

**BODY DISSATISFACTION AND SELF-EFFICACY IN COLLEGE FEMALE  
SOCIAL GROUPS**

Samantha Love Kemp

Department of Sociology Senior Paper

Dr. Char Kunkel, Paper Advisor

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## **Abstract**

This research investigated the relationship between negative feelings that women have about their body image and weight and their perceived abilities to cope with stressful and demanding situations. Forty-two college women—members of a feminist group, a sorority, and a softball team—were surveyed on body dissatisfaction and general self-efficacy using the Contour Drawing Rating Scale and the Generalized Self-Efficacy Test. It was hypothesized that women would have different levels of body image satisfaction and self-efficacy scores dependent on their group involvement and that women with a lower rate of body dissatisfaction would have higher self-efficacy. Results showed a weak negative correlation between self-efficacy and body dissatisfaction, however self-efficacy also had a negative correlation with several other “third variables” examined in the study, indicating that other factors may have a stronger relationship.

## **INTRODUCTION AND LITERATURE REVIEW**

In a culture that struggles at once not only with obesity but also with a thinness ideal that is not always easily attainable, it’s hardly surprising that many American women experience negative feelings about their bodies and their weight. It is important to examine the dissatisfaction that women have with their bodies as it is a critical factor in the development of disordered eating and negative self esteem (Mintz and Betz 1986, Schulken and Pinciario 1997). While those who have developed and researched self-efficacy are quick

to assert the difference between one's ability to control what happens to them and their self worth, low self-esteem is a trait of those with low self efficacy (Bandura 1994). As this research will examine, self-efficacy and body satisfaction have at least one thing in common: development within a social context. The intent of this study is to uncover what relationship, if any, exists between body image dissatisfaction and general self-efficacy.

### **Body Dissatisfaction**

The available research on body dissatisfaction often discusses differences between men and women young and old, heterosexuals and lesbians and whites and non-whites in association with their relationships to their body. Studies of sex differences in body perceptions, like those of Fallon and Rozin (1985) and Mintz and Betz (1986), often come to similar conclusions. The first of these is that men are most likely to think that they are at a normal weight or need to gain weight to meet the idealized norm while women, conversely, tend to think of themselves as overweight and needing to lose weight to reach an ideal body image (Mintz and Betz 1986). The second of these is that, when judging the most attractive or feminine female body image, women choose figures representing a much thinner body type than those men choose (Fallon and Rozin 1985). Why is there such a difference between male and female body image ideals? Speaking in terms of heterosexual women, Fallon and Rozin (1985:104) suggest that women are "misinformed and exaggerate the thinness that men desire." Mintz and Betz (1986) point to pervading culture and societal standards of beauty

and ideal body image. Therefore, what is misrepresented in the media as “normal” pressures women to seek out a thinner body image and leads to greater rates of body dissatisfaction.

While societal and cultural norms are indeed a source of pressure for women to meet this ideal, this study seeks to examine a smaller circle that has an equally great affect: the social group. In his 1988 study of bulimic behavior, Crandall argued that the influence of a social group central to the development of disordered eating and body dissatisfaction. Social groups—including sororities and sports teams—“develop social norms about what is appropriate behavior for their members...the more important the social group, and the more central the behavior is to the group, the greater the pressure toward uniformity.” (Crandall 1988) While all this sounds a bit harsh and almost robotic, the idea that women who spend time with each other as peers in a social group can be influenced by those around them is not foreign or unnatural. Crandall’s longitudinal study of bulimic behaviors in two different sororities had interesting results. In one sorority, women who deviated from the normal behavior were chastised while in the second sorority women who increased the behavior also increased their popularity (Crandall 1988). While the research of the three social groups in this study will not go as deep as to uncover behavior patterns related to body dissatisfaction, Crandall’s study certainly supports the idea that women in social groups may be pressured into accepting ideals, norms, and behaviors that result in higher rates of body dissatisfaction.

There is one point to clarify here. The focus of this research is on women—particularly women who are members of three different social groups. While this

study is not examining eating disorders among the sample population, it is important to recognize that the presence of eating disorders and other similar behaviors are undoubtedly related to an individual's body dissatisfaction. For this reason, research on body satisfaction related to social groups includes information on disordered eating and dieting when considering and predicting rates of body dissatisfaction for members of each distinct group.

*Female Athletes.* Many women involved in sports and athletic activities are compelled to be thin not only by societal pressures, but also by the pressure to perform well in competition. Such a "performance-related" drive is fueled by the idea that a decrease in body fat will lead to an improvement of their skills and an increase of their success in the sport (Powers and Johnson 1996). Though such a drive affects athletes in any sport, some athletes are more prone than others to have high body dissatisfaction and develop eating disorders and other unhealthy behaviors. Sports in which the athlete is judged—such as diving, gymnastics, and dance—place more focus on appearance and physique than do refereed sports—such as basketball, softball, and swimming—which place more focus on physical condition (Zucker, et al 1999). In such a way, women participating in refereed sports would have a low rate of body image dissatisfaction as being in "good shape" for their sports does not require them to have a lean body shape. Research has also been conducted to examine the differences between athletes and non-athletes in the area of body dissatisfaction. Robinson and Ferraro (2004) found that speed-and technique-focused athletes are less vulnerable to excessive dieting and preoccupation with their weight than non-athletes in their cohort. Another comparative study found that, while athletes in judged sports dieted more frequently than

athletes in refereed sports, athletes exhibited disordered eating habits at a similar rate as non-athletes and also demonstrated higher body satisfaction than non-athletes (Schwarz, et al. 2005) Since the athletes in this sample are from a refereed sport (softball), it's predicted that they will have lower rates of body dissatisfaction than their counterparts in the other groups. It is also predicted that these athletes will have a larger ideal body image than the other women in the sample.

*Feminists.* The feminist movement has certainly not ignored the troubled relationship between women and their bodies. A main tenant of feminist ideology speaks to the measurement of a woman's self worth without taking into account a subjective view of body image (Dionne, et al. 1995). That a woman who disregards societal pressures to attain a thin beauty ideal would have a low rate of body dissatisfaction is debatable, as studies have come to differing conclusions. One study found that heterosexual female body satisfaction was influenced greatly by self-esteem and depression but was affected very little by sex role ideology (Mintz and Betz 1986). A more recent study by Fingeret and Gleaves (2004) found similarly that feminist ideology did not directly impact body dissatisfaction or even to serve as a protective mechanism against internalizing societal pressures about ideal body image. Some researchers, however, have conjectured that certain feminist attitudes may have a profound affect on body dissatisfaction where a comprehensive ideology has failed to do so. For example, while Dionne, et al. (1995) found no relationship between general feminist orientation and body satisfaction, when subscales related specifically to physical

attractiveness and feminist ideology were analyzed they were found to have a profound affect on women's body satisfaction. In a study of lesbian and heterosexual women, Herzog, et al (1992) found that women who reject patriarchal ideals of attractiveness and body image placed less emphasis on diet and other body concerns; in this case, however, sexuality appeared to play a large role in the rejection of thinness and beauty ideals. Overall, this research would suggest that an individual's acceptance of a global feminist ideology would have no bearing on their body dissatisfaction. Since there is no measure of specific feminist ideologies in this study, it would be illogical to infer the outcome of the body dissatisfaction scores for this group, other than to say lower dissatisfaction could be the result of a rejection of patriarchal ideals of thinness and beauty.

*Sorority Women.* While much research has been done on the relationship between sorority women and binge drinking, evidence pointing to a similar correlation between sorority participation and body satisfaction is extremely limited. Sorority women are portrayed in the media and entertainment as being preoccupied with their physical appearance, not only individually, but also as a social group. A broad study of sorority women and their body perceptions and attitudes reported that 81% of respondents (when showed a figure rating scale) indicated an underweight figure as their ideal body shape. (Schulken, et. al. 1997) Within a social environment with such a thinness ideal, women who don't feel that they meet these expectations could be expected to have a high rate of body dissatisfaction. A separate study by Allison and Park (2004), found that while sorority women scored similarly to non-sorority women in dimensions related to body dissatisfaction

and eating disorders, sorority women are more likely to be preoccupied with dieting than their non-Greek counterparts. Results of another comparative study (Alexander 1998) suggested that while female athletes and dancers are more likely than sorority women to develop disordered eating habits, sorority women are still at a higher risk for these behaviors than the general female college population. As sororities are often seen as tight knit social groups, the pressure to attain an ideal body image could lead to a higher rate of body dissatisfaction and a smaller ideal body image.

### **General Self-Efficacy**

Perceived self-efficacy, a concept developed by Albert Bandura (1994), is the beliefs in one's capability to produce a desired effect and to exercise control over events that affect them.

These beliefs affect the way a person behaves, thinks, and feels. In such a way, a person with high self-efficacy willingly takes on a difficult, challenging task, applies more effort and persistence, and recovers more quickly from setbacks than a person who has low self-efficacy. Self-efficacy, according to Bandura (1994) is developed by four influential sources: mastery experiences, social models, peer persuasion that one is able to succeed, and experiences that indicate personal strengths and weaknesses. The combination of these experiences allows one to form the beliefs that they can cope with a variety of demands they may face in life.

These beliefs and behaviors differ from related qualities like self-esteem and one's concept of their abilities. Self-esteem is emotional confidence and feelings of self-worth, i.e.

“I am beautiful no matter what other people think.” One’s concept of their abilities is a assessment of their skills, i.e. “I excel at tennis and baseball.” Conversely, self-efficacy describes the power that one has to tackle or overcome a given situation, i.e. “I will work hard to pass this class even though I am uninterested in the subject.” In such a way, self-efficacy is not based simply on competence nor is it based on feelings at a given point. Perceived self-efficacy is characterized by looking at potential to reach future goals as well as based in competence and action (Schwarzer, et. al. 2005)

In the broad scope of self-efficacy studies, self-efficacy is generally measured in terms of situation-specific beliefs and behaviors. There have been, however, studies that examine self-efficacy on a more expansive scale that is “the confidence in one’s coping ability across a wide range of demanding or novel situations” (Schwarzer and Jerusalem 1995). Generalized self-efficacy, as defined by Schwarzer and Jerusalem (1995) is a measure of an individual’s competence in dealing with day-to-day stress and demands in life. Since the development of the General Self-Efficacy Scale by Schwarzer and Jerusalem (1995), little research been done in the area of self-efficacy on a broad scale and no research was found on self efficacy in relationship to athletes, feminism, sororities, or body satisfaction. Because of this, it is necessary to examine the theory of self-efficacy on the specific and general scale as explained by those who have developed it (Bandura 1994 and 1997, Schwarzer, et al 2005) and make connections to the norms of social groups addressed earlier in this section.

As Bandura (1994) conceptualized self-efficacy, there are several ways in which beliefs in one's ability to succeed are developed within a social context. The first of these is social models. When an individual sees a peer of similar skill and ability succeed at a task, their own beliefs in their ability to master a similar activity (Bandura 1994). Athletes, whether in team or individual competition, often compare their talents and abilities with their counterparts in order to judge their own performance and success in their sport. If an opponent who an individual feels is comparable in skill fails at an event, the individual in question will begin to doubt their own capabilities, thus lowering their self efficacy. In such a way, individuals are likely to choose peers that have similar interests and values (Bandura 1994). These peers then serve not only as social models, but also as points of comparison for judging personal strengths and weaknesses. If a woman views a female peer as being successful and thin, her comparison might lead her to believe that if she is not successful, it is because she is not thin. In this case, the individual's body image has become a "weakness" that could lead to lower self-efficacy. Perhaps most important social element of self-efficacy is peer persuasion. As Bandura (1994) theorizes, an individual that is influenced by those around her that she does have the capability to tackle a tough situation will put in more effort to succeed. However, Bandura (1994) warns, it is much easier to break a person's confidence than it is to build it up. The same could be said for body dissatisfaction. It is much easier for societal pressures to make a woman feel bad about her body than it is for a woman to be satisfied with her body.

*Hypotheses:* The primary hypothesis of this study is that women with lower body dissatisfaction scores will have higher self-efficacy scores. There are several secondary hypotheses related to body image. Firstly that, based on reviewed literature regarding body dissatisfaction of females in refereed sports, women on the softball team will have lower rates of body dissatisfaction and larger ideal body images than the women in the other groups. Secondly, as suggested by research on the relationship between sorority membership and body satisfaction, women in the sorority group will have higher rates of body dissatisfaction and thinner body image ideals than the rest of the women in the sample. In concordance with the primary hypothesis, it is predicted that the softball team will have the highest self-efficacy scores, followed by the feminist group with the sorority having the lowest scores out of the three groups.

## **METHOD**

### **Participants**

While the sampling for this research was purposeful in nature, random sampling techniques were used to determine which groups would represent the sorority and athlete groups. The Alpha Beta Psi (ABY) Sorority was chosen from a list of Luther College Greek Organizations that included women. Each of these groups was assigned a number and a random number generator was used to choose the group involved in this research. In the same way, the Luther College Softball Team was chosen from numbered list of women's team sports. The participants were 42 women who were members of one of three different groups at Luther

College. Seven participants were members of the Luther College Feminists, 15 were members of the ABY Sorority and the remaining 20 were members of the Luther College Softball team.

Of the 42 participants, 39 identified as white/Caucasian, two identified as Asian American and one identified as Latina. Thirty-six of these women identified as heterosexual, one as bisexual, two as lesbian and 3 reported that they “choose not to identify.” Ages ranged from 18 to 23 and the mean age of this sample was 20 years old. A majority of respondents reported themselves as being middle class (25 reported upper-middle class and 11 reported lower middle class) with five individuals reporting upper class status and only one individual reporting lower class status.

### **Instruments**

*Demographic:* The first part of the questionnaire included six questions related to age, race, sexuality, socio-economic status, GPA and extra-curricular jobs and activities. These questions were included as they may be considered third variables in this research.

*Body Dissatisfaction:* Three different figure scales were considered for the body image portion of the survey: the Figure Rating Scale (Fallon and Rozin 1985), Body Size Drawings (Silberstein, et. al. 1988) and the Contour Drawing Rating Scale (Thompson and Gray, 1995). A test questionnaire was given to 3 women outside of the sample. These women were asked to answer 4 questions using each scale and rank the scales in order of ease of use. The

Contour Drawing Rating Scale unanimously ranked first and subsequently incorporated into the research instrument.

The nine images of this scale were displayed in graduated order from thinnest to heaviest and numbered from one to nine. Respondents were asked to choose the numbers of the images that corresponded with both their current and ideal body image. Current body image was subtracted from ideal body image to produce a difference score, which was used to measure body dissatisfaction. They were also asked three additional questions relating to their satisfaction with their perceived body image including perceptions of being overweight, underweight or normal weight and attempts to lose or gain weight.

*Self-Efficacy:* The instrument used for self-efficacy measure was the General Self-Efficacy Scale (GSE) in order to assess a general sense of perceived self-efficacy in how the individual is able to cope with demands in life (Jerusalem and Schwarzer 1979). The scale was presented on its own and in random order. The four point responses were added together for final scores between 10 and 40 that were later recoded to be between 0 and 30. The higher the respondent scored on the GSE, the higher level of self-efficacy that individual had at the given point in time.

### **Procedure**

Respondents did not receive any compensation for their participation. The administration of this questionnaire was conducted at a regularly scheduled group meetings in the case of the Feminists and ABY and at a scheduled team practice for the softball team at the discretion of

group and team leaders. The women in attendance at each meeting were collectively informed that the questionnaire was about body image and self-efficacy. Self-efficacy was described as “how you believe you are able to handle difficult tasks or cope with demanding situations in every day life.” All of the women present at these meetings were informed that participation was voluntary and there was a 95% participation rate. The women who were not included in this survey were two members of the softball team who were excluded from the sample at the request of their coach.

## RESULTS

Due to the small sample size of this research, ANOVA results and other correlation coefficients run for the data collected showed no statistically significant relationships between the variables of this study.

*Body Dissatisfaction:* Initial analysis looked at the results of current body image and ideal body image based on figures chosen from the Contour Drawing Rating Scale. The current body image number was subtracted from ideal body image number to produce a body

**Table 1.0: Body Dissatisfaction Scores by Social Group**

		Social Group			Total
		Sorority	Feminists	Varsity Softball	
<b>BDS</b>	-4 change	7.1%	12.5%	--	4.8%
	-3 change	14.3%	12.5%	5.0%	9.5%
	-2 change	28.6%	12.5%	35.0%	28.6%
	-1 change	21.4%	37.5%	40.0%	33.3%
	0 change	21.4%	12.5%	15.0%	16.7%
	1 change	7.1%	12.5%	5.0%	7.1%

dissatisfaction score. Table 1.0 shows the range of body dissatisfaction scores (BDS) by social group.

This data shows that, while scores ranged from positive one place change (ideal figure is heavier) to negative four place change (ideal figure is thinner), over half of the women surveyed indicated that they wanted to reduce their body size by one or two places on the rating scale. Evident from this data is that a majority of women in this sample experience some level of body dissatisfaction with only 17% reporting no difference between their current and ideal body image. While all of the groups reported within the +1 to -4 range there are differences in each group. Within the sorority, a majority of the women reported a -2 score but 72% fell into the 0 to -2 range. The feminist group has 38% of it's members reporting a -1 change with the rest spread evenly across the rest of the scores. A majority of the softball team also reported a -1 change, but 75% of the members have a -1 to -2 change between their current and ideal figures. In order to better understand this range of BDS scores, an analysis was run on the ideal body figures for each social group. The results are shown in Table 1.1.

The data in Table 1.1 shows that image 5—considered “normal weight” on the Contour Drawing Rating Scale—was the ideal for nearly two-thirds of sorority women and just under half of the softball team members. On the whole, the softball team had thinner ideal body shapes, with over half of the team choosing normal to underweight figures from the scale.

Unlike their counterparts in the other two groups, members of the feminist group had an overall fuller

**Table 1.1: Ideal Body Shape By Social Group**

		Social Group			Total
		Sorority	Feminists	Varsity Softball	
Ideal Body Shape	2	--	--	5.0%	2.4%
	3	--	12.5%	10.0%	7.1%
	4	14.3%	12.5%	35.0%	23.8%
	5	64.3%	12.5%	45.0%	45.2%
	6	14.3%	25.0%	5.0%	11.9%
	7	--	37.5%	--	7.1%
	8	--	--	--	0.0%
	9	7.1%	--	--	2.4%

ideal body shapes, with over half of the group choosing normal to overweight figures from the scale.

In addition to the Body Dissatisfaction Score, the women in this survey were also asked questions relating to how they felt about their weight. The results of these questions have been cross tabulated with social group and BDS in the following tables.

Table 1.3 shows that while only 31% of the women surveyed classified themselves as being overweight, 74% of women worried about being too fat and 64% attempted to lose weight during the last year. The largest disparity is seen amongst the softball team with only 15% of women classifying themselves as overweight and 65% worrying about being too fat, a 50% rise between the two categories, compared to the feminists and the sorority women who

had a 37% and 36% increase respectively. Table 1.4 shows similar incidences of dissatisfaction when perceptions are crossed with the Body Dissatisfaction Score.

**Table 1.3: Perceptions of Body Image by Social Group**

Self-Perceptions of Body Image		Social Group			Total
		Sorority	Feminists	Varsity Softball	
Think body image is overweight, normal weight or underweight	Normal Weight	50.0%	62.5%	85.0%	69.0%
	Overweight	50.0%	37.5%	15.0%	31.0%
Worried about being too fat or too thin	Neither	14.3%	25.0%	35.0%	26.2%
	Too Fat	85.7%	75.0%	65.0%	73.8%
Tried to gain weight, lose weight or neither	Gain Weight	7.1%	--	--	2.4%
	Neither Gain Nor Lose	14.3%	25.0%	50.0%	33.3%
	Lose Weight	78.6%	75.0%	50.0%	64.3%

The data in table 1.4 shows that, in spite of the calculated body dissatisfaction scores, are dissatisfied with their own perceptions of their body images. Of the women with the largest rate of body dissatisfaction (-4 to -2 scores) 100% worried about being too fat while 50% of the -4 and -2 scorers and 75% of the -3 scorers classified themselves as overweight. While only 14% of the women with low body dissatisfaction scores (-1) classified themselves as overweight, 71% worried about being too fat and 50% tried to lose weight.

**Table 1.4: Perceptions of Body Image by BDS**

Self-Perceptions of Body Image		Body Dissatisfaction Score					Total	
		-4	-3	-2	-1	0		1
Think body image is overweight, normal weight or underweight	Normal weight	50.0%	25.0%	50.0%	85.7%	85.7%	100.0%	69.0%
	Overweight	50.0%	75.0%	50.0%	14.3%	14.3%	--	31.0%
Worried about being too fat or too thin	Neither	--	--	--	28.6%	71.4%	66.7%	26.2%
	Too Fat	100.0%	100.0%	100.0%	71.4%	28.6%	33.3%	73.8%
Tried to gain weight, lose weight or neither	Gain Weight	--	--	--	--	--	33.3%	2.4%
	Neither Gain Nor Lose	--	--	16.7%	50.0%	71.4%	--	33.3%
	Lose Weight	100.0%	100.0%	83.3%	50.0%	28.6%	66.7%	64.3%

*GSE*: In order to test the main hypothesis of this research, the scores of the General Self Efficacy (*GSE*) test were analyzed against several variables. Table 2.0 shows the mean *GSE* scores of each social group.

**Table 2.0: Mean *GSE* Score by Social Group**

Social Group	Mean <i>GSE</i>
Feminists	23.5000
Varsity Softball	22.0500
Sorority	21.2143

Table 2.0 shows a decline in mean GSE score across the social groups with the feminist group having the highest mean GSE score and the Sorority having the lowest mean score with an epsilon of 2.2857. While the mean GSE score of the feminist group was almost 1.5 points higher than the softball team's mean score, the difference of scores between the softball team and the sorority is less than one point.

**Table 2.1: Mean Generalized Self-Efficacy Score By Body Dissatisfaction Score**

BDS	Mean GSE Score
0 change	23.0000
+/- 1 place change	22.6471
- 2 place change	21.7500
- 3 place change	20.5000
- 4 place change	18.5000

Table 2.1 represents the data used to test the primary hypothesis of this research where the mean GSE score for each level of body dissatisfaction were examined. Though +1 and -1 place changes have been examined separately earlier in this table, their scores on the GSE were similar enough that they could be grouped together. This table shows that there is a negative correlation between body dissatisfaction general self-efficacy scores. As body dissatisfaction increases, general self-efficacy decreases with an epsilon of 4.5 points difference between women with BDS scores of 0 and -4. Within the body dissatisfaction scale, the differences between scores at each place change become larger as body dissatisfaction increases. In order to investigate the strength of this relationship, several other variables were examined against the self-efficacy score in Table 2.2.

**Table 2.2: Mean GSE Scores by Third Variables**

Age	Mean GSE	GPA	Mean GSE	Socio-Economic Status	Mean GSE
23	24.0000	3.5--4.0	23.1765	Upper Class	23.8000
22	21.3333	3.0--3.49	22.7333	Upper-Middle Class	22.6800
21	22.9286	2.5--2.9	20.0000	Lower-Middle Class	20.0000
20	21.9231	2.0--2.49	18.5000	Working Class	20.0000
19	20.8571	--	--	--	--
18	21.5000	--	--	--	--

Table 2.2 shows the relationship of general self-efficacy scores with three variables that are not the main focus of this study. As demonstrated in the first column, there is no distinct pattern of increase or decrease of general self-efficacy scores at different ages. There are, however, positive correlations exist with GPA and socio-economic status. In the second column, general self-efficacy increases as GPA increases with a 4.6765 epsilon between the extremes. General self-efficacy also increases with self-reported socio-economic status, albeit with a smaller epsilon of 3.8 points difference.

## DISCUSSION

As predicted in the primary hypothesis, there was a negative correlation between body dissatisfaction and general self-efficacy. However, while there was a 4.5 point difference between the women with the lowest and highest self-efficacy scores, the discrepancies between each point of change on the body dissatisfaction scale were usually less than one point (with an exception of the difference between -3 and -4) which indicates a weak relationship at best. When compared to the third variables studied, GPA showed an slightly higher epsilon in point difference, suggesting that GPA has at least an equal relationship with

self-efficacy comparative to body dissatisfaction. Limitations to this portion of the study include issues with the sample size that are discussed later in this section.

The results of the mean general self-efficacy scores within each group did not support the hypothesis that the softball team would score the highest on the general self-efficacy scale or have larger ideal body images. In fact, the data shows that a majority of the softball team chose figures that were leaning toward underweight as their ideal body figures. This outcome is contrary to previous research that indicated that athletes in refereed sports would be less focused on appearance and physique than other athletes and non-athletes (Zucker, et al. 1999, Schwarz, et al. 2005). There are two possible explanations for this, both indicated by the actions of the softball team and their coach during the administration of the survey. The first response is that the figures of the Contour Drawing Rating Scale did not adequately represent the ideal athletic body. While completing the body image assessment, several of the softball team members remarked, "Where are the broad shoulders?" in regards to the images on the scale. The focus of the Contour Drawing Rating Scale is on weight, not muscularity. Therefore an athletic female might choose a thinner figure on the scale if it appears to be more muscular or to have broader shoulders. In support of this explanation, the data shows that the softball team members were the least likely of the three groups to think they were overweight, worry about being fat, or try to lose weight. The second explanation, referenced earlier in this paper, is the exclusion of two members of the softball team from the sample at the discretion of the coach. The coach shared that the women were currently dealing with "body

issues” and felt that participating in this research could be harmful to them at this point in time. Based on this limited information, several conclusions could be drawn—including an issue relating to the body image that may be affecting the entire team in some small way—all of which would have to be researched further in order to determine if they are anomalies or new trends among women in refereed sports.

While the sorority did have the lowest mean general self-efficacy scores and body dissatisfaction as hypothesized, unsupported was the prediction that the sorority would have the thinnest ideal body images. About half of the sorority members had a body dissatisfaction score of  $-2$  or greater and the women in this group were the most likely to think they were overweight, worry about being too fat and try to lose weight. In spite of this, a vast majority of the women chose normal weight body figures as their ideal body image with the only outlier being an overweight figure. While this also differs greatly from previous research, there is an element that may explain such an inconsistency. Several members of the ABY sorority are also members of the rugby team. Rugby, like other refereed sports, requires players to be in good physical condition but to not necessarily have good physique.

Moreover, rugby players, due to the nature of the sport, may want to bulk up in order to perform better and would probably have a heavier ideal body weight than the average sorority woman. If women within this group are accepting of normal and overweight body images as acceptable then Crandall's argument about social group norms applies and what becomes normative behavior or ideal for the majority will be eventually be adopted by all the members of the group.

The feminist group, though in the middle as far as body dissatisfaction and self-perception of body image, had the highest mean general self-efficacy score. Even though feminist ideology was not a tenant of the assessment, other factors point at possibilities for this occurrence. In the section of the assessment that inquired about sexuality, three of the seven women chose other and specified that they “choose not to identify.” One explanation for this could point to queer theory that rejects identity labels and, closely tied to feminism, could indicate deeper understanding of other feminist ideologies that reject patriarchal and other socially constructed ideals. Another feature that set this group apart from the others were the extraneous notes written on the returned assessments. Several women in this group included explanations for choosing the figures they did for their current and ideal body figures (e.g. “I think this is a healthy figure *for a runner*” and “If I lose weight, it is not to look more feminine, just to be healthier”) and two made notes on the general self-efficacy scale as to why they chose their answers there. Even without an assessment of feminist ideology, it is speculated that the body-image related behaviors and high self-efficacy scores are the result of overall rejection of certain patriarchal or socially constructed ideals that allow these women to feel more capable of handling stress or difficulty.

There were several limitations to this research that merit discussion. The first of these is the small and disproportionate sizes of the groups involved in the sample. The sample was dependent on how many individuals attended a given practice or meeting for each group. Since both the members of the softball team and the sorority are required to attend scheduled

meetings, the samples from those groups included most, if not all, of the individuals in these groups. The feminist group does not have such a requirement and therefore those attending the meeting during which the survey was administered represented only a portion of the group's members. This resulted in disproportionate samples where the feminist group totaled half that of the sorority group and just over one-third of the number in the softball team sample. Since the overall sample size for this research was too small to be statistically significant, a larger sample size may have been better able to detect real differences between these groups in the areas studied. Also, this research would have benefited from having individuals from a variety of sports and a larger sorority sample to include multiple sorority groups.

A second limitation was discovered within the self-reporting aspect of body dissatisfaction. Since no objective measure of body make-up was taken (e.g. Body Mass Index or waist-to-hip ratio, weight), this research depended on subjective views of each individual's body image, which could have been misreported. For example, if a woman chose an image larger than her actual body size, the gap between her current and ideal body figures would result in a high rate of body dissatisfaction therefore skewing possible outcomes. Also, because the survey was administered to the women in a group of their peers, it is possible that they could have felt pressured to compare or choose answers similar to their friends, especially in regards to current and ideal body shape.

Another possible limitation that was in the exclusivity, or rather lack thereof, of the groups involved. Three distinct groups of women were chosen to examine the differences

between various social identities in the areas of body dissatisfaction and general self efficacy, but the groups were not 100% mutually exclusive. While none of the respondents were members of more than one group surveyed, one of the members of the feminist group was a cross-country and track runner and the sorority group included members of the women's rugby team and one volleyball player. As mentioned earlier, this may explain the higher than expected body image ideals of the sorority group as rugby players would want to avoid a thin body image in order to perform well in their sport.

A final limitation was the cross-sectional nature of this study. Because surveys were only administered once to each individual, it is impossible to establish a causal relationship between an individual's body dissatisfaction and their association with a given peer group. A longitudinal study may be more effective in establishing whether women develop body image ideals within a social group or if they acquire body-image related attitudes beforehand.

While the results of this research were certainly interesting, further investigation would need to be done in order to determine the nature of the relationship between generalized self-efficacy and body dissatisfaction.

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