may be eclipsed.

The sample was 88% Caucasian. The racial distribution is more diverse than the population of the university, but less so than the population of the country as a whole. Literature suggests that African Americans and other racial minorities are under-represented on television (Hunt 2002). White models may be less important to non-whites, and have a different effect on their body dissatisfaction. Also, different racial groups have been shown to experience body dissatisfaction in different ways (Hesse-Biber 1996; Buchanan 1993; Bordo 1997). Although I do not know of any literature that finds that minority individuals watch any more or less television than whites, it is a possibility. These reasons serve as a reminder to take caution when generalizing findings to a wider population.

These students have grown up with television. They may be more media savvy in general, or more cognitively sophisticated about the use and potential misuse of media. They may therefore be more knowledgeable about media distortion and more resistant to its effects. In fact, some students have informed me that the advance of technology has

television highlights and amplifies attitudes, values, and beliefs that already exist in our culture. This is a dialectical process that occurs over time.
made them believe less in the reality of television²³. Additionally, this generation may consume more media, and more varied types of media, than older individuals. This may dilute the impact of television. Similar research should be conducted with a larger population before discounting cultivation analysis.

A second limitation lies in the fact that this is a purely quantitative study. It is impossible to tell from these data how people actually interpret television. Also, other questions need to be asked that might shed more light on the issue, such as what people do while they are watching television, who they watch television with, and whether they discuss television with other people. The answers to these questions may impact their interpretations and beliefs in television and the world it depicts.

An issue that was addressed in this study but not resolved is the construction of the television viewing variable. By utilizing a continuous measure of television viewing, hours of television watched in one week, I hoped to avoid issues centered around arbitrary cut points. However, using a continuous variable did not facilitate better results or enable the identification of a non-linear relationship²⁴.

A fourth direction for future research centers on the idea that television may affect different aspects of body dissatisfaction than those examined here. Specifically, data

²³ Such popular movies as "The Matrix" and "Crouching Tiger, Hidden Dragon", created an awareness of technological ability to "create" reality on film. In fact, much of the draw for these and other movies is the increasingly sophisticated computer animation/graphics, and their similarity to presumed reality. See Morse (1998) and Weimann (2000) for a discussion of the effects of this bluring of reality.

²⁴ In the traditional way of measuring television viewing for cultivation analysis, viewers are divided into light, medium, and heavy viewers based on cut marks at the 33rd and 66th percentile of total viewing. In fact, in reanalysis of the data in this form, an analysis of variance found one statistically significant difference: between light and heavy male viewers on the drive for thinness. While this is the only actual result that supports cultivation, the plots of the relationships tended to show possible quadratic equations. This implies a complex non-linear relationship, and in light of only one solitary result, is probably a fluke.

were collected in the current survey that has not yet been analyzed, including information on perceptions of one's body size. Perhaps the amount of television watched has an effect of the difference between the body size an individual believes himself or herself to be and the body size he or she wants to be. Or, people who watch more television may be more or less likely to see a difference between the people they see on television and the people they see in the real world. Further analysis of the available data, and the survey of a larger population may reveal that the television does have an effect on other aspects of body dissatisfaction.

	Television A	<u>ctors</u>	Surgeon Gen	eral's Weigh	nt Classes ^a
Size	Men	Women	Size	Men	Women
Small	21%	75%	Normal	38%	53%
Medium	66%	18%	Overweight	41%	24%
Large	13%	7%	Obese	21%	23%

Table 1. Size of Television Commercial Actors and Surgeon General's Weight Classes

Note: There is a significant difference between television and reality:

p<.01 level for men

p<.001 level for women

^a The Surgeon General does not distinguish an Underweight category.

Scale	All	(St. Dev.)	Women	(St. Dev.)	Men	(St. Dev.)
Family Relations ^a	10.75	(3.864)	11.069	(4.091)	10.01	(3.158)
Body Dissatisfaction						
Body Shame ^b	18.27	(5.030)	19.90	(4.551)	14.42	(3.887)
Drive for Thinness ^b	18.83	(5.252)	20.24	(4.808)	15.50	(4.774)
Drive for Muscularity ^c	14.00	(2.823)	13.78	(2.888)	14.53	(2.601)
Comparison						
Social Comparison ^b	16.53	(3.803)	17.59	(3.398)	14.02	(3.527)
Television Comparison ^b	8.01	(2.895)	8.66	(2.821)	6.47	(2.467)
Cultural Beliefs						
Importance of Body ^b	20.61	(2.579)	20.96	(2.585)	19.79	(2.381)
Perfectibility of Body	15.53	(3.148)	15.51	(3.121)	15.57	(3.227)

 Table 2. Mean Scores and Standard Deviations of the Scales

(Standard Deviations in Parentheses) ^a Women scored significantly higher at the p<.05 level ^b Women scored significantly higher at the p<.000 level ^c Men scored significantly higher at the p<.05 level

		St.														
Variable	Mean	Dev.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Gender (male =1)	.300	.457	1.000													
2. Age	18.860	1.176	.099	1.000												
3. Race (white=1)	.880	.330	042	129*	1.000											
4. Body Mass Index	22.702	4.190	.241**	.177**	162**	1.000										
5. Score on Family Relations Scale	10.752	3.859	125*	025	.012	.141**	1.000									
6. Amount of Exercise	3.090	2.055	.253**	036	.013	.116*	.000	1.000								
 Dieting Status (currently dieting =1) 	.360	.482	221**	013	.115*	.141**	.316**	.043	1.000							
8. Score on Social Comparison Scale	16.511	3.813	426**	113*	.137**	086	.349**	108*	.432**	1.000						
9. Score on Television Comparison Scale	8.000	2.899	342**	131*	.158**	157**	.324**	061	.343**	.721**	1.000					
10. Score on Importance of the Body Scale	20.601	2.582	204**	097	.021	058	.227**	.019	.141**	.409**	.353**	1.000				
11. Score on Perfectibility of the Body Scale	15.520	3.147	.010	065	.008	.026	.214**	.127*	.240**	.226**	.254**	.240**	1.000			
12. Score on Body Shame Scale	18.256	5.030	496**	077	.177**	.047	.424**	190**	.516**	.763**	.621**	.364**	.240**	1.000		
13. Score on Drive for Thinness Scale	18.814	5.257	410**	039	.164**	.207**	.406**	009	.587**	.627**	.522**	.314**	.254**	.778**	1.000	
14. Score on Drive for Muscularity Scale	13.994	2.824	.123*	015	.202**	052	.247**	.039	.178**	.370**	.313**	.241**	.266**	.349**	.286**	1.000
15. Amount of Television Watched	9.720	7.184	.185**	.200**	184**	.157**	026	058	101	165**	135**	074	031	152**	165**	055

 Table 3.
 Pearson Correlations between Control, Dependent, and Independent Variables

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Note:

*p<.05, **p<.01

N=371

Everyone	2	Women		Men	
370		260		110	
325		230		94	
46		30		16	
135		113		22	
18.85	(1.176)	18.78	(1.027)	19.04	(1.458)
22.70	(4.196)	22.05	(3.520)	24.25	(5.166)
9.61	(6.880)	8.70	(6.442)	11.76	(7.415)
3.10	(2.055)	2.76	(1.863)	3.89	(2.268)
	Everyone 370 325 46 135 18.85 22.70 9.61 3.10	Everyone 370 325 46 135 18.85 (1.176) 22.70 (4.196) 9.61 (6.880) 3.10 (2.055)	Everyone Women 370 260 325 230 46 30 135 113 18.85 (1.176) 18.78 22.70 (4.196) 22.05 9.61 (6.880) 8.70 3.10 (2.055) 2.76	Everyone Women 370 260 325 230 46 30 135 113 18.85 (1.176) 18.78 22.70 (4.196) 22.05 9.61 (6.880) 8.70 3.10 (2.055) 2.76	Everyone Women Men 370 260 110 325 230 94 46 30 16 135 113 22 18.85 (1.176) 18.78 (1.027) 22.70 (4.196) 22.05 (3.520) 24.25 9.61 (6.880) 8.70 (6.442) 11.76 3.10 (2.055) 2.76 (1.863) 3.89

Table 4. Demographic and Behavioral Variables, By Gender

(Standard Deviations in Parentheses) ^a difference significant at p<.001

	Equation	on 1	Equa	tion 2
Variable	b	Beta	b	Beta
Amount of Television (in hours)	027	071	022	060
	(.023)		(.022))
Race (white=1)	221	065	287	084
	(.208)		(.201))
Body Mass Index	.017	023	.021	.003
	(.045)		(.045))
Family Scale	.158***	.249	.101*	* .159
	(.039)		(.040))
Amount of Exercise			.015	.011
			(.083))
Diet Status (currently on a diet=1)			469	090
			(.348))
Social Comparison Scale			.161*	* .212
			(.063))
Television Comparison Scale			.130	.142
			(.075))
Constant	20 253		16.76	1
$A = \frac{1}{2} $	20.233		10.70	1
Adjusted K	.055		.124	ł

Table 5. Women: Importance of Body Scale Regressed on Amount of Television, for Demographic (Equation 1) and Behaviorial Variables (Equation 2)

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

	Equati	on 1	Equation	n 2
Variable	b	Beta	b	Beta
Amount of Television	015	.046	.041	.126
(in hours)	(.032)		(.029)	
Race (white=1)	.027	.011	192	075
	(.261)		(.238)	
Body Mass Index	041	091	.036	076
	(.049)		(.046)	
Family Scale	.075	.100	.058	077
	(.078)		(.075)	
Amount of Exercise			.219*	.209
			(.091)	
Diet Status			033	006
(currently on a diet=1)			(.576)	
Social Comparison Scale			.336***	.498
			(.085)	
Television Comparison Scale			.045	.046
			(.116)	
Constant	19.817		15.335	
Adjusted R ²	023		.223	

Table 6.Men: Importance of Body Scale Regressed on Amount of Television, Controlling
for Demographic (Equation 1) and Behaviorial Variables (Equation 2)

NOTE: N for men=110

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

	Equatio	n 1	Equation	2	
Variable	b	Beta	b	Beta	
Amount of Television	033	073	017	038	
(in hours)	(.027)		(.027)		
Race (white=1)	155	038	235	057	
	(.250)		(.243)		
Body Mass Index	076	086	.087	098	
	(.055)		(.054)		
Family Scale	.194***	.255	.114*	.149	
	(.047)		(.049)		
Amount of Exercise			.126	.075	
			(.100)		
Diet Status			.966*	.154	
(currently on a diet=1)			(.422)		
Social Comparison Scale			.060	.066	
			(.076)		
Television Comparison Scale			.136	.113	
			(.091)		
Constant	15.637		13.793		
Adjusted R ²	.057		.117		

Table 7. Women: Perfectibility of the Body Scale Regressed on Amount of Television, Controlling for Demographic (Equation 1) and Behaviorial Variables (Equation 2)

NOTE: N for women=259

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

	Equati	ion 1	Equation	n 2
Variable	b	Beta	b	Beta
Amount of Television (in hours)	.021	.049	.048	.109
	(.043)		(.041)	
Race (white=1)	587	169	812*	234
	(.345)		(.341)	
Body Mass Index	.031	.051	.014	.022
	(.065)		(.066)	
Family Scale	.161	.157	014	014
	(.103)		(.107)	
Amount of Exercise			.220	.154
			(.130)	
Diet Status			1.418	.177
(currently on a diet=1)			(.826)	
Social Comparison Scale			.097	.106
			(.121)	
Television Comparison Scale			.292*	.223
			(.166)	
Constant	14.171		11.847	
Adjusted R ²	.023		.134	

 Table 8. Men: Perfectibility of the Body Scale Regressed on Amount of Television, Controlling for Demographic (Equation 1) and Behaviorial Variables (Equation 2)

NOTE: N for men=110

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

	Equation	n 1	Equation 2	,	Equation (3	
Variable	b	Beta	b	Beta	b	Beta	
Amount of Television (in hours)	027	041	027	041	027	042	
	.036)		(.033)		(.025)		
Diet Status	4.536***	.493	3.048***	.331	1.467***	.159	
(currently on a diet=1)	(.500)		(.487)		(.393)		
Race (white=1)			2.864***	.201	1.610**	.113	
			(.729)		(.561)		
Body Mass Index			.220**	.170	.245***	.188	
			(.066)		(.051)		
Family Scale			.354***	.316	.205***	.184	
			(.057)		(.045)		
Amount of Exercise					232*	094	
					(.092)		
Social Comparison Scale					.633***	.474	
					(.071)		
Television Comparison Scale					.209*	.129	
					(.083)		
Constant	18.132		7.478		-1.908		
Adjusted R ²	.243		.388		.648		

Table 9.	Women: Body Shame Regressed on Amount of Television, Controlling
	for Dieting Status (Equation 1), Demographic (Equation 2) and
	Behaviorial Variables (Equation 3)

NOTE: N for women=260

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

	Equatio	n 1	Equation	n 2	Equation	n 3
Variable	b	Beta	b	Beta	b	Beta
Amount of Television (in hours)	024	046	008	016	.022	.042
	(.046)		(.048)		(.038)	
Diet Status	4.159***	.430	3.470***	.359	2.193**	.227
(currently on a diet=1)	(.845)		(.905)		(.733)	
Race (white=1)			.560	.051	.930	.085
			(.982)		(.769)	
Body Mass Index			013	071	.101	.134
			(.070)		(.057)	
Family Scale			.285*	.232	009	007
			(.115)		(.097)	
Amount of Exercise					299*	175
					(.117)	
Social Comparison Scale					.529***	.480
					(.108)	
Television Comparison Scale					.274	.174
					(.149)	
Constant	13.87	,	10.799		2.541	
Adjusted R ²	0.17		.196		.509	

Table 10.	Men: Body Shame Regressed on Amount of Television, Controlling
	for Dieting Status (Equation 1), Demographic (Equation 2) and
	Behaviorial Variables (Equation 3)

NOTE: N for men=110

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

Behaviorial Variables (Equation 3)							
	Equat	Equation 1		Equation 2			
Variable	b	Beta	b	Beta	b	Beta	
Amount of Television (in hours)062 -	.089	064*	007	057*	082	
	(.036)		(.032)		(.029)		
Diet Status	5.499***	.566	4.014***	.413	2.719***	.280	
(currently on a diet=1)	(.495)		(.482)		(.452)		
Race (white=1)			2.939***	.195	2.014**	.134	
			(.722)		(.646)		
Body Mass Index			.323***	.236	.168***	.260	
			(.066)		(.052)		
Family Scale			.288***	.244	.168**	.142	
			(.056)		(.052)		
Amount of Exercise					.097	.038	
					(.106)		
Social Comparison Scale					.394***	.280	
					(.081)		
Television Comparison Scale					.266**	.156	
					(.096)		
Constant	18.390		6.144		-1.434		
Adjusted R ²	.334		.463		.582		

Table 11. Women: Drive for Thinness Regressed on Amount of Television, Controlling for Dieting Status (Equations 1), Demographic (Equation 2) and Behaviorial Variables (Equation 3)

NOTE: N for women=260

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

Bellavioliai valiables (I	<u>Squarion 5)</u>	1	– – – – – – – – – – – – – – – – – – –	2	<u>г</u> (*	2
	Equation 1		Equation 2		Equation 3	
Variable	b	Beta	b	Beta	b	Beta
Amount of Television (in hours)	008	013	035	055	004	007
	(.053)		(.053)		(.050)	
Diet Status	6.030***	.511	3.615***	.388	3.615***	.306
(currently on a diet=1)	(.982)		(.997)		(.967)	
Race (white=1)			.544	.041	.785	.059
			(1.082)		(1.013)	
Body Mass Index			.270**	.294	.324***	.353
			(.077)		(.075)	
Family Scale			.235	.157	.059	.039
			(.127)		(.127)	
Amount of Exercise					.093	.044
					(.155)	
Social Comparison Scale					.376*	.270
					(.143)	
Television Comparison Scale					.176	.092
					(.196)	
Constant	14.39		5.641		-1.080	
Adjusted R ²	.247		.344		.427	

Table 12. Men: Drive for Thinness Regressed on Amount of Television, Controlling
for Dieting Status (Equation 1), Demographic (Equation 1) and
Behaviorial Variables (Equation 3)

NOTE: N for men=110

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

	Equation 1		Equation 2		Equation 3	
Variable	b	Beta	b	Beta	b	Beta
Amount of Television (in hours)	010	023	004	010	001	002
	(.026)		(.025)		(.024)	
Diet Status	1.264***	.217	.770*	.132	.129	.022
(currently on a diet=1)	(.356)		(.371)		(.376)	
Race (white=1)			1.395*	.154	.925	.102
			(.556)		(.537)	
Body Mass Index			060	073	.050	.102
			(.050)		(.049)	
Family Scale			.175***	.247	.117**	.165
			(.043)		(.043)	
Amount of Exercise					.000	.000
					(.088)	
Social Comparison Scale					.246***	.291
					(.068)	
Television Comparison Scale					.073	.072
					(.080)	
Constant	13.310		11.625		7.775	
Adjusted R ²	.041		.114		.196	

Table 13. Women: Drive for Muscularity Regressed on Amount of Television, Controlling for Dieting Status (Equation 1), Demographic (Equation 2) and Behaviorial Variables (Equation 3)

NOTE: N for women=260

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

Behaviorial Variables	(Equation	n 3)				
	Equation 1		Equation 2		Equation 3	
Variable	b	Beta	b	Beta	b	Beta
Amount of Television (in hours)	.060	172	018	051	005	.015
	(.033)		(.033)		(.028)	
Diet Status	1.271*	.196	1.287*	.199	.369	.057
(currently on a diet=1)	(.606)		(.620)		(.537)	
Race (white=1)			1.623*	.221	1.856**	.253
			(.673)		(.563)	
Body Mass Index			124*	246	068	136
			(.048)		(.041)	
Family Scale			.193*	.234	.027	.033
			(.079)		(.071)	
Amount of Exercise					.000	.000
					(.086)	
Social Comparison Scale					.395***	.536
*					(.079)	
Television Comparison Scale					.072	.069
*					(.109)	
					~ /	
Constant	14.983	3	14.172		8.190	
Adjusted R ²	0.047	7	.157		.413	

Table 14. Men: Drive for Muscularity Regressed on Amount of Television, Controlling for Dieting Status (Equation 1), Demographic (Equation 2) and Behaviorial Variables (Equation 3)

NOTE: N for men=110

b= unstandardized regression coefficient with standard error in parentheses Beta= standardized regression coefficient.

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