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Body Image and Quality of Life: A Comparative Study Between Black and White Females

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BODY IMAGE AND QUALITY OF LIFE:
A COMPARATIVE STUDY BETWEEN BLACK AND WHITE FEMALES

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An Abstract Presented to the Faculty of the Graduate School of
Lindenwood University in Partial Fulfillment of the Requirements for the
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Abstract

This research examines the relationship between body image avoidance behaviors and quality of life for black an white females. The subjects in this study included 39 black females and 24 white females in St. Louis County. The ages of participants ranged from 14 to 20 years old. In order to examine the relationship between these two variables the mean, standard deviation, and an independent t-test was performed. There was a strong positive correlation between BIAQ and QOL Importance subscale for Black and White females. A discussion of limitations of this study and implications for future research will be discussed later.

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CHAPTER 1
INTRODUCTION

In today's society, many factors influence young girl's body image perceptions. These factors may negatively impact young girl's thoughts about their weight and shape. According to Harter (1999), during adolescence young girls establish identity, along with increasing self-awareness, self-consciousness, and preoccupation with their weight. Consequently, they are more likely to experience body dissatisfaction as a result of identity crisis and seeking social acceptance from peers. Wilson & Blackhurst, (1999) cite research by Kilbourne, (1995) and found that females between the ages of 11 to 17 years old cited losing weight as their personal goal. By age 12, most girls become concerned with losing weight. By the time most girls reach age 18, approximately 80 percent admitted dieting. Body dissatisfaction leads to unhealthy dieting practices, which often results in clinical eating disorders. The two most common eating disorders for females are anorexia and bulimia, which occur during late adolescence (Wilson & Blackhurst, 1999). There are other social and cultural factors, which predispose young girls to eating disorders.

Over the years, researchers have acknowledged the importance of social and cultural factors in young girls developing eating disorders (Striegel-Moore, Silberstein & Rodin, 1986). The social influences include family, peers, schools, athletics, businesses, and health care professionals (Levine & Smolak, 1996, 1998; Smolak and Levine, 1996; Thompson & Stice, 2001 cited in Groesz,

Levine, & Murnen, 2002). However, the messages from media are more pervasive. Wilson & Blackhurst, (1999) cite research by Orbach (1985) in which the media and other cultural factors are responsible for promoting 'thin ideal' body image perception. According to Myers and Biocca (1992) watching 30 minutes of television programming and advertising affects young girls' perceptions about their bodies. When it comes to cultural factors, mothers are responsible for promoting healthy eating habits, regular exercise, and basic life skills to their daughters. Many times young girls depend on their parents for guidance regarding acceptable body weight (Jaffee & Lutter, 1995).

Young girls begin learning about physical attractiveness from adults, by the time they are six years old (Cavior & Lomabardi, 1973). They learn what's acceptable regarding body weight and shape from older adults. Gabel & Kearney, (1998) cite research by Fabian & Thompson (1989); Thompson & Heinbur (1993); and concluded that a relationship exists between weight-related teasing, low self-esteem, and eating problems. A study of fourth graders in Iowa discovered that 60 percent of children wanted to weigh less, and many of them weigh themselves daily (Gustafson-Larson, & Terry 1992, as cited in Gabel & Kearney, 1998). Also, Gabel & Kearney (1998) found that fifty percent of children felt guilty about eating fattening foods. This research confirms the notion that children become conscious of their weight and eating habits at a young age.

According to Thompson (1990) body image can be defined as an individual's beliefs thoughts about their physical appearance. The images portrayed by the media, peers, and schools often result in distorted body image.

When this happens, females become dissatisfied with their bodies and may experience depression, low self-esteem, and other psychological problems. According to Tiggemann (2000) society tends to reinforce the ideal standards for beauty. Society imposes unrealistic standards for average size females. The images portrayed by media are an underrepresentation of average female body. When young girls are unable to meet society's standards, they opt for other measures to lose weight. These measures may include restricting food intake, overeating, or binging and purging which leads to eating disorders (Wilson & Blackhurst, 1999).

The mass media contributes to eating disorders and body image disturbances among females. Groez, Levine, and Murmen (1997) point out that the mass media has the greatest impact on young girl's body satisfaction. "Mass media" includes billboards to radio, magazine, and television. The mass media makes money using magazines and television to promote dieting products, cosmetics, and exercise gear. The media plays a major role in young girls thoughts about their bodies. The models on television are extremely thin or underweight which often represents the 'ideal female body.' According to Kalodner (1997) females who viewed thin models on television experienced anxiety and body dissatisfaction. The media encourages females to measure themselves against thin models as the norm. Consequently, females who compare themselves to thin fashion models become unhappy with their bodies (Wilson & Blackhurst, 1999).

The sociocultural theory points out that peers and family members have the greatest impact on a young girls self-esteem and body image. According to Stice, Schupak-Neuberg, Shaw, & Stein (1994), parents are responsible for transferring sociocultural messages to adolescents. A study by McCabe & Ricciardelli (2001) points out that mothers greatly influence their daughters' opinions about weight. Young girls are more likely to feel pressured by society to lose weight rather than males. In contrast, fathers have a greater influence on their daughter's attitudes and mothers' influence their son's attitudes. Also, most young girls talk to their female friends about their weight. However, a small percentage admitted that their friends encouraged them to diet (Paxton, Wertheim, Gibbons, Szmukler, Hillier, & Petrovich, 1991, cited in McCabe & Ricciardelli, 2001). There seems to be a correlation among peers and overall life satisfaction for girls.

There was a study done which focused on life satisfaction of adolescents in remarried households. The previous research on the topic, supports life satisfaction with family as important to overall well- being. Henry and Lovelace, (1995) examined the relationship between life satisfaction among remarried households and discovered the following information. They found out that life satisfaction is directly related to family experiences. The previous research indicated older adolescents possess a higher life satisfaction than younger adolescents. Henry & Lovelace (1995) cite research by Crosbie & Burnett, (1989), and concluded that communication with peers is an important element to life satisfaction. They also found that resources available to families may minimize the impact of stressors on families.

Race also plays an integral part in young girl's body image perceptions. Black females, on average, tend to weigh more than White females. Black females are also more comfortable being heavier when compared to other races. This is larger due in part to preference of men regarding standards of beauty. White females, tend to weigh less, and diet more frequently than Black females. This is partly due to messages from peers, and acceptable weight standards proposed by White males. White males tend to prefer femaes that are underweight. This idelogy will be discussed further in the literature review.

In order to improve body images among young women, schools and communities must become involved. The schools implemented health promotion programs, which improve self-esteem, and healthy eating habits. The school setting seems feasible, because youth are accessible and willing participants. According to O'Dea & Abraham, (2000), interventions in schools can be effective. The two programs discussed in this literature review are Everybody's Different and World Health Organization. They were very effective in improving body image among adolescents. These two programs offer a holistic approach in improving body image and self-esteem.

Statement of the Problem

The purpose of this research is to examine the correlation between body image avoidance behavioral tendencies and quality of life for black and white females. Persons who feel their health, personal achievements, and happiness are less likely to be concerned about physical appearance. Whereas, young girls who do not feel their health, personal achievements, and happiness are important tend to focus on physical appearance. For many young girls, adolescence can be challenging due to various physical changes that occur. Many young girls are sensitive about their bodies. Females are influenced by media, peers, and schools, which greatly impact young girls' body image.

The Western culture reinforces the notion that thin is good, and being overweight is bad. This attitude often results in eating disorders, such as anorexia and bulimia for young women. Females between the ages of 15 and 30 are at the highest risk of developing eating disorders (Robinson, 2000). Race also plays a major role in body image, and overall quality of life. There are notable differences between black and white females pertaining to body dissatisfaction. This will be discussed further in the literature review. .

The foundation of the present study was based on a compilation of research on three factors, which directly influence body image. The media impacts young girls body image throught advertisements from commercials to billboards. Peers and family members influence young girls' body image, by passing on cultural values. Schools offer health promotion programs to improve body image by educating young girls. The existing research was used to form a

basis on which factors such as media, peers, and health promotion programs directly influence young girls attitudes towards body image.

Females who are concerned about their body image are more likely to avoid situations that focus on their body image. Females who are focused on other issues such as their health, achievements, and relationships with others are less concerned about their weight. The research examined the relationship between body image avoidance behaviors compared with quality of life.

CHAPTER 2
LITERATURE REVIEW

Historical Perspective

In the past, being overweight was equivalent to good health and affluence. According to Fishbein (1994) in the 1950's women with big breasts and curves such as Marilyn Monroe were idolized. This ideology changed as a result of the economy. The baby boomers grew up during the Great Depression and could not afford extras. As a result, the women became image-conscious and passed such beliefs for generations. In the 1960's, the dieting industry and fashion models contributed to generations of women who were self-conscious about their body image (Jaffee & Lutter, 1995 cited in Wilson & Blackhurst, 1999). According to Pipher (1995), on a daily basis, over half of the female population has admitted to dieting. Today, the same ideologies still exist regarding body image.

Body Image

According to Gabel & Kearney (1998), body image can be defined as an individual's perception of her body. When a person is unhappy with their body, they may experience depression, low self-esteem, and other psychological dysfunctions. In the past, heavier females were considered the norm. Today, a female is deemed healthy if she is underweight. Perhaps, the Western culture is to blame for setting unrealistic standards for females. Many young women begin to internalize the messages from media as the norm. It is not surprising that females are self-conscious about their body weight and shape. "Body image is a complex construct, especially in a society where girls are encouraged to be hyperaware of,

and define their identity in terms of appearance" cited in Groesz, Levine, & Murnen, 2001, p.8)

A young girl's body image may suffer due to teasing from peers. The psychological effects can be devastating for young persons. Many young persons base their opinion of themselves based on what others think. Gabel & Kearney, (1998) cite research by Fabian & Thompson, (1989); Thompson & Heinbur (1993) and discovered that a relationship exists between weight-related teasing, low self-esteem, and eating problems. A study of fourth graders in Iowa discovered that 60% of children wanted to weigh less, and many admitted weighing themselves daily. More than half of the students felt guilty about eating fattening foods (Gustafson-Larson & Terry, 1992 as cited in Gabel and Kearney, 1998). This research confirms that young girls become concerned about their weight at an early age. Most young girls fear rejection from peers if they become overweight, which causes them to engage in unhealthy eating patterns.

Advertisements

The media has become a platform to reinforce the ideology that being thin is better than being fat. This idea is reflected in magazines, television shows, and other advertisements deemed necessary for teens. According to Anderson & DiDomenico (1992), women's magazines contain ten times more advertisements promoting weight loss than men's magazines. According to Wilson & Blackhurst (1999), women's magazines portray thin fashion models, and most of them complain about their weight. The images portrayed by the media are unrealistic for most females. According to Archer, Iritani, Kimes, and Barrios (1983), the

media portrays females as objects. This often results in young girls focusing on physical appearance rather than academic achievements (Levine & Smolak, 1996 cited in Groesz, Levine, Murnen, 2002).

Wilson & Blackhurst, (1999) studied the effects of media on body image perceptions for females and discovered the following information. Youth are forced to deal with developmental body changes in conjunction with messages from mass media. The advertisement industry makes billions of dollars each year marketing products to females. The advertisement industry utilizes four strategies to females: normalize body dissatisfaction and weight preoccupation among females, set up unrealistic comparisons between women's own bodies and ideal thinness. Advertisements make women feel guilty about their body size and overeating (Wilson & Blackhurst, 1999). According to Riebel (2001), the advertising industry accounts for $199 billion of the American economy. This industry makes billions of dollars each year by targeting advertisements to females. Females are more concerned with dieting and physical appearance than males. The average person watches 254 advertisements a day, which increases the likelihood of impacting young girl's body image.

The majority of advertisements in clothing, cosmetics, cigarette ads, and other products contain mostly women. Many women's magazine contains food displays next to articles about dieting (Wiseman, Gray, Mosimann, & Ahrens, 1992). The diet industry accounts for $40 billion of the $60 billion spent on advertisements regarding weight (Ernsberger & Koletscky, 1999). According to Riebel (2001), this commercial industry contributes to body image disturbances

among young girls and women by offering solutions to eating disorders. Riebel, (2001) also points out that females between the ages of 8 to 18 are most likely to compare themselves to models on television and fashion magazines. They also reported body dissatisfaction and are more likely to develop eating problems.

Groesz, Levine, Murnen, (2002) cite research by Archer, Iritani, Kimes & Barrios (1983), which states the media portrays females as objects. Objectification theory reinforces the notion that females feel shame and anxiety when they do not meet society's expectations. Many times the media portrays female bodies in pieces rather than a whole body. When girls are considered objects, they are more likely to feel shame and anxiety for not appearing perfect. This also takes away from the person's attributes, and focuses attention on physical appearance. The research regarding the effects of media and body dissatisfaction are controversial. A study by Levine & Smolak (1996, 1998) cited in Groesz, Levine, & Murnen, (2002) does not support a relationship between media and negative body image. However, research by Posavac, Posavac, and Posavac, (1998) discovered that persons who viewed thin models on television become dissatisfied with their bodies.

Socioeconomic Status

A study by Allan, Mayo, & Michel (1993) cited in Molloy, (1998) discovered that socioeconomic status plays a role in body image. The results indicated that females from lower socioeconomic status weighed more than persons from higher socioeconomic status black and white females. Women who associate with other overweight females are less concerned about their weight

when compared to women who were thinner. Contrastly, females who associate with thin persons are more concerned about their body weight and physical appearance than other females. This reinforces the notion that peers are influential pertaining to acceptable body weight standards for females.

<u>Eating Disorders</u>

A study by Patton, Johnson, Sabine, Wood, Mann, & Wakeling (1990) cited in Molloy, (1998), teen dieters are eight times more likely to develop eating disorders than non-dieters. According to National Women's Health Report, five million women have eating disorders. The two most common forms of eating disorders are anorexia and bulimia. Persons with anorexia tend to starve themselves, and persons with bulimia tend to overeat and purge. Persons with eating disordered behaviors tend to fast, exercise excessively, abuse laxatives, or vomiting (Riebel, 2001). In the long run, chronic dieting, fasting, vomiting, using laxatives, or diuretics can be harmful. According to Fairburn (1995), persons with eating disorders are uncomfortable around food, and may experience a loss of self-control. Fairburn (1995) also points out that females with eating disorders do not consider their behaviors dangerous.

Females between the ages of 15 to 30 are at highest risk of developing eating disorders. Anorexia is common among younger girls, and older girls are more likely to become bulimic (Markovic, Votara-Raic (1998 cited in Robinson, 2000). It is not uncommon for girls with anorexia to drastically reduce food intake. Persons with bulimia tend to overeat and purge to prevent weight gain. The effects of anorexia or bulimia represent extreme dieting practices of the

continuum. It is very difficult to detect whether or not a person has an eating disorder. According to Riebel, (2001) once a person has abused their bodies, they may not recognize hunger cues. Also, females with eating disorders hate their bodies, and normal female functions. This level of self-hatred forces them to engage in unhealthy dieting practices.

The psychological effects of eating disorders can be harmful to a young person's body image. Females with anorexia still feel they are fat, even though they are thinner than other females their age. They also believe their bodies are ugly and ill-shaped and are dissatisfied with hips, thighs, and stomach areas. They also will avoid fatty foods such as butter, cheese, meats, and oils. Some females become vegetarians as a way to avoid fatty foods. In order to prevent weight gain, females engage in extreme dieting practices. They may reduce caloric intake, abuse laxatives, and exercise excessively. In some instances, some females require assistance from medical staff to overcome eating disorders. Some persons utilize family therapy to treat and control eating disorders. Treatment has been most effective in younger patients under age 22 years old and illnesses are shorter in duration (Robinson, 2000).

In order to provide treatment to patients with eating disorders, they must be willing to cooperate with medical staff. Many times young girls are dishonest about true extent of eating habits. At this point, motivation becomes a key element in young girls improving their physical health. The medical staff informs them about positive and negative aspects of illness. The negative effects of eating disorders are: chronic physical, psychiatric, and social morbidity. Some patients

are able to receive outpatient treatment. The positive aspects of treatment include improved physical health and longevity (Robinson, 2000). In order to make changes, young girls must be willing to share personal information regarding eating habits.

According to Blundell & Hill (1993), once a person has an eating disorder they may not recognize hunger cues. Many times females may purge their food in order to regulate their moods (Christensen, 1993; Eldredge & Agras, 1996). Females tend to focus their time and energy dieting, and trying to lose weight. They are unhappy with natural curves females possess, and normal female functions. A young person who hates her body becomes susceptible to eating disorders. They may also experience distorted ethics, and blame themselves. At times, personality deficits prevent youth from overcoming pressures from society.

It is important to begin preventive measures during early adolescence. The younger girls are less likely to be concerned about dieting and weight. At this point, primary prevention can address dieting behaviors and concerns about body size and shape. This level of prevention focuses on reducing the number of desired behaviors by reducing or eliminating risk factors. At the secondary level, the focus shifts to reducing time of eating disordered behaviors. The tertiary level focuses on reducing the mental impairment that occurs from eating disordered behaviors. School counselors can be proactive at primary level of prevention. They can assist by reducing the numbers of girls dieting, and being concerned about their weight gain (Gabel & Kearney, 1998).

Body Image and Smoking

The number of adolescent females smoking cigarettes has increased over the years. Many young girls think smoking will help them maintain or lose weight. In order to control weight gain, many young females smoke cigarettes to keep them from overeating. Wiseman, et. al. (1998) studied the effects of body image and smoking among young girls and discovered the following information. By age 18, over 90% of females have tried smoking. This obviously carries over to the number of adults that smoke cigarettes also. For many girls, body satisfaction may be associated with increased rates of smoking among young girls. Since many young girls attribute smoking with weight loss, smoking rates may be even greater among girls with eating disorders than girls without eating disorders. They also are afraid to cease smoking due to possible weight gain (Wiseman, Turco, Sunday, Halmi, 1997)

Social Comparison

Social comparison plays a significant role in self-perception, during late childhood and early adolescence. According to Levine & Smolak, (1998); Smolak & Levine, (1996) cited in Groesz, Levine, Murnen, (2002) females who do not meet society's standards agonize about their bodies. According to Rodin et. al., (1985) adolescent girls and college women are most affected by body image. It is not uncommon for young girls to feel dissatisfied with their bodies. According to Polivy & Herman (1999) the majority of females do not meet society's expectation regarding thinness. However, many young girls fail to realize other factors such as genetics and heredity can impact a person's body weight.

According to Brumberg (1997), the images on television are unrealistic for most young women. This causes young women to feel their bodies should be perfect. This may show young women their bodies are important. According to Thompson et. al., (1999) an example of the perfect body has flawless skin, a thin waist, long legs, and well-developed breasts. According to Levine & Smolak (1996), when a person focuses on physical appearance they are unable to focus on academic achievement. The objectification theory points out that females are taught to view themselves as objects to be looked at (Frederickson & Roberts, 1997).

Social Learning Theory

Family members and peers are responsible for body image disturbances by promoting thin messages to young women. As young girls mature, their body fat also increases. This is a normal part of the developmental process, but causes distress among young girls (Levine, 1987). At this time, a young person's relationship with parents also changes. Byely, Archibald, Graber, & Brooks-Gunn, (2000) there are three mechanisms, which affect body image and dieting practices such as: perceptions of family relations, modeling our mother's behaviors and attitudes, and direct communication. According to the research, girls with eating problems come from families where there is conflict, and less cohesion and warmth.

Parents are responsible for encouraging healthy body image, and self-esteem among young girls. According to Vincent & McCabe (1999) fathers are perceived to have a greater influence on their daughters' attitudes, and mothers

are perceived to have a greater influence on their sons' attitudes. Ricciardelli, McCabe, & Banfield (1999) points out that mothers have a stronger influence on their sons' and fathers' have a strong influence on level of eating and exercise. Mothers' influences tend to focus on positive comments, whereas; fathers' influences focus on criticizing youth. This notion reinforces the sociocultural theory, which states peers have the greatest impact on body image disturbances. Also, girls receive greater feedback from peers than males regarding weight-related issues. This feedback from peers carries over to societal expectations placed on youth to be thin.

Dr. Gowen presented at the 106th Annual Convention of the American Psychological Association in San Francisco regarding his findings related to body image and peers. Girls who are victimized, neglected, or mistreated by peers are more likely to have lower body satisfaction, regardless of how much they weigh. This study included sixth grade girls between the ages of ten to thirteen years old. The racial backgrounds were: 33 percent white, 23 percent hispanic, 16 percent were asian, 13 percent were pacific islander, and remaining 15 percent were african american or native american. He also that discovered that persons teased by peers, experienced sadness and anger. Dr. Gowen points out that poor body image and low self-esteem are found in girls made fun of by peers (Gowen, 1998). This inadvertently affects eating habits among young girls who want social acceptance from peers.

Food Habits

A study by O'Dea and Abraham (1996) examined the food habits, body image, and weight control practices of young male and female adolescents. This particular study was done on seventh and eighth graders at two public high schools in Sydney. The ages ranged from 11.0 to 14.4 years for females with an average age of 12.9. In this study, the majority of students (66.7%) perceived their body weight as normal. Overall, the males thought they were too thin and the girls thought they were too fat. Approximately 30% of the males wanted to be heavier, and 53% of females wanted to weigh less. The weight loss methods utilized by males and females including: exercise, not eating between meals, and keeping busy. They also felt that parents, peers, grandparents, and teachers provide advice regarding body image.

Body dissatisfaction and women concerned about their weight have been studied for years. Society imposes difficult standards on women according to sociocultural theory (Wiseman, Gray, Mosimann, & Ahrens, 1992). According to Harter (1999) during adolescence, a young person's interests shifts more on physical appearance. They are more likely to become preoccupied with body image. During this time, young girls are vulnerable to messages from external forces, which directly impact their self-esteem. They begin internalizing images of ultra-thin models as the standard for females. Over time, body dissatisfaction for females carries over to quality of life (Tylka & Subich, 2002). This also increases the need for schools and communities to become involved in educating youth.

Health Promotion Programs

The school environment is a suggested place to begin health promotion programs because adolescents are accessible and motivated to become involved. The topics covered included lessons on facts about dangers of reducing caloric intake, facts about eating healthy eating habits, and analysis of sociocultural factors. The information-based approach can be considered harmful because it increases knowledge about eating disorders. Some feel that educating young persons about eating disorders will predispose them to becoming anorexic or bulimic. The focus of health promotion programs is improving self-esteem, which will also improve body satisfaction (O'Dea & Abraham, 2000). In this instance, the benefits of health promotion programs are relevant to making positive changes in attitudes and beliefs among young girls.

Everybody's Different

O'Dea & Abraham (2000) examined the effects of an interactive, school-based program to improve self-esteem titled "Everybody's Different." This intervention was implemented in secondary school classrooms. This program was based on cooperative, interactive, and student-centered learning. This curriculum involved the use of groups, games, teams, play, drama, and content-free curriculum in order to build self-esteem. The program consisted of nine weekly lessons with additional home-based activities. The first lesson included a relaxation tape to deal with stress. The second lesson focused on building self-esteem, and lessons three, four, and five addressed stereotypes. The sixth lesson focused on positive self-evaluation. The seventh lesson focused on relationship

skills, and how other people affect our self-image. The ninth lesson focused on communication skills.

This is the first long-term controlled study used to improve body image and eating attitudes of young males and females. This particular intervention was effective for persons at high risk of eating disorders. In this study, approximately 63% of the females were classified as high risk. The body satisfaction of females improved significantly after the intervention. The Body Dissatisfaction scores of both males and females considered high risk improved ($F=4.8$, $df=1,111$, $p<.05$). This positive result remained statistically significant after follow-up one year later. The Drive for Thinness scores of females considered high-risk improved significantly following the intervention ($F=4.0$, $df=1,111$, $p<.05$), but this effect changed at the one year follow-up.

This educational program produced significant changes in their participant's attitudes and self-concept. The students also reported that social acceptance, physical appearance, and athletic ability did not seem important to them after participating in Everybody's Different program. This suggests that it is possible to increase their body satisfaction by focusing on changing ideas about body image. The intervention participants also become more accepting of normal physical changes associated with puberty and gained weight over the next twelve months. The control group did not gain weight, and actually lost weight over the next twelve months.

World Health Organization

The World Health Organization (WHO) offers a holistic approach to foster health within schools and communities by involving health and education officials, teachers, students, parents, and community leaders. The main premise behind Health Promoting Schools Framework states schools and its communities support each other since education and health are inseparable. These programs focus on building self-esteem, providing opportunities for success, and acknowledging personal achievements. This holistic approach entails developing a) collaborative relationships with students' families, school and community health, b) providing resources which complement healthy attitudes and activities, and offering a c) comprehensive collaborative approach between schools and communities when implementing policies, procedures, activities, and structures required to promote healthy body images (O'Dea & Maloney, 2000).

A new curriculum was developed using ideas from students, teachers, parents, school staff and community leaders. The curriculum did not focus on eating disorders to reduce the stigma associated with eating disorders. The new curriculum emphasized society's expectations for females, influence of media on body image, coping mechanisms for problems, and individuals advocating for change. The teachers and other school staff examined their own personal beliefs about body image. The home economics instructors examined their curriculum to make sure healthy techniques were used. They also changed the language to a positive tone rather than using scare tactics.

Teachers and staff participated in trainings about body image, referrals, and treatment. They also involved students and staff to make changes regarding food selection. The Health Promoting Framework includes a range of influences within and outside the school environment. This new approach was deemed necessary to meet the needs of the schools and its diverse population (O'Dea & Maloney, 2000).

Some researchers feel that prevention programs are not beneficial to young girls. There are some practices that are considered ineffective in promoting positive changes. O'Dea & Abraham (2000), cite research by Carter, Stewart, Dunn, Fairburn (1997) and Mann, Nolen, Huang, Burgard & Hanson (1997) found that information about eating disorders may increase the likelihood of becoming anorexic or bulimic. This may also cause the girls to become overconcerned with weight and body shape, which results in eating disorders. School based programs distinguish between 'good,' 'bad' and junk foods (O'Dea, 1999). This also causes young girls to be afraid of food, dietary fat, and weight gain. Although the information regarding health promotion programs is controversial they are beneficial. Health promotion programs can effectively change thoughts processes of young girls from negative to positive.

Racial Differences

The research pertaining to body image and racial differences has been controversial. There are differences in body image perception and gender role orientation regarding females. Black females do not worry about their weight, dieting, or being thin compared to White girls. In fact, many Black females would

prefer to be overweight than underweight. When Black females diet, their attempts are less extreme than White female's attempts. The racial group Black females identify with can affect self-esteem, well-being, and depression. For example, Black females who identify with the dominant culture are more likely to experience shame regarding natural features. Black females have bigger lips, body shapes, and weigh more than White females (Molloy, 1995).

Research by Molloy (1998) examined the racial differences pertaining to body image. According to Parker, Nichter, Nichter, Vuckovic, Sims, & Ritenbaugh (1995, cited in Molloy, 1998) a large percentage of women base their opinions of themselves on what men of their feel is diserable. For example, mot Black men prefer larger women. Consequently, they are more likely to be comfortable with their current weight, and do not want to lose weight. On the other hand, White men prefer thinner women, with blond hair, and blue eyes. This causes White women to engage in stricter dieting practices in order to meet society's standards. The research supports men's preferences regarding weight and racial differences.

Research supports the notion that gender role orientation impacts body image between Black and White females. Harris (1994) believed that Black women tend to describe themselves with masculine traits, whereas White women tend to describe themselves as feminine. According to Bem's gender schema theory, persons concerned with gender are more likely to be concerned about appearance. Kimlicka, Cross, & Tarnai (1983) points out that persons with masculine characteristics are more likely to have higher self-esteem, better body

image, and improved sexuality than persons with feminine characteristics. Research by Bowen, Tomoyasu, and Cauce (1991, cited in Molloy, 1998) points out that Black women who identify with dominant culture are more vulnerable to body image distortions and eating disorders.

Race significantly impacts how females perceive themselves and their bodies. This particular study discussed earlier suggests that race attributes to differences in masculinity and perceptions of acceptable weight standards by males. It also suggests that Black females possess certain factors that protect them from low self-esteem and distorted body images. These factors allow them to be more satisfied with their body, regardless of its size or shape. For White females, the dominant culture strict definition of 'beauty' portraying underweight females contributes to eating disorders, and poor body images.

Research by LeGrange, Telch, and Agras (1997, cited in Molloy, 1998) points out some similarities between Black and White females pertaining to intervention. When measuring preferred body image on a scale of 1 (smallest body size) to 9 largest, Black females averaged 4.40, and White females averaged 3.41. This indicates that both groups prefer smaller bodies, which are slight differences in this particular intervention. However, this may indicate the covert prescence of dominant culture on a young girl's body image.

Summary of Research

Various researchers have proposed that several factors impact a young girl's body image. The factors that are most influential include media, peers, and schools. The media portrays images of thin fashion models with very little flaws. This causes many young girls to feel like failures, since they do not meet society's ideal. Perhaps the messages conveyed by media are unattainable for most females. Also, magazines, television shows, and advertisements contribute to young girls focusing on weight. The majority of products target females, who are most likely to purchase dieting products, and exercise equipment.

In order to address body image disturbances, family members must play an integral part in promoting healthy eating habits. Parents are responsible for promoting positive body image among young girls. This will reduce the impact of extraneous variables on young girls' body images and self-esteem. By using positive reinforcement young girls' are more likely to accept their bodies regardless of body weight and shape. They can also encourage healthy eating practices and promote exercise to improve overall physical health. The role of parents in a young girl's life is essential in the development and prevention of eating problems (Humphrey, 1989; Waller, Calam, & Slade, 1988; Pike & Rodin, 1991 cited in O'Dea & Abraham, 2000). Young girls self-esteem may be affected by teasing from peers. The long-term effects of teasing by peers result in low body satisfaction, and eating disorders.

The research also supports the idea that mass media contributes to poor body image among young girls. Many young girls obtain standards of beauty

from advertisements, magazines, books, and radio. These messages inadvertently reinforce thinness opposed to being fat. The majority of girls in the media are extremely thin or underweight, which reinforces that thin is better. This provides a direct correlation between body image and acceptable weight standards for females. Contrastly, it reinforces the notion that being fat is considered bad. In reality, young girls come in all different shapes and sizes. According to Kilbourne (1994), the advertisement industry affects cultural standards by focusing on thinness and weight loss products. According to Schmidt & Treasure (1983) the media advertises weight control products as safe when they are not safe.

The impact of eating disorders can be psychologically damaging for young females. The most common techniques used by females to lose weight include fasting, using laxative, binging, purging, and exercise excessively (O'Dea & Abraham, 1999). These behaviors often result in clinical eating disorders such as anorexia or bulimia. Young girls between the ages of 15 to 30 are at highest risk of developing eating disorders. Young girls with anorexia view themselves as fat. In reality, many young girls with anorexia are underweight. Persons with bumilia tend to overeat, and purge to prevent weight gain (Robinson, 2000). The body needs adequate nutrition in order to function on a daily basis. Many young girls with anorexia or bulimia feel ashamed or embarrassed about their behaviors and try to hide them from friends and family.

According to researchers, the racial differences regarding body image have been studied. The research remains controversial, but overwhelmingly suggest that black girls have a different perspective regarding body image than

white girls. Black girls are less likely to be concerned about weight. On average, black girls are heavier than white girls. Perhaps, there is an increased acceptance regarding bigger bodies. White girls, on the other hand, value thinness. Many white girls associate 'fat' with unhealthy dieting practices. There is some truth regarding racial differences and body image disturbances. The research regarding men's preference of their female companions supports the notion that black men prefer heavier females, and white men prefer thin females.

According to sociocultural theory, family members and peers are responsible for promoting body image dissatisfaction among young girls. Young girls are more likely to share personal information such as eating habits, and weight with friends and family. The research regarding the influence of mothers and fathers can be controversial. According to Ricciardelli, McCabe, & Banfield (1999) a study of young boys proved that mothers have a strong influence on their son's attitudes, and father's have on strong influence on levels of eating exercise. The mothers' influence focused on positive comments, this can relate to "nurturing tendencies" females possess. The fathers' influence was more likely to include criticism, which can have a negative on youth with body image disturbances. The importance of parents setting 'good' examples to their daughter's needs reinforcement.

Schools and communities implement various health promotion programs to improve body image of young girls. The goal of two programs discussed in the literature include was to increase self-esteem of girls. There is a direct correlation between self-esteem and body satisfaction. The literature regarding the

effectiveness of health promotion programs seems controversial. On one hand, the literature states that prevention programs are effective at reducing body dissatisfaction among girls. Other researchers feel that educating young girls about eating disorders increases the likelihood of eating disorders. The predominant factors are health promotion programs effective change attitudes and thought processes among young girls. This is essential in improving body image and quality of life.

CHAPTER III

METHODOLOGY

Participants

The participants used in this study to determine body image and life
satisfaction among adolescents consisted of sixty-two females in St. Louis
County. A convenience sample was used. The subjects consisted of thirty-five
students from a high school in North County, and twenty-seven were from GED
sites in North County. The students were informed about the research through
their school counselors. In terms of age group, 23% (n=14) were 14-15 year olds,
18% (n=11) reported being 16-17 years old, and 60% (n=37) reported being in the
18-20 years old. The ethnic background of the sample consisted of 64 percent
black, and 37 percent white. In terms of socioeconomic level, all subjects reported
income of less than $20,000 a year, which indicates subjects were from a low-
income group (See Appendix C).

Instruments

The tests administered were the Body Image Avoidance Questionnaire
(BIAQ, See Appendix D) and subjective Quality of Life Scale (QOL, See
Appendix E).

Body Image Avoidance Questionnaire assesses whether individuals avoid
certain situations, which draw attention to physical body. This scale consists of 19
items, on which subjects rate on a scale of 0 to 5, with 0 being "Never", to 5 being
"Always" engaging in avoidance behaviors. A higher score on BIAQ indicates a
higher level of body dissatisfaction, whereas lower scores indicate a lower level

of body dissatisfaction. The items assessed include: type of clothing, food habits and practices, and behaviors in social settings. The BIAQ has fair to good concurrent validity, with a low but significant correlation of .78 with the Body Shape Questionnaire.

In order to obtain a BIAQ score, totaling the scores on the individual, is necessary. The lowest score possible is 0, and the highest possible score is 95. The BIAQ was originally tested on 353 female introductory psychology students, with the average age 19.7 years old. The mean score reported by this sample was 31.5 with a standard deviation of 13.9, and scores ranging from 1 to 74. From this sample population, the lowest score was 14, and highest score 67. The BIAQ has excellent internal consistency, with a Cronbach's alpha of .89 and is very stable with a two-week test-retest reliability of .87.

The subjective part of Quality of Life (Cummins, 1997) subscale was used to assess seven domains: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. Each score is re-coded to derive a meaningful subjective QOL score. The Quality of Life scale comprises seven items on which the subjects rate twice: in terms of (i) importance to them and (ii) their degree of satisfaction. This is a very short form, which takes approximately 5-10 minutes to complete. The items are rated on a Likert scale from 1 to 5, 1 being "not important at all" to 5 being "could not be more important." Values for QOL importance and satisfaction scores can range from 7 to 35.

The QOL has stable reliablity, with reliability coefficient for importance being .76, and reliability coefficient satisfaction being .80, and importance x

satisfaction being .81, which indicates good reliability over time. The test-retest reliability of .83, and importance of .73, and .74 for satisfaction.

Administration of QOL and BIAQ is not complicated and does not require any special instructions. They are both self-report surveys, which are easy to understand. The participants read each statement, and answer accordingly. It should take 10-15 minutes to complete the surveys. The participants are instructed to answer the questions as honestly as possible.

Procedures

Initially, contact was made with two GED instructors to discuss the purpose of research. The GED instructor set aside 30 minutes for participants to complete the surveys. The participants were informed that if they were under age 18, they needed parental consent to participate (See Appendix A). The researcher distributed forms at the site, and minors were asked to obtain parental consent and return the forms within three days to their GED instructor. Participants who agreed to participate were distributed the surveys, and informed about confidentiality of the information gathered. At the time of administration, 35 surveys were completed.

Data were also collected from a high school in North County by contacting teachers and counselors. A total of 29 surveys were completed, but two surveys were not returned with parental consent (See Appendix B) and were discarded. Those participants aged 18 and up completed survey at school, while others returned the form to instructor within 3 days for researcher to pick up.

Chapter IV

RESULTS

The purpose of this study is to examine the correlation between body image avoidance tendencies and the overall reported satisfaction with life for Black and White adolescents. The participants were given two surveys: Body Image Avoidance Questionnaire (BIAQ), and the Quality of Life (QOL). The Quality of Life consists of two subscales: Importance and Satisfaction.

Means and Standard deviations for the BIAQ scale were provided in Table 1.

Table 1

Means and standard deviations for the BIAQ scale (n=62)

Variable	$\underline{M}$	SD
BIAQ (Black & White)	26.84	11.425
BIAQ (Black)	24.37	10.88
BIAQ (White)	30.75	11.40

Means and Standard deviations for the QOL subscales were provided in Table 2.

Table 2

Means and standard deviations for the QOL Satisfaction and QOL Importance subscales

Variable	$\underline{M}$	SD
QOL (Satisfaction-Black)	13.03*	5.010
QOL (Satisfaction-White)	12.59*	5.029
QOL (Importance-Black)	13.21**	2.801
QOL (Importance-White)	16.00**	4.577
QOL (Imp*Satisfaction) Blacks	26.24	5.929
QOL (Imp*Satisfaction) Whites	28.58	7.204

*Range is from 7-49.

**Range is from 7-35.

Furthermore, to examine the relationship between the reported satisfaction with life and body image behavioral tendencies, we calculated the Pearson

correlations for the QOL subscales and BIAQ scale. The results for Blacks are reported in Table 3, and the results for White are reported in Table 4.

Table 3

Pearson correlations for the (BIAQ) and QOL subscales for Blacks (n=38)

Variable	BIAQ	QOL (Importance)	QOL (Satisfaction)
BIAQ	___		
QOL (Importance)	.547**	___	
QOL (Satisfaction)	.101	.079	___
QOL (Imp*Satis)	.344*	.539**	.882**

*p<.05

** p<.01

There was a strong positive correlation between the BIAQ scale and the QOL Importance subscale for Blacks (r=.547, p<.01). The participants who tended to score lower on the BIAQ scale also tended to score lower on the QOL Importance subscale. However, the QOL Satisfaction subscale was not strongly correlated with BIAQ scale. There was a medium positive correlation between QOL and BIAQ for Blacks (r= .344, p<.05). Those who tended to score lower on BIAQ also tended to score lower on QOL scale.

Table 4

Pearson correlations for the (BIAQ) and QOL subscales for Whites (n=24)

Variable	BIAQ	QOL (Importance)	QOL (Satisfaction)
BIAQ	—		
QOL (Importance)	.429*	——	
QOL (Satisfaction)	-.236	.123	——
QOL (Imp* Satis)	.108	.721**	.776**

*p<.05

**p<.01

There was a strong positive correlation between the BIAQ scale and the QOL Importance subscale for Whites (r=.429, p<.05). The participants who tended to score lower on the BIAQ scale also tended to score lower on the QOL Importance subscale. However, the QOL Satisfaction subscale was not strongly correlated with BIAQ scale. Also, the BIAQ was not strongly correlated with QOL total scale for White females. A paired samples t-test was performed, and there was no significant relationship between QOL and BIAQ for Blacks (t (37)= -1.103, p>.05), and for Whites (t (23)= .829, p>.05.

CHAPTER 5
DISCUSSION

My hypothesis was confirmed that girls with low body dissatisfaction are less likely to engage in body avoidance behaviors, and girls with high body dissatisfaction were more likely to engage in body image avoidance behaviors (i.e. fasting, weighing themselves, wear darker clothing, avoid situations that focus on body weight). The implications of these findings will be discussed later.

The data suggests a strong positive correlation between the BIAQ and QOL Importance subscale. The sample tended to score lower on BIAQ and QOL Importance substance, which indicates a low degree of body dissatisfaction, and high degree of importance of health, happiness, and relationships with others. The results also indicate that young girls who focus on other aspects of life, (i.e. health, happiness, and personal achievements) are less likely to focus on their body image. They are more concerned about other aspects of life other than their physical appearance. This also prevents them from engaging in body image avoidance behaviors, when they feel other aspects of life are more important.

The BIAQ scale was not strongly correlated with QOL Satisfaction subscale, and neither was QOL Importance correlated with QOL Satisfaction subscale. This appears to be consistent with the results of data obtained. One would expect an inverse relationship between BIAQ, and QOL Satisfaction subscale because of scoring process. For example, the scores range from 1 meaning "could not be more important", to 5 being "not important at all". Also, higher scores on QOL Satisfaction scale indicated high degree of life

dissatisfaction. The scores on QOL Satisfaction scale range from 1 being, "delighted" to 7 being "terrible". Approximately 47 percent, of participants were mostly satisfied with areas pertaining to health, achievements, relationships with friends or family, which also influences low level of body avoidance behaviors.

The data obtained from BIAQ indicates the following information as important to young girls and their body perceptions. The data suggests that 55 percent (n=35) participants admitted eating fruits, vegetables, and other low-calories foods often, and 48 percent (n=30) restrict the amount of food often, and 70 percent weigh themselves often. When asked about fasting, (n=25) participants said they never fast for a day or longer. The girls in the research are also concerned about their health, since 47 percent were mostly satisfied with health. Also, the color of clothing can be important since darker clothing is slimming. But, the data suggests that 46 percent, (n=29) seldom or rarely wear darker clothing.

Overall, the results indicate a low degree of body image avoidance behaviors among Black and White females. This suggests that the girls who participated in this survey are not concerned about body image. They are less likely to engage in behaviors such as fasting, wearing darker clothing, and eating low-calorie foods. The low scores on QOL Importance subscale indicate that their health, achievements, relationships with others, and happiness are most important to them than physical appearance. The higher scores on QOL Satisifaction subscale indicated high degree of life satisfaction. The majority of participants are

respondents were delighted or pleased with their health, achievements, and relationships with others.

In terms of race, the statistical data was fairly close which indicates some similarity in body image avoidance behaviors, and quality of life for Black and White adolescent females. For example, on the QOL Satisfaction subscale the mean score for Black was 13.02, and for Whites was 12.58. There is very little difference in this particfular subscale. However, there were 38 Black females, and 24 White females that participated in this research. The mean score on BIAQ Importance subscale was 13.21 for Blacks, and 16.00 for White females. On the BIAQ scale, the mean score for Blacks was 24.37, and 30.75 for White females. This suggests that overall White females scored higher on BIAQ, and QOL Importance and Satisfaction subscales.

Limitations

The limitations of this study, were information obtained through self-report. It is possible that participants answered based on the opinions of peers, or how they would behave in a given situation. Also, they may be influenced by others around them, and may not have answered honestly. The participants in this sample were predominantly black, and I would prefer an equal representation of black and white girls. In this particular, I would prefer access to a more diverse population of females. Although, the majority scored at or below mean score on BIAQ, which indicates a low level of body dissatisfaction.

Also, in the demographic section, I asked for information regarding family income. The subjects under 18, were instructed to use their parents income, and

those participants over 18 used their own income. The income data may be

skewed considering most young adults are uncertain about their parent's income.

Also, I would prefer to have an equal representation of both Black and White

females. In this particular research, there were more Blacks (n=38), than White

females (n=24).

APPENDIX A

Dear Participant:

I am a graduate at Lindenwood University working on my thesis. In order to fulfill graduation requirements, I must complete a research project. The focus of my research is on body image and life satisfaction. It will take approximately 20 minutes to complete Body Image Avoidance Questionnaire and Quality of Life Inventory. The information obtained will be shared exclusively with the staff at Lindenwood. Please answer the questions as honest as possible. If you are under 18, you will need to obtain a parent's signature in order to participate. If there are any further questions, please feel free to contact Chrissy Mitchell (314) 615-7432. Thanks for your time and consideration in this research project.

APPENDIX B

Consent Form

I, _____ give my child permission

to participate in research regarding Body Image and Life Satisfaction among

adolescents. The information obtained will remain confidential, and will only be

shared with staff at Lindenwood University.

_____

(Parent Signature)   (Date)

APPENDIX C

Today's Date _____

Age

_____ 14-15

_____ 16-17

_____ 18-20

Race

_____ Black

_____ White

Income

_____ 0-$5,000

_____ $5,000-$10,000

_____ $10,000-$15,000

_____ $15,000-$20,000

_____ over $20,000

APPENDIX D

Body Image Avoidance Questionnaire (BIAQ)

Circle the number, which best describes how often you engage in these behaviors at the present time.

	Always	Usually	Often	Sometimes	Rarely
1. I wear baggy clothes.	5	4	3	2	1
2. I wear clothes I do not like.	5	4	3	2	1
3. I wear darker color clothing.	5	4	3	2	1
4. I wear a special set of clothing (e.g. my fat clothes)	5	4	3	2	1
5. I restrict the amount of food I eat.	5	4	3	2	1
6. I only eat fruits, vegetables, or other low calories foods.	5	4	3	2	1
7. I fast for a day or longer.	5	4	3	2	1
8. I do not go out socially if I will be "checked out".	5	4	3	2	1
9. I do not go out socially if the people I am with will discuss weight.	5	4	3	2	1
10. I do not go out socially if the people I am with are thinner than me.	5	4	3	2	1
11. I do not go out socially if it involves eating.	5	4	3	2	1
12. I weigh myself.	5	4	3	2	1

APPENDIX D Cont.

13. I am inactive.	5	4	3	2	1
14. I look at myself in the mirror.	5	4	3	2	1
15. I avoid intimacy.	5	4	3	2	1
16. I wear clothes that will divert attention from my weight.	5	4	3	2	1
17. I avoid going clothes shopping.	5	4	3	2	1
18. I don't wear "revealing" clothes (e.g. bathing suits, tank tops, or shorts)	5	4	3	2	1
19. I get dressed up or made up.	5	4	3	2	1

APPENDIX E

Section 2

How *Important* are each of the following life areas to you?

Please answer by placing a (√) in the appropriate box for each question.

There are no right or wrong answers. Please choose the box that best describes how **important each area is to you.** Do not spend too much time on any one question.

1.   How *important to you* ARE THE THINGS YOU OWN?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
☐	☐	☐	☐	☐

2.   How *important to you* is YOUR HEALTH?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
☐	☐	☐	☐	☐

3.   How *important to you* is WHAT YOU ACHIEVE IN LIFE?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
☐	☐	☐	☐	☐

4.   How *important to you* are CLOSE RELATIONSHIPS WITH YOUR FAMILY
      OR FRIENDS?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
☐	☐	☐	☐	☐

5.   How *important to you* is HOW SAFE YOU FEEL?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
☐	☐	☐	☐	☐

6.   How *important to you* is DOING THINGS WITH PEOPLE OUTSIDE YOUR
      HOME?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
☐	☐	☐	☐	☐

7.   How *important to you* is YOUR OWN HAPPINESS?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
☐	☐	☐	☐	☐

Section 3

How *satisfied* are you with each of the following life areas?

There are no right or wrong answers. Please (√) the box that best describes how **satisfied** you are with each area.

1.   How *satisfied are you* with the **THINGS YOU OWN?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
☐	☐	☐	☐	☐	☐	☐

2.   How *satisfied are you* with your **HEALTH?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
☐	☐	☐	☐	☐	☐	☐

3.   How *satisfied are you* with what you **ACHIEVE IN LIFE?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
☐	☐	☐	☐	☐	☐	☐

4.   How *satisfied are you with* your **CLOSE RELATIONSHIPS WITH FAMILY OR FRIENDS?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
☐	☐	☐	☐	☐	☐	☐

5. How *satisfied are you* with **HOW SAFE YOU FEEL?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
☐	☐	☐	☐	☐	☐	☐

6. How *satisfied are you* with **DOING THINGS WITH PEOPLE OUTSIDE YOUR HOME?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
☐	☐	☐	☐	☐	☐	☐

7. How *satisfied are you* with **YOUR OWN HAPPINESS?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
☐	☐	☐	☐	☐	☐	☐

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