

I. Project Title: Exploring Uniformity in Diversity: A Comparative Study of Filipino Adolescents and Adults' Perspectives on Body Image and Its Correlates

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II. Abstract:

Adolescence is characterized by considerable changes in terms of physical, social, cognitive, and emotional development. At this stage, they typically undergo both gender-specific and gender-neutral physiological changes due to puberty such as increases in testosterone for both genders. Ellison and Reiches (2012) described physical diversities such as breast development, weight gain, and menarche for girls, and muscle development, deepened voice, and increased body hair for boys. As for adults, they gain broader and tempered perspectives brought by some measures of maturity, better exposure to various influencing agents like media, family, peer and colleague and other socializing agents, and improved sense of identity. Somerville et al (2013), thus, argue that it is predictable to have an obvious spike in self-consciousness during adolescence as young people begin to grapple with their sense of identity. This uncertainty in identity and seeking of approval makes adolescents particularly vulnerable to lower self-esteem (Wu, Watkins, & Hattie, 2010), which in turn is associated with a variety of adverse health outcomes. On the other hand, among adults, body image is treated more as a multidimensional, subjective and dynamic concept that encompasses a person's perceptions, thoughts, and feelings about his or her body (Grogan, 2008). Body image is not limited to the aesthetic characteristics of the person as most adolescents see them. As people mature, they take into consideration their state of health, skills, and sexuality (Luskin, & Mccann, 2011). Despite being relatively constant over time, body image does change in certain contexts such as specific age maturity, vulnerabilities and variations after exposure to greater sources like media, peers, home factors, societal or community expectations. The final results then depend on personal factors (such as self-esteem, self-optimism and self-outcomes), interpersonal factors (family, peers and media messages), biological factors (genetic traits, increased body mass index, a series of pathologies), and cultural factors (social values and norms). This study – being in the second stage of a three-year research activity generally aimed to compare the adolescents and adults' perspectives on body image to further understand the intricacies of body image as people go through stages of physical, emotional, cognitive and social maturity. Findings revealed that the adolescents considered self-aggrandizement as having modest influence on body image perspectives. However, body acceptance, physical contact, sex and sexuality and vitality greatly contributed to their perspectives on body image. Except for sex and sexuality which indicated no significant difference, the rest of the four domains had shown significant differences. The adolescents manifested great self-esteem and self-optimism but had moderate valuation of their self-outcome. The adolescents and adults had significant differences in their levels of self-esteem, self-optimism and self-outcome. Both adolescents and adults' perspectives on body image were correlated with self-esteem, self-optimism and self-outcome. The adolescents and adults had similar ranking of factors that influence body image perspectives. Among adolescents in descending order, the top-three most influential factors on body image perspectives were: parents, peers, and sibling while adults considered the top-three influencing factors as: parents, siblings and peers. The study concluded that at least among adolescents who are in school, the most influential domains contributory to their perspectives on body image were body acceptance, physical contact, sex and sexuality and vitality. The adolescents and adults' perspectives on body image differed significantly. The adolescents exhibited immense positive self-confidence and encouraging social role functioning but possessed modest valuation of their self-outcome, especially in overcoming symptom distress. The adolescents and adults varied in their levels of self-esteem, self-optimism and self-outcome and home factors such as the influence of parents, siblings and peers remained to be rich fertile areas where perspectives on body image are formed.

III. Project Description:

In the context of project wealth, this study was the second phase of a three-year research which was focused on physical, psychological, social and emotional well-being. The first research analyzed adults' worldviews and perspectives on body image and some

causative factors. This second research appraised the adolescents' perspectives on body image. Results with both researches were construed to serve as baseline information on how people perceived body image in the context of their physical, social, cognitive, and emotional development. Ultimately, the study served as basis for the development of an information education campaign material (IEC) on body image. The IEC will consider the salient findings of the study during the third year. In the crafting of the IEC, several strategic activities will be done: (1) **planning phase**, where identification of similarities and contrasts between adolescents and adults' perspectives on body image (descriptive dimension; (2) **brainstorming phase** on the format of the IEC material; (3) **devising** on the contents in consideration of the salient findings; (4) **writing** the IEC material; (5) **integrating** related literature and studies; (6) **incorporating** relevant clip arts, images, multimedia backups, etc.; (7) **critiquing and validating** the material by experts (psychologists, sociologists, etc); (8) **publishing** the material; and (9) **distributing** the IEC material for educational utilization (senior high, college, etc).

IV. Research Agenda/Theme reflective of the Paper: Human Capital development including health and education systems; physical, emotional and psychological well-being

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VI. Mechanism Applied for: Mechanism D

VII. Rationale:

Adolescence is a period comprising the age range of 12 to 19 years old, (World Health Organization, 2007) during which several psychological, social, and morphological changes (Miranda, Conti, Bastos, & Ferreira, 2011) occur. Evidence indicates increased responsibility, demands, and changes in friendship among adolescents (Fortes, Morgado, Ferreira, 2013). Scientific investigations also indicate the increased percentage of body fat in females during adolescence (Fortes, Almeida, & Ferreira, 2012; Fortes, Conti, & Ferreira, 2012). These and other modifications may influence body image.

Body dissatisfaction in adolescents is a great concern, especially among parents, since, in addition to contributing to immediate distress, it is a risk factor especially in girls for the development of depressive symptoms and low self-esteem (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006), unsafe sexual behaviors (Schooler, 2013), onset of regular smoking (Kaufman & Augustson, 2008), poorer academic achievement (Halliwell, Diedrichs, & Orbach, 2014), engagement in unhealthy dieting or muscle building behaviors (Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006; Pope, Kanayama, & Hudson, 2012), becoming overweight and obese (Haines, Kleinman, Rifas-Shiman, Field, & Austin, 2010), and clinical eating disorders (Stice, Marti, & Durant, 2011). In the light of these negative consequences, it is essential to identify ways to reduce body dissatisfaction and its risk factors and a radical change in the body image conceptions among adolescents.

As earlier articulated in the previous research, body image refers to a multifaceted construct, encompassing perception, emotion, feelings, and thoughts directed to one's own body. Body dissatisfaction, classified as a component of body image, concerns the dissatisfaction with one's weight, appearance, and physical shape (Garner, & Garfinkel, 1981). This definition is emphasized here once again because such concerns are seen to be greater and more pronounced among adolescents as compared to adults.

Studies have shown a prevalence of body dissatisfaction ranging from 10% to 40% among adolescents. More specifically, it appears that this prevalence may be even higher among female adolescents (Alves, Vasconcelos, Calvo, & Neves, 2008; Conti, Cordás, & Latorre, 2009; Fortes, Conti, Almeida, & Ferreira, 2013; De Castro, Levy, Cardoso, dos Passos, Sardinha, & Tavares, 2010). Many young adolescents are dissatisfied with their body weight and shape, with about 40 % of girls and 23 % of boys dissatisfied with their bodies (Bearman et al. 2006). One reason for their dissatisfaction with their bodies might be a discrepancy between their ideal and actual body size. Young adolescents with a discrepancy are at a

higher risk for low self-esteem and poor self-concept (Ata et al. 2007; Marsh et al., 2007). Furthermore, such adolescents are at higher risk for chronic body image problems, which can contribute to weight cycling, eating disorders, depression, and obesity (Barker and Bornstein 2010; Mirza et al. 2011; Paxton et al. 2006).

Researchers often use the terms body image, body dissatisfaction and body image discrepancy interchangeably, regardless of how they are measured. In general, body image is the subjective concept of one's physical appearance based on self-perceptions and self-attitudes, including thoughts, beliefs, and feelings (Cash and Pruzinsky, 2002). Body image is composed of two components: perceptions of the appearance of one's body (cognitive/rational) and emotional responses to those perceptions (affective/emotional). Some researchers examine these components as one index called body dissatisfaction. However, other researchers examine these components separately as body image discrepancy, which is defined as the difference between individuals' self-perceived body size and the size they believe a person their age and sex should be (cognitive/rational) (Gilliland et al. 2007). Although research of body dissatisfaction and body image discrepancy might yield similar findings, it is important to be able to articulate which parental, peer, and psychological factors contribute uniquely to these two outcomes, so that researchers could develop prevention and intervention programs.

Given the foregoing ideas, it was assumed that adolescents and adults varied in their perspectives on body image. The postulation was that adolescents would be more concerned about the physical dimension in all five domains of body image (included in this study) such as relating the physical body for self-aggrandizement, body acceptance, physical contact, sex and sexuality and vitality.

In contrast as revealed in the previous research, at least among educated men and women, the adults' worldviews and perspectives on body image were more attached to their acceptance, comfortability, happiness and contentment with their body and who they are as persons rather than concerned with what they look like and what other people say about their body; it is how they related to other people in the dispensation of their social role functioning and their outlook of positivity or vigor in social interaction that mattered the most than their physical look (Dacles, Del Rosario & Maslang, 2018).

Sex was also seen as an important variable for framing notions on body image. The males exhibited more positive body acceptance than the females. The females were more thoughtful and cautious of their physical image or appearance who needed to look good and attractive than did the males who were more careless and unconcerned. The males were more flexible to physical contact or touch than did the females. The males greatly used their perceptions of sexual attractiveness and functioning as an important factor for social interaction than did the women. The women were more discreet and inconspicuous of sexual attractiveness and functioning as this is something that is brought by traditional gendered roles. Traditional gender roles often link femininity with beauty and the desire for an attractive appearance, while masculinity is connected with power, control and force, the male body being regarded as a means to act effectively on the external environment (Dacles, Del Rosario & Maslang, 2018).

Another area of comparison among adolescents and adults was how they perceived body image in relation to their self-esteem, self-optimism and self-outcomes. It was argued that adolescents and adults differed in their conceptions of their self-esteem, self-optimism and self-outcomes in relation to their perspectives on body image because of a number of factors such as maturity, broader relational cliques, and greater exposure to influencing factors like media, home, peer, and community factors.

Adolescents who exhibited high levels of self-esteem were more likely to engage in health behavior such as healthy dietary habits and physical activity (Kristjansson, Sigfúsdóttir, & Allegrante, 2010), exhibit better academic attendance and performance (Kristjansson et al., 2010), and would experience greater economic prosperity in adulthood (Trzesniewski et al., 2006). In contrast, adolescents with low self-esteem are more likely to display anti-social behavior (Barry, Grafeman, Adler, & Pickard, 2007; Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005), report suicidal ideas (McGee & Williams, 2000), engage in substance abuse (Flory, Lynam, Milich, Leukefeld, & Clayton, 2004), and experience poorer mental and physical health (Millings, Buck, Montgomery, Spears, & Stallard, 2012; Orth, Robins, & Roberts, 2008; Trzesniewski et al., 2006).

For adolescents, especially female adolescents, body image appears to be a particularly salient domain of self-esteem, self-optimism and self-outcomes. Body image is consistently ranked among the top three concerns for adolescents (e.g., Mission Australia, 2011, 2012, 2013), with estimates from US and Australian community-based samples suggesting that approximately one-third of adolescent girls and one-quarter of adolescent boys are extremely dissatisfied with their appearance (Centers for Disease Control and Prevention, 2014; Mission Australia, 2013), whereas only 11% of girls and 38% of boys surveyed indicated that they were unconcerned with their appearance (Mission Australia, 2013). Moreover, up to two-thirds of adolescent girls and one-third of adolescent boys reported engaging in dieting behaviors to lose weight (Centers for Disease Control and Prevention, 2014).

Meanwhile, body dissatisfaction could be associated with self-esteem, self-optimism and self-outcomes. (Sbicigo, Bandeira, Dell’Aglío, 2010; Caqueo-Úrizar, Ferrer-García, Toro, Gutiérrez-Maldonado, Peñaloza, & Cuadros-Sosa, 2011). Accordingly, self-esteem is related to the set of feelings and thoughts of the individual regarding his/her own worth, competence, and suitability, which results in a positive or negative attitude towards oneself. Self-esteem is subdivided into negative and positive. The first refers to feelings of worthlessness and failure and the second is related to the feelings of satisfaction and appreciation of oneself.

Flament, Hill, Buckholz, Henderson, Tasca, & Goldfield (2012) indicate that the main point of self-esteem, self-optimism and self-outcomes is the evaluative aspect, which influences how the individual sets his goals, accepts himself, values others, and projects his expectations for the future. Self-esteem is considered one of the main predictors of favorable outcomes in adolescence, with implications in areas such as interpersonal relationships and academic performance (Mirza, Davis, & Yanovski, 2005). In contrast, the influence of this characteristic has also been observed in adverse problems such as aggression, antisocial behavior, and delinquency in youth, and negative changes in body image. Evidence has shown a positive association between negative self-esteem and body dissatisfaction (De Bruin, Woertman, Bakker, & Oudejans, 2009). Similarly, previous studies showed an inversely proportional association between positive self-esteem and body dissatisfaction (Johnson, Crosby, Engel, Mitchell, Powers, & Wittrock, 2004).

As articulated in the previous research, Rosenberg (1965) defines *self-esteem* as a construct is grounded primarily in self-worth theory. Self-worth theory suggested that all individuals had a motivational “tendency to establish and maintain a positive self-image, or sense of self-worth. Self-worth theory postulated that a key to developing and maintaining self-worth was to develop and maintain a positive self-esteem. In this study, *Self-esteem* refers to a person’s perceptual image of himself/herself.

Moreover, according to Scheier, et al. (1994), *self-optimism* is a concept that refers to a person’s overall positive evaluation of himself. It is an appraisal of one’s own worth. It is the opinion one has about himself especially about future activities. In this study, self-optimism is measured using the Self-Optimism Scale of Scheier, et al. (1994).

Meanwhile, *Self-Outcome* refers to the individual’s perspectives or outlooks of himself or herself in relation to symptom distress, role functioning and interpersonal relationship. *Symptom Distress* refers to the degree of discomfort from some specific symptoms being experienced by an individual. *Social role functioning* refers to how an individual dispenses or performs his or her roles whether positively or negatively in a particular social responsibility setting. *Interpersonal relationship* refers to the degree of bond between two or more people bringing them close to each other and eventually results to good bonding (Lambert, Burlingame, Umphress, Hansen, Vermeersch, & Clouse, 1996).

Moreover, in the previous research, findings revealed that among educated adults, self-esteem and self-optimism prominently influenced their worldviews and perspectives on body image. However, while they exhibited immense positive self-worth and valuation, confidence and encouraging social role functioning, what they will become in the future was a separate construct and nothing to do with how they viewed ideals on body image (Dacles, Del Rosario & Maslang, 2018).

Another postulation in this paper was about knowing the difference between adolescents and adults’ perceptions on the degree of influence of some essential factors such as media factors (like Television programs and other social media), home factors (such as

influence of parents and siblings), social cliques (like peers, friends and colleagues), societal or community expectations and other socializing agents (such as school or work places) to body image insights.

Research suggests that adolescents learn from their families and friends that they should be thin and that being overweight is unappealing (Dohnt and Tiggemann 2006; Phares et al. 2004). Much of the research examines the role of family and peer relationships and psychological well-being as they relate to body dissatisfaction. For example, studies have shown that a lack of social support from parents and peers has been associated with body dissatisfaction in young adolescents (Bearman et al. 2006; Helfert and Warschburger, 2011). Researchers also have examined the association between adolescent self-beliefs (e.g., global self-esteem and self-worth) and body dissatisfaction (e.g., van de Berg et al. 2010), demonstrating that higher levels of self-esteem are associated with lower levels of body dissatisfaction.

Researches have shown that when parents are emotionally warm, affectionate, and available, and balance these qualities with high expectations and a firm but fair disciplinary style, they create an emotional context in which children and adolescents tend to be more secure, well adjusted, healthier, and safer than peers raised in other settings. Specifically, parental nurturance is important throughout the developmental process and appears to be an especially significant factor in the positive development of young adolescents (Maccoby, 2007; Windle et al., 2010). Researchers have found positive associations between young adolescents who are satisfied with their bodies and parents who are nurturing and supportive (Crespo et al. 2010), whereas young adolescents dissatisfied with their bodies are associated with parents who are less nurturing and warm (Bearman et al. 2006). These findings are consistent for boys and girls.

Nurturing parents also have a lasting effect on their children's body image. In a recent study, researchers showed that boys and girls with positive and supportive parents have more consistent body image satisfaction over time (Holsen et al. 2012). These associations rarely have been examined for body image discrepancy; however, the few studies that have examined these associations have shown that low social and emotional support received from parents was associated with higher levels of body image discrepancy (Ata et al. 2007).

In terms of peer factors, adolescents who feel that they are accepted and well-connected to their peer group have more positive perceptions of themselves and their bodies (Holsen et al., 2012; Stice and Whitenton, 2002). Researchers also have found that children's perception that being thin is related to popularity among peers predicted children's body dissatisfaction and eating-related concerns, especially for girls (Clark and Tiggemann, 2007).

However, much of the research examining associations between peers and body image has focused on peer criticism about weight and shape, peer conversations about appearance, and peer weight-loss habits (e.g., Helfert & Warschburger 2011; Gondoli et al., 2011). Few studies, if any, have examined how general levels of influence from peers are associated with young adolescents' body image discrepancy.

On the other hand, it is said that the media is the most widespread form of mass communication. For decades, it has been influencing society in many ways. The media is the sole source of what the public sees and it is responsible for how it is portrayed and unfortunately, it has become a conveyor of socio-cultural values regarding ideal body shape and size, which creates an understanding of the ideal man and woman (McCabe, et al., 2007). Because there are many different types of media, increasing in the last few decades, there are different ways in which people can be affected by it. Some of these types include newspapers, books and magazines, movies, radio, television and the internet. More often than not, women are portrayed as the "thin ideal" without imperfections. This ideal is the idea that women must be of a slender feminine physique, with a small waist and with little body fat.

Thus, many theorists believe that certain images in the media have an impact on body image and in turn, promote low self-esteem. Idealized images in the media are recognized as an important external trigger of body dissatisfaction (Mulgrew, Volcevski Kostas, & Rendell, 2013). It has been found that when the media is portraying an ideal body image, it can lead to a body image disturbance in some women as well as implicating the development of eating disorders in some women. Very often, these ideals are unrealistic, and

surveys show that over 60% of women are dieting in order to attain a perfect body image (McCabe, et al., 2007).

The foregoing richness of theoretical and empirical data lent credibility to the groundedness of this paper. While it was noteworthy to mention that most of the investigations were developed with populations from the west (particularly in the United States and Europe) and in Asia (like Malaysia, Thailand and China), there is still a dearth of research activities in the Philippines especially in analyzing the relational dimension of body image and some influencing factors. An initial search was performed with some descriptors (body image, self-esteem, adolescents and adults) in the main scientific databases and journals (such as SciELO, PubMed, and Scopus), and to date has still very minimal or non-existent research activity that attempted to analyze the influence of self-esteem, self-optimism and self-outcomes on body image perceptions among Filipino adolescents and adults, as well as comparison between adolescents and adults worldviews and perspectives on body image. The only research analyzing the associative dynamics of self-esteem, self-optimism and self-outcomes with body image was the research conducted in the previous year among adult professionals in the Filipino context.

Thus, a considerable number of adolescents who were aged 16 to 19, this research activity included adolescents from Grades 11 to 12 students in the Senior High School. Since the first research considered the graduate school students in Saint Mary's University, this study considered those enrolled in the same school for school year 2019 – 2020. Said students were from the various municipalities of the provinces of Nueva Vizcaya, Ifugao, Quirino, Isabela and others. It was the hope of the proponents of this paper to explore or discover uniformities in diversity by comparing the adolescents and adults' perspectives on body image. Intuitively, the following questions were raised: How diverse were the perspectives of adolescents and adults on body image? In what aspects did they significantly differ? What uniformities could we find in diversity? These questions were examined in the light of their potential and yet advantageous impact to learning which are backed by research results.

And so since body image is a genuine concern for both young and old people alike, and since negative body image has serious physical, psychological, emotional and social consequences, empirical studies in Filipino situations and experiences need to be steered. By comparing adolescents and adults' perspectives on body image, a holistic presentation could be made through an information campaign material (IEC) which would be crafted in the third year of this study phase. This three-year research then would be providential in crafting a material that would further educate our young and adult people alike on positive body image conceptions.

VIII. Statement of Objectives

General Objective: Based on the foregoing theoretical and empirical foundations, this study generally aimed to describe and analyze the adolescents and adults' perspectives on body image along the domains of self-aggrandizement, body acceptance, physical contact, sex and sexuality and vitality and draw relationship between body image and some associative dynamics such as their self-esteem, self-optimism and self-outcomes. Results from this study compare them from the data culled earlier on body image among adults for consideration in the crafting of the IEC material as specified in the project description.

Specific Objectives: This study specifically aimed to:

1. Determine the adolescents' perspectives on body image in terms of the following domains:
 - 1.1 Self-Aggrandizement;
 - 1.2 Body Acceptance;
 - 1.3 Physical Contact;
 - 1.4 Sex and Sexuality; and
 - 1.5 Vitality.
2. Compare the adolescents and adults' perspectives on body image along the five domains;
3. Describe the adolescents' level of self-esteem, self-optimism and self-outcomes;
4. Compare the adolescents and adults' level of self-esteem, self-optimism and self-outcomes;

5. Correlate the adolescents and adults' perspectives on body image and their self-esteem, self-optimism and self-outcome; and
6. Explicate some underlying factors that influence the adolescents' perspectives on body image and compare them with adults' perceptions on body image.

IX. Statement of Hypotheses

Considering the inferential questions mentioned above, the following null hypotheses were tested in this study:

1. There is no significant difference in the adolescents and adults' perspectives on body image along the five domains;
2. There is no significant difference in the adolescents and adults' level of self-esteem, self-optimism and self-outcomes; and
3. There is no significant correlation between the adolescents and adults' perspectives on body image and their self-esteem, self-optimism and self-outcomes.

X. Theoretical and Conceptual Frameworks

A. Body Image: Biological vs. Socio Cultural Worldviews

Among the universal beauty norms, averageness, bilateral symmetry, sexual dimorphism, and waist-hip ratio were considered the best candidates (Grammer, Fink, Møller & Thornhill, 2003). However, many other appearance-related preferences (such as those for a youthful look, a particular aspect of the skin or teeth, and certain odors) seem to be influenced by sexual selection (Jones, Brace, Jankowiak, Laland, Musselman, Langlois, & Roggman..., 1995).

Contrary to this line of interpretation, the socio-cultural approach to the beauty problem assigns to culture a major role in establishing and enforcing body ideals (Tiggemann, 2011). The explanation can be summarized as follows: each culture develops specific social ideals of human appearance; these are transmitted through cultural channels, then internalized by individuals; body satisfaction or dissatisfaction depends on the extent to which individuals respond or not to these requirements. It is the experience of body as social and cultural construct that which explains the discrepancy between the biological characteristics of the body and the satisfaction towards them. For example, in the medieval times, plumped or fleshy women were preferred over skinny or slender women. There was a worldview that fleshy women would be able to carry and sustain in their womb a baby. Thus, as a biological entity, the body has a functional role, but as a social entity it is the most visible way of expressing and presenting someone's identity. It conveys important messages about social status and subculture membership; in turn, it receives messages from the outside. Since birth, the socialized body is subjected to cultural norms. The attitude towards the body and the bodily practices, including appearance-management behaviors reflect the value constellation of each particular society. For example, while fat is a symbol of health and welfare within traditional cultures, in modern ones, it signifies a low level of self-discipline, laziness, and lack of control. The explanation for this different decryption lies not in an arbitrary change of aesthetic and moral criteria; complex reasons related to food availability, energy intake to energy expenditure ratio involved in traditional and modern occupations, and some ethical, political, ideological assumptions (as the prevalence of individualism or collectivism or the dominant beliefs about gender roles) as well as the personal adherence to the dominant cultural ideals are responsible for these contrasting interpretations (Holmqvist, 2013).

The most prominent theoretical approach to the socio-cultural creation of body dissatisfaction and associated food pathology is the tripartite influence model that includes three direct sources of influence. These are: family, peers, and mass media. In addition, two mechanisms that mediate these influences such as internalization of societal appearance standards and social comparison processes regarding body appearance (Van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002). Any unilateral explanation of the preferences for a certain look, based on biological criteria or socio-cultural influences, is wrong. Although the mentioned characteristics are universal, their attached importance can be culturally modeled. Socio-cultural approaches certify the existence and evolution of body ideals, highlighting their cultural component. A simple glance at the press, cinema and

television productions, cyber-space, toys and video games, reveals that body representations followed certain trends like female silhouette has thinned, male muscle mass has increased. More and more experts warn against the danger of creating exceptional prototypes and against the growing resort to body modifications in order to achieve unrealistic expectations. Moreover, plastic surgery produces misleading results that do not ensure the biological quality of the offspring(s) and are incongruent with the rest of the attributes that cannot be adjusted like voice, movement, pheromones. The current cultural ideals encourage what was called the normative discontent towards the real body. This negative body image could not be easily resisted. Understanding the concept could, however, provide a better strategy towards its adverse physical and psychological consequences.

B. Body Image: Definitions, Dimensions and Assessments

Body image is a multidimensional, subjective and dynamic concept that encompasses a person's perceptions, thoughts, and feelings about his or her body (Grogan, 2008). Body image is not limited to the aesthetic characteristics of the person, taking also into consideration his or her state of health, skills, and sexuality (Luskin, & Mccann, 2011). Despite being relatively constant over time, body image does change in certain contexts such as specific age vulnerabilities and variations after media exposure or health status alterations being highlighted by longitudinal and experimental studies. Body image does not simply reflect the biological endowment of the individual or the feedback received from the significant others. While these factors might indeed influence the level of body satisfaction, what is decisive is the way the body is experienced and evaluated by the subject himself. The final result depends on personal factors (personality, self-esteem), interpersonal factors (family, peers and media messages), biological factors (genetic traits, increased BMI, a series of pathologies), and cultural factors (social values and norms). Each aspect of body image (perceptual, attitudinal and behavioral) is now assessed by a wide range of dedicated instruments. The perceptual component of body image refers mainly to body size estimation. Distortion of body size that goes in the direction of overestimation was long time considered a predictor factor in the development of eating disorders. However, when researchers were able to evaluate separately the sensory components of self-perception (meaning the visual system responses) and the non-sensory components (meaning those cognitive and affective elements that interpret the visual input), they concluded that distortion in body size recorded among anorexic patients was not due to the differences in sensory sensitivity, but to the disturbances in body and weight attitudes. To measure the difference between the actual size of a person's body and his/her subjective judgment of that size, experts use methods developed to assess specific areas of the body like chest, waist, hips, thighs, etc. or the whole body. Among the formers could be included the movable caliper technique (Reitman & Cleveland, 1964), the visual size estimation procedure (Ruff & Barrios, 1986), the quite similar adjustable light beam (Thompson & Spana, 1988), the image-marking procedure (Askevold, 1975) or computer-based methods of distorting body images (Hennighausen & Remschmidt, 1999; Harari and Furst, 2001; Sands, Maschette & Armatas, 2004; Aleong & Duchesne, 2007). Within the latter class falls the digital photography technique (Shafran & Fairburn, 2002), the distorting video software (Gardner & Boice, 2004), and several figural silhouette scales designed to determine both body dissatisfaction and body size distortion such as the BIAS-BD Figure Drawing Scale developed by Gardner and colleagues in 2009. The errors of anticipation were also eliminated using the method of constant stimuli, the signal detection theory, or the adaptive probity estimation (Gardner, 2011).

The attitudinal dimension of body image comprises evaluative, affective, and cognitive subcomponents. The global subjective satisfaction or dissatisfaction could be easily measured using figural scales (Stunkard, et al. in 1983) that allow the calculus of a positive, negative or zero discrepancy score (meaning the difference between the silhouette assigned to represent most accurately the subject's current size and the one representing his/her personal body shape and size ideal. Other possibility involves questionnaires regarding body dissatisfaction towards overall appearance or specific body areas, which use Likert-type scales or agree/disagree statements (such as the Self-Image Questionnaire for Young Adults designed by Petersen, et al. in 1984, or the Body Parts Satisfaction Scale developed by Berscheid, Walster & Bohrnstedt in 1973). Appearance-related distress (including anxiety, shame or discomfort) could also be examined by the means of scales, such an instrument

being developed Reed et al., 1991; the Physical Appearance State and Trait Anxiety Scale evaluate how anxious, tense, or nervous a subject feels about his body or specific parts of it. The scale has two versions: one that captures the distress at one time or another (State Version) and another that captures this feature in general (Trait Version). The cognitive component subsumes beliefs and thoughts about the physical attributes of weight, body shape and size, and appearance, as well as their significance; it also contains appearance ideals and self-schema. Examples of assessing instruments are Body Image Automatic Thoughts Questionnaire (Cash, Lewis, & Keeton, 1987) and the Assessment of Body-Image Cognitive Distortions Scale (Jakatdar, Cash, & Engle, 2006) (Shroff, Calogero, Thompson, 2009).

The behavioral manifestations of body image disturbance include actions intended to monitor the condition of the body (such as repeatedly weighing or mirror checking), to correct the defects (such as weigh-control practices or applying a lot of makeup) or to avoid the situations that might generate body image distress (such as wearing baggy clothes or voluntary social isolation). One of the first instruments developed to assess avoidance of tight-fitting or revealing clothes, avoidance of social outings or physical intimacy, food restriction, grooming and weighing, was the Body Image Avoidance Questionnaire (Rosen, Srebnik, Salzberg, and Went, 1991), but newer tools (The Body Image-Acceptance and Action questionnaire developed by Sandoz, Wilson, Merwin, & Kellum, 2013) are now available (Timko, Juarascio, Martin, Faherty, & Kalodner, 2014). Another useful instrument, dealing with general appearance checking, verification of specific body parts and control idiosyncratic rituals, is the Body Checking Questionnaire (Reas, Whisenhunt, Netemeyer & Williamson, 2002)

C. Body Image and Gender

A unanimous conclusion in studies recorded lower level of body satisfaction among female subjects in comparison with their male counterparts. Poor image is influenced by gender socialization and cultural beauty expectations, adherence to traditional gender roles, ethnicity, profession and others. According to psychologists, within the context of the general developmental process, a pronounced sexual dimorphism, accompanied by increasing divergent psychosocial experiences leads to gender differences in the attitudes towards the body, self-identity and individual relationships (Koff, Rierdan, & Stubbs, 1990).

Body image, subsumed under the general notion of self-image, largely results from internalizing the opinions of significant others such as family, friends, and media regarding the attributes and behaviors appropriate for each gender, within the genetically determined physiological limits of the individual. Traditional gender roles link femininity with beauty and the desire for an attractive appearance, while masculinity is connected with power, control and force, the male body being regarded as a means to act effectively on the external environment (Murnen & Don, 2012).

These conscious or unconscious assumptions about body functionality have different effects on body image and self-identity (and upon the interrelation between them) in the two sexes / genders. The focus on aesthetic qualities of the body, to the detriment of those functional, generates a low level of body esteem and dissatisfaction; it is associated with depression, low self-esteem, body shame, anxiety and checking, fixing and avoidance behaviors. Western society not only places a much higher price on women's physical attractiveness than on men's, or encourages them to evaluate their social value in terms of how they look, but also perpetuates this societal objectification by continuous cultural scrutiny. This gendered social context shapes among women a self-critical orientation toward their physical appearance that is manifested in certain comparison tendencies associated with negative body esteem. Women are more likely than men to engage in upward social comparisons, perceiving other same-sex persons as being more attractive, having better physical qualities than theirs. Men instead are less affected by rigid physical appearance norms and have the tendency to resort to downward social comparisons, a more self-hopeful strategy that enhances self-esteem. The same gender differences were noticed as regards temporal comparisons: when projecting the future, men usually envision possible self-improvement; women, on the other hand have more pessimistic expectations about achieving the desired appearance; they equate perfection with youth and aging process with an imminent and fatal decline like slowing metabolism and weight gain following pregnancies (Franzoi, Vasquez, Sparapani, Frost, Martin, & Aebly, 2012).

However, a growing (even if not similar) body dissatisfaction was observed during the last two decades among the men. Some of them want to be thinner (to get rid of the abdominal fat in particular), while others wish for an increased muscle mass, using the protein supplements, steroids and bodybuilding. These two sources of discontent represent important risk factor for developing anorexia nervosa or muscle dysmorphia. Experts believe that men's race after an enhanced musculature does not reflect a genuine concern for how the body looks, but for how it works. A well-developed muscle mass increases the perception that a man is dominant and competitive, which are important attributes of masculinity. Yet, this feature is not constitutive for the specific gender role: a man could affirm his masculinity in the total absence of this proof. Besides adiposity and muscles, psychologists have identified other important facets of male body image (though often neglected in research): height (more important for men than for women); capillary hair (bald men perceive themselves less attractive and prematurely aged, though, paradoxically, shaving the scalp is a successful coping strategy); body hair (traditionally associated with virility, this feature has recently become unattractive, especially if chest, back or buttocks are involved); penis size (a 2005 study conducted on a sample of 25 American men reported a percentage of 45 dissatisfied subjects). Not all these aspects generate equal dissatisfaction or are treated with equal concern (because some of them are posited outside individual control). Penis size, for example, although not visible, nor controllable, is considered a major symbol of masculinity/virility and causes considerable distress (Tiggemann, Martins, & Churchett, 2008).

In both genders, there are more vulnerable categories than others to body dissatisfaction and associated pathology. Among women, less exposed to body image pathology are some sport practitioners, lesbians, women of color, those who do not adhere to gender stereotypes, feminists; others, like athletes, gymnasts, and ballerinas have a higher risk of developing eating disorders. Among men, the drive to muscularity is higher in sportsmen since they embrace male stereotype of winning the competition; homosexuals monitor and compare their bodies more frequently than heterosexuals; black men, although aspiring to larger body frame, report greater body satisfaction (in particular towards weight) than whites.

D. Body Image and Age

Research has highlighted the importance of body dissatisfaction during adolescence and the associated risks for depression and eating disorders, but very few studies have focused on the development of body image in childhood. In recent times body dissatisfaction was tested positive in preschool children, about 5 years old (Bastiani-Archibald, Graber, & Brooks-Gunn, 2009). The evidence called for a serious reconsideration of the role of this phase in building a healthy body image. Beginning with early years, weight-related prejudices proved to be very powerful: even 4-year-old children eliminate plump figures from their preferences, and 6-year-old children choose normal weight rather than overweight companions/friends. Weight discrimination is gendered: already in elementary school, tolerance of overweight males is higher than that of overweight females. The effects of peers teasing are particularly significant among overweight children. In fact, an increased body mass index (BMI) proved the strongest risk factor for body dissatisfaction. Parents influence children's body image by providing models of attitudes toward body and appearance, by making comments on their appearance, but also by family food habits. Research showed that parental attempts to control children's weight through food choices were later associated with disorder eating patterns among children.

In parallel, a cognitive development takes place. The rapid intellectual progress and the development of insight ability can lead to adolescent egocentrism. Teenagers pay a lot of attention to their bodily selves and examine intensely their physical appearance. As regards social relations, adolescence brings important changes in status and role, involving enhanced freedom, independence and responsibility. As teens develop their own identity, a distancing from parents and a shift towards relations with peers / friends occur. The establishment of close and friendly relations provides mutual aid in managing daily problems and pressures associated with maturation. In this context, group integration becomes a paramount concern. In order to be accepted, a teenager is willing to make any sacrifice. Thus, friends and peers become extremely influential social agents in shaping adolescents' thoughts about their bodies. How they are evaluated (including their look) by the significant others will have a tremendous impact on the development of self-esteem and body image. Managing

physiological and psychological changes as well as reactions coming from family, friends and significant others, is one of the major tasks of this stage of age. To incorporate the physically transformed body into a restructured body image, and to develop a new, stable and complex self-identity accompanied by a strong feeling of self-worth are difficult processes. The burden is felt differently by the two genders. Females and males do not enter puberty simultaneously (the difference varies between 1–2 years). The gap between chronological and physiological age makes tricky the analysis of same-sex or opposite-sex peers on body image among preadolescents. Frequently, bodily changes that accompany the onset of puberty (breast enlargement, weight gain) trigger opposite reactions (sexual advances or teasing). Becoming a woman could be a source of pride or, on the contrary, of deep shame. Studies led to the conclusion that adolescents' adaptation to their bodily changes was influenced not only by the extent of those transformations (overweight adolescents being more exposed to teasing and ridicule from peers), but also by the pubertal development rate (accelerated development of secondary sexual characteristics was associated with negative emotions among females) and synchronization of maturation among peers - both early and the late maturation involved increased risks for all the adolescents (Dusek & McIntyre, 2009).

In addition, young women believe that men prefer very thin mates, thus distorting male preferences in order to align them to their own ideal of slenderness. They consider the inevitable weight gain brought by puberty a departure from the desirable silhouette. Young men think that women prefer larger masculine bodies than these actually report. But since this distortion goes in the direction of the natural evolution of male adolescent body, the pressure felt from the opposite sex is considerably smaller in teenage males. Investigating body image among adults, researchers reached surprising conclusions, at least at first sight. Despite aging process is associated with significant physical changes (body reshaping by reduction in tonus and muscle mass, weight gain, and skin wrinkling), which remove individuals from the current cultural ideal (represented by a supple, toned and wrinkle-free body), studies have not recorded a radical increase of body dissatisfaction with age. Especially for women, the seventh decade seems to bring an improvement in body image (Grogan, 2012). The explanation is based on adjustment of body ideal (becoming more close to reality, age appropriated and oriented towards comparisons with friends and acquaintances rather than media celebrities) and diminishing importance attached to appearance. As the woman's identity is intimately linked to her role in relation to family, career and community, investment in appearance decreases with growing old; this makes the connection between body satisfaction and self-esteem to be lower among mature ladies than among young women. In contrast, self-esteem predictors at this age are the body functional assessment and the concerns for health consequences of overweight. Studies on variation of body dissatisfaction with age among men have mixed results. However, there are some indications that body ideal changes: around the age of 35–40 years, male concern for physical appearance drops, associating a weight gain; then, around the age of 50 years, the concern for a youthful and attractive (desired or lost) look reoccurs. Compared to women, men reported higher levels of body satisfaction in all age groups. After the age of 60 years, however, gender differences get smaller. As among women, status of body functioning proved to predict self-esteem (Grogan, 2012).

E. Body Image and Self-Esteem, Self-Optimism and Self-Outcomes

Self-esteem is defined as a “positive or negative attitude toward the self” (Rosenberg, 1965), and can be viewed as a key indicator of psychological well-being, at least among people in Western cultures (Baumeister, Campbell, Krueger, & Vohs, 2003; Oishi, Diener, Lucas, & Suh, 1999). In Western cultures, self-esteem typically differs by gender.

A positive, optimistic attitude can help people develop strong **self-esteem**. Knowing what makes one happy and how to meet one's goals can help a person feel capable, strong, and in control of his or her life. A positive attitude and a healthy lifestyle such as exercising and eating right are a great combination for building good self-esteem. Some people think that they need to change how they look to feel good about themselves. But what a person only needs to do is change the way he/she sees his/her body and how he/she thinks about himself/herself.

Self-esteem is all about how much one feels his worth - and how much he feels other people value him. Self-esteem is important because feeling good about oneself can affect mental health and how he behaves. People with high self-esteem know themselves well. They

are realistic and find friends that like and appreciate them for who they are. People with high self-esteem usually feel more in control of their lives and know their own strengths and weaknesses.

If one has a positive body image, he probably likes and accepts himself the way he is, even if he does not fit some media "ideal." This healthy attitude allows him to explore other aspects of growing up, such as developing good friendships, becoming more independent from parents, and challenging himself physically and mentally. Developing these parts of oneself can help boost one's self-esteem.

In relation to **self-optimism**, given that body image is an important component of global self-esteem, women's body image may shape relationship satisfaction (Willis, Palermo & Burke, 2011). Many factors related to body image in young adults were gathered from across the literature because no one study used or described them all. These factors on body image include: (a) friendship cliques (Paxton, Schultz, Werhern, & Muir, 1999); (b) peer influence on body image concerns (Sechrist & Stangor, 2005); (c) body image and marital satisfaction (sexual frequency), (Meltzer & McNulty, 2010); (d) physical attractiveness (Swami, Airs, Chouhan, Leon, & Towel, 2009); (e) romantic relationships (Boyes, Fletcher, & Latner, 2007; Lease, Cohen, & Dahlbeck, 2007); (f) media influence (i.e., social consensus), (Sechrist & Stangor, 2005; Sobal, 2005); and (g) cultural factors associated with body satisfaction (Roberts, et.al., 2006; Lau, Lum, Chronister, & Forrest, 2006).

According to Meltzer and McNulty (2010), women with more positive body image may be more confident that their partners will continue to accept them and thus be more likely to take emotional risks that are necessary to maintain the relationship. The results of positive body image include, but are not limited to, romantic relationships. Both healthy friendships and family relations can benefit from an individual seeing themselves in a positive light. Depending on how individuals feel about their appearance, involvement and interaction may vary (Miller, 2002). Based on Miller's study, persons with higher self-esteem may have healthier involvement in interpersonal communication.

In terms of **self-outcomes**, there is no more powerful social psychological principle than the fact that our attitudes, beliefs, and behaviors are profoundly influenced by our perceptions of the attitudes, beliefs, and behaviors of those we care about (Sechrist & Stangor, 2005). Noles, et al. (1985), determined that depression is common among individuals who experience body dissatisfaction. According to Cash, Marrow, Hrabosky, and Perry (2004), a negative body image can result in adverse psychosocial consequences for both sexes, including disordered eating, depression, social anxiety, impaired sexual function, poor self-esteem, and diminished quality of life.

Awareness of negative and positive body image and how it relates to impersonal relationships in young adults is critical in establishing and maintaining healthy relationships. This is true in both romantic and platonic relationships. In some way sociocultural pressure to be thin is central to the high prevalence of body dissatisfaction and disordered eating observed among women (Ahern & Hetherington, 2006).

F. The Five Domains of Body Image

The *Dresden Body Image Questionnaire* specifies five domains of body image. While it might not cover all aspects that form part of the umbrella term for body image, it focuses on thoughts, beliefs, and conceptual aspects of body experiences in five different domains namely: self-aggrandizement, body acceptance, physical contact, sex and sexuality and vitality. **Self-aggrandizement** pertains to the measure of how the body is actively used in social interactions to enhance self-esteem. **Body acceptance** refers to how a person accepts or approves his or her body whatever it is and still reflects high self-esteem as manifested in mentoring others to love their bodies, surrounding themselves with others who promote body acceptance and taking care of their health. **Physical contact** refers to the measure of how body contact or physical touch is used as an important aspect of enhancing self-esteem. **Sex and sexuality** refers to the measure of the individual's perceptions of his or her sexual attractiveness and functioning as an important factor for social interaction. **Vitality** refers to an individual's outlook of positivity or vigor as an important factor of social interaction (Po'hlmann, K., Thiel, P., & Joraschky, P., 2008).

G. Influence of some Underlying Factors (Media, Home, Peers, Society)

Many theorists believe that certain images in the **media** have an impact on body image and in turn, promote low self-esteem. Idealized images in the media are recognized as an important external trigger of body dissatisfaction (Mulgrew, Volcevski Kostas, & Rendell, 2013). It has been found that when the media is portraying an ideal body image, it can lead to a body image disturbance in some women as well as implicating the development of eating disorders in some women (Altabe & Thompson, 1996). Women's magazines, probably more than any other form of mass media, have been criticized as being advocates and promoters of the desirability of an unrealistic and dangerously thin ideal (Wolf, 1990). The media does not show heavy women leading normal social lives, and Cash & Prunzinsky (1990) found that slim women are seen as glamorous people living glamorous lives. Media influences and gender differences Females The concept that the mass media can affect the body image and self-esteem of females and women is not a new phenomenon and has been circling ever since celebrities, such a pop stars, have become famous, not for their talents, but for their looks. These looks are then portrayed through the media and they become 'ideals' for the population. Very often, these ideals are unrealistic, and surveys show that over 60% of women are dieting in order to attain a perfect body image (McCabe, et al., 2007).

In terms of **home factors**, parents might indirectly affect how young adolescents view their bodies by affecting their perceptions of self-worth. For example, research suggests that parents who are critical and unsupportive (e.g., who express dissatisfaction with their own, or their children's weight, or tease them about it) can have a negative impact on their children's beliefs about themselves (Helfert and Warschburger 2011; Paxton et al. 2006). These findings are consistent for boys and girls. However, little research has investigated the mediating role of young adolescents' physical appearance and self-worth in the association with parents like the influence mother and father nurturance and body image discrepancy, especially how this might differ for boys and girls.

Peers (friends or colleagues) also might influence body image discrepancy by affecting young adolescents' beliefs about themselves. For example, young adolescents who worry about what others think of them or how they may be treated at school tend to have negative perceptions of themselves (Ata et al. 2007; Clark and Tiggemann 2006). In addition, peer criticism and teasing contribute negatively to young adolescents' beliefs about their physical appearance and are correlated with lower levels of self-worth (Ata et al. 2007; Ricciardelli and McCabe 2001).

Current social representations support a pervasive objectification of women. As a consequence, starting from pre-pubertal age, females begin to engage in self-objectification. No wonder then, that nearly half of teenage report weight concerns and a history of food restriction. The "normative" weight-related dissatisfaction places women at increased risk of eating disorders. Puberty comes along with a series of hormonal and physical changes whose final results are an adult appearance and the ability to reproduce: a "growth spurt" (accelerated skeletal increase followed by slowdown), some increases and / or redistribution of fat and muscle mass, the development of circulatory and respiratory systems (which provide strength and increased resistance), the maturation of secondary sexual characteristics and reproductive organs, and modifications in endocrine systems that regulate and coordinate other pubertal events (Bastiani-Archibald, et al., 2009).

The foregoing theoretical and empirical data lent credibility to the various conceptual processes undertaken in this study as shown in Figure 1 – the research paradigm:

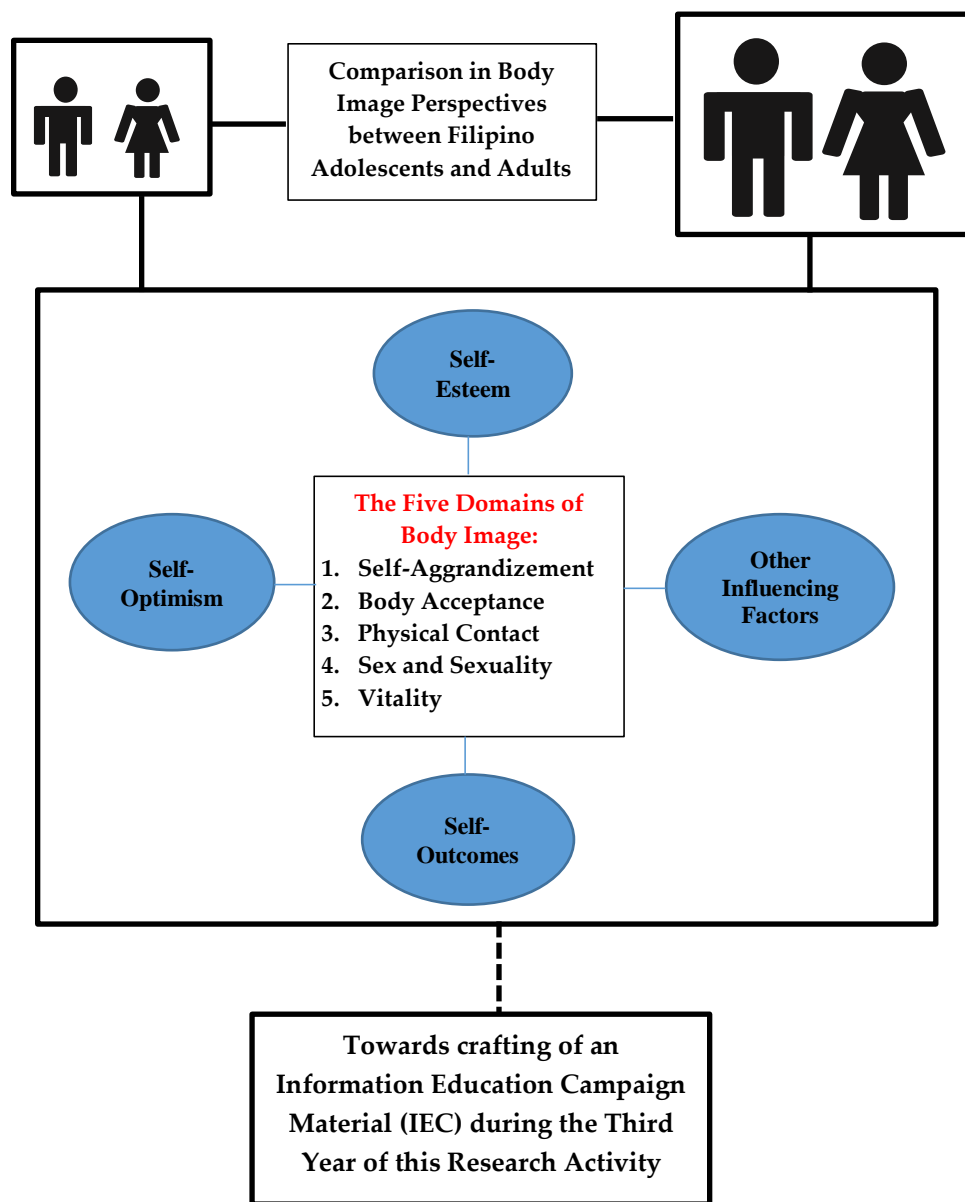


Figure 1. Research Paradigm

Phase 1 of this study determined the adolescents' perspectives on body image in terms of the following domains namely: (a) self-aggrandizement; (b) body acceptance; (c) physical contact; (d) sex and sexuality; and (e) vitality. Phase 2 compared the adolescents and adults' perspectives on body image along the five domains given that the data for the adults had already been gathered in the previous research. Phase 3 described the adolescents' level of self-esteem, self-optimism and self-outcomes. Phase 4 compared the adolescents and adults' level of self-esteem, self-optimism and self-outcomes since data for adults had likewise been gathered previously. Phase 5 correlated the adolescents and adults' perspectives on body image and their self-esteem, self-optimism and self-outcome. Lastly, phase 6 explicated some underlying factors that influence the adolescents' perspectives on body image and compare them with adults' perceptions on body image. It was the ultimate goal of this study to craft a relevant information-education campaign (IEC) material considering the results of the two-fold research during the third year of this three-year research activity.

XI. Scope and Delimitation

This study was focused on the determination of the adolescents' perspectives on body image along the domains of self-aggrandizement, body acceptance, physical contact, sex and sexuality and vitality. As well, it was also interested in drawing significant relationship between body image and their self-esteem, self-optimism and self-outcomes and their perceptions on some underlying factors that influence their perspectives on body image.

The comparison between the adolescents and adults' perspectives on body image relied on the data obtained (for adolescents aged 16-19) and the data obtained previously among adults' worldviews and perspectives on body image. This study was also limited on

the time factor during which this two-part studies were conducted, as well as the data gathering tools used and the techniques utilized to gather the needed data. The recommendations crafted in this study considered the salient findings of this study.

XII. Significance of the Study

International studies show that people, especially the youngsters particularly but not exclusively in the Western world, are very concerned with their body image, and although there is paucity in research in the Filipino context, what little empirical data there might be could very well support, if not complement these international findings. The gendered nature of both national and international research findings is also apparent. Simply put, females wanted to be thinner or slender, while males wanted to be more muscular, and both genders struggle to meet these idealized standards, while their body image suffers from the failure of these attempts. Studies repeatedly stress the serious social and health issues associated with negative body image, such as eating disorders, use of artificial supplements, interpersonal relationship problems, excessive exercise, withdrawal from participation and being subjected to teasing and bullying. In this second year study, an added flavor was put to the fore: How diverse were the perspectives of adolescents and adults? In what aspects did they significantly differ? What uniformities could we find in diversity? These questions were examined in the light of their potential and advantageous impact. Consequently, results in this study were deemed beneficial to the following:

Filipino Adolescents and Adults. Results of this study could provide rich information on how Filipino adolescents and adults' notions of their self-esteem, self-optimism and self-outcomes relate to their worldviews of body image. In so doing, negative notions and misconceptions could be corrected and positive outlooks are formed and developed. The comparisons to be drawn in this study could provide richer avenue to understand each other's' uniqueness and euphemisms thereby increasing the number of people with positive knowledge holders about body image;

National and Local Health Agencies. Results in this study could offer baseline information on how Filipino people perceived body image in relation to their personal and interpersonal relations, their self-esteem and self-outcomes. Such worldviews and perspectives on body image could help them identify measures which the government could undertake to support the development of positive body image like advocating for intake of healthier and nutritious diet, balanced food options, physical and mental balance through appropriate exercise, psycho-social treatment which are predicated on the belief that a healthy people maketh a healthy nation;

The Education Sector. Public advocacy through formal education on positive body image could very well correct misconception and questionable worldviews. As early as primary and intermediate schooling, the education sector could integrate in the curricula the cultivation and maintenance of a healthy and physically fit body and mind. These positive body image might include but not limited to body image checklists in schools, examining the curriculum with reference to body image, body image friendly schools, sports uniform designed in consultation with students, ensuring that students are not weighed or measured in any school context, posters that display a variety of body shapes, sizes and ethnicities, training for staff and teachers in relation to body image and providing relevant information among parents;

The Filipino General Public. Results in this study could very well serve the Filipino populace in general in that they are provided with baseline information about the influence of worldviews on body image in relation to self-esteem, self-optimism and self-outcomes. Filipino families, community organizations and the like can be offered third level education through informal and non-formal education by other public institutions and support agencies through seminars, trainings and other capacitations. Measures could include voluntary industry code of conduct on body image, standardized sizing in the clothes industry or psycho-social help that enhance positive body image among people, especially the youth; and

Future Researchers and Writers. With reference on establishing a more wholesome and positive body image founded on the results of this study, future researchers and writers could very well delve on other important subject matters relating to body image such as the role of media and home, peers and community in inculcating positive body image, sex and sexuality, physical fitness and its role in gaining a balanced neurochemistry, positive psycho-

social and physiological relation, use of positive body-building supplements which are totally drug-free, etc.

XIII. Definition of Terms

For better understanding of this study, the following terms were defined both conceptually and operationally:

Body image has been used to describe a variety of body-related phenomena, including perceptions, cognitions, affects, and awareness with regard to the body. Unlike the term seems to suggest, not only the way we evaluate our appearance is part of our body image, but also our attitude towards bodily experiences in interaction with others, sense of body ownership and our evaluation of our body in terms of functionality and vitality. Aspects of body image have impact on psychosocial functioning and its disturbances are associated with poorer psychological adjustment in non-clinical samples (Cash, 2004), thus, in this study body image is evaluated in terms of *self-aggrandizement*, *body acceptance*, *physical contact*, *sex and sexuality* and *vitality*. The **Dresden Body Image Questionnaire** (DBIQ) is a 35-item scale with positively and negatively worded items (reversely coded) that consists of five subscales: body acceptance (e.g., "I wish I had a different body"), vitality (e.g., "I am physically fit"), physical contact (e.g., "I do not like people touching me"), sexual fulfillment (e.g., "I am very satisfied with my sexuality"), and self-aggrandizement (e.g., "I use my body to attract attention") (Po'hlmann, Roth, Brahler, & Joraschky, 2014; Po'hlmann, Thiel, & Joraschky, 2008). In this study, the modified Dresden Body Image Questionnaire (DBIQ) does not cover all aspects that form part of the umbrella term for body image, but focuses on thoughts, beliefs, and conceptual aspects of body experiences in five different domains namely: self-aggrandizement, body acceptance, physical contact, sex and sexuality and vitality. **Self-aggrandizement** pertains to the measure of how the body is actively used in social interactions to enhance self-esteem. **Body acceptance** refers to how a person accepts or approves his or her body whatever it is and still reflects high self-esteem as manifested in mentoring others to love their bodies, surrounding themselves with others who promote body acceptance and taking care of their health. **Physical contact** refers to the measure of how body contact or physical touch is used as an important aspect of enhancing self-esteem. **Sex and sexuality** refers to the measure of the individual's perceptions of his or her sexual attractiveness and functioning as an important factor for social interaction. **Vitality** refers to an individual's outlook of positivity or vigor as an important factor of social interaction (Po'hlmann, K., Thiel, P., & Joraschky, P., 2008);

Self-Esteem is a construct grounded primarily in self-worth theory. Self-worth theory suggested that all individuals had a motivational "tendency to establish and maintain a positive self-image, or sense of self-worth. It highlighted seven primary features of self-esteem such as organized, multifaceted, hierarchical, stable, developmental, evaluative and differentiable. It was believed that domain-specific self-esteem perceptions (e.g. Academic, physical, social) were organized in a hierarchical structure with the general omnibus self-esteem at the apex of the hierarchy. Since children spend a significant portion of their lives, being evaluated in the school classrooms, Self-Worth theory postulated that a key to developing and maintaining self-worth was to develop and maintain a positive self-esteem. In this study, **Self-esteem** refers to a person's perceptual image of himself/herself. This is measured using Rosenberg's Self-Esteem Scale;

Self-Optimism is a concept that refers to a person's overall positive evaluation of himself. It is an appraisal of one's own worth. It is the opinion one has about himself especially about future activities. In this study, self-optimism is measured using the Self-Optimism Scale of Scheier, Carver, and Bridges (1994); and

Self-Outcome refers to the individual's perspectives or outlooks of himself or herself in relation to symptom distress, role functioning and interpersonal relationship. It is how an individual sees himself as a result of distress, functions and social relations. In this study, the Self-Outcome Questionnaire (OQ-45) is a 45-item scale measuring three domains of psychological well-being: subjective discomfort ("I feel no interest in things"), interpersonal relations ("I am satisfied with my relationships with others"), and social role performance ("I feel that I am doing well at work/school") (Lambert, Burlingame, Umphress, Hansen, Vermeersch, & Clouse, 1996). **Symptom Distress** refers to the degree of discomfort from some specific symptoms being experienced by an individual. **Social role functioning** refers to how

an individual dispenses or performs his or her roles whether positively or negatively in a particular social responsibility setting. *Interpersonal relationship* refers to the degree of bond between two or more people bringing them close to each other and eventually results to good bonding (Lambert, Burlingame, Umphress, Hansen, Vermeersch, & Clouse, 1996).

XIV. Related Literature and Studies

A. On Body Image and Self-Esteem

Self-esteem is all about how much one feels his worth - and how much he feels other people value him. Self-esteem is important because feeling good about oneself can affect mental health and how he behaves. People with high self-esteem know themselves well. They are realistic and find friends that like and appreciate them for who they are. People with high self-esteem usually feel more in control of their lives and know their own strengths and weaknesses.

On the other hand, body image is how one views his physical self - including whether one feels that he is attractive and whether others like his looks. For many people, especially people in their early teens, body image can be closely linked to self-esteem. Some people struggle with their self-esteem and body image when they begin puberty because it is a time when the body goes through many changes. These changes, combined with wanting to feel accepted by our friends, means it can be tempting to compare ourselves with others. The trouble with that is, not everyone grows or develops at the same time or in the same way.

If one has a positive body image, he probably likes and accepts himself the way he is, even if he does not fit some media "ideal." This healthy attitude allows him to explore other aspects of growing up, such as developing good friendships, becoming more independent from parents, and challenging himself physically and mentally. Developing these parts of oneself can help boost one's self-esteem.

A recent meta-analysis of self-esteem studies, most conducted in Western industrialized nations has confirmed that women's self-esteem is moderately, but significantly lower than men's; moreover the average gender difference is greatest during middle adolescence, peaking at around 16 years of age (Kling, Hyde, Showers, & Buswell, 1999). This is reinforced by a recent self-esteem growth-curve analysis, which modeled developmental patterns over seven years both between and within adolescents in a metropolitan area of the Midwestern US (Baldwin & Hoffmann, 2002). Controlling for family cohesion and stressful life events, this analysis showed a pronounced and progressive drop in females' self-esteem from 12 to 17 years of age. In contrast, males' self-esteem was much more stable, showing only a slight and short-lived decline from 14 to 16 years. Thus, comparatively, Western teenage females appear to suffer from falling self-esteem.

Factors abound that may affect females' self-esteem, but there are good reasons to propose that changes in body image may be crucial for understanding this trend. Body image is central to adolescent females' self-definition, because they have been socialized to believe that appearance is an important basis for self-evaluation and for evaluation by others (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Perceptions of appearance and self-worth are inextricably linked, such that perceived appearance consistently emerges as the strongest single predictor of self-esteem among both male and female adolescents. The link is remarkably strong and robust, with an average correlation of .65 in the US and .62 in other countries (Harter, 1999). However, this close association between body image and self-esteem is especially problematic for females growing up in the context of developed mass consumer societies (Becker, Burwell, Herzog, Hamburg, & Gilman, 2002). The media-magazines, TV, films, advertising, music videos-not only emphasize that female self-worth should be based on appearance, but present a powerful cultural ideal of female beauty that is becoming increasingly unattainable (Richins, 1991). For example, a recent content analysis of TV sit-coms found that 76% of female characters were below average weight (Fouts & Burggraf, 2000). The body size of women in the media is often more than 20% underweight (Spitzer, Henderson, & Zivian, 1999) Airbrushing, digital alteration, and cosmetic surgery further increase the unrealistic nature of media images of women as standards for self-evaluation (Thompson et al., 1999).

These issues are of particular concern during adolescence, not only because adolescence is an important period for forming views about oneself and sociocultural ideals, but also because the onset of puberty entails bodily changes (such as greater adipose deposits, and acne) that, on average, move females further away from societal standards of female beauty. Thus, it comes as no great surprise that adolescent females - unlike males, who are not subjected to such unrealistic ideals - show a marked decline in perceptions of their physical attractiveness from about 11 years onward (Harter, 1999). Notably, self-esteem shows a very similar pattern, declining substantially among females between the ages of 12 and 17 (Baldwin & Hoffmann, 2002). However, to understand better the causes of these age trends, it is important to study their underlying social psychological mechanisms.

Harrison (2001) found that exposure to thin-ideal TV was associated with a rise in eating disorder symptoms in adolescent females; this effect was partially mediated through increasing perceived discrepancies between actual and ideal body shape. Stice, Schupak-Neuberg, Shaw, and Stein (1994) found that, among young college women, greater media exposure was linked directly with more eating disorder symptoms and indirectly, through stronger internalization of the ideal-body stereotype - with greater body dissatisfaction. These findings suggest that women's internalization of socio-cultural standards of female beauty is an important factor mediating the association between media exposure and body dissatisfaction. It is important to draw a distinction between simply being aware of cultural standards of female beauty, and internalizing them as a personal belief system. Awareness of these ideals may be particularly important to study in younger females, as it is likely to be a precursor to internalization. Heinberg, Thompson, and Stormer (1995) developed the sociocultural attitudes toward appearance questionnaire (SATAQ), a measure of the degree to which individuals are aware of, and internalize, societal norms regarding beauty and body size. Awareness and internalization of these norms appear to be good predictors of subsequent body satisfaction. Although most individuals express awareness of these societal norms, not all internalize them; internalization predicts body dissatisfaction better than does awareness (Cusumano & Thompson, 1997; Halliwell & Dittmar, 2004).

B. On Body Image and Self-Optimism

According to Meltzer and McNulty (2010), women with more positive body image may be more confident that their partners will continue to accept them and thus be more likely to take emotional risks that are necessary to maintain the relationship. The results of positive body image include, but are not limited to, romantic relationships. Both healthy friendships and family relations can benefit from an individual seeing themselves in a positive light. Depending on how individuals feel about their appearance, involvement and interaction may vary (Miller, 2002). Based on Miller's study, persons with higher self-esteem may have healthier involvement in interpersonal communication.

Individual factors associated theoretically and empirically with poor body image and dieting behaviors include high body mass index (BMI), low self-esteem, and perceived family conflict. Ahern and Hetherington (2006) used the Implicit Association Test (IAT) to reveal strong cognitive bias toward fat as negative. To add, one study reported that 84% of obesity surgery patients did not like to be seen in public. These findings would increase societal pressure to be thin.

C. Body Image and Self-Outcomes

1. Body Image and Psychological Implication (Symptom Distress)

There is no more powerful social psychological principle than the fact that our attitudes, beliefs, and behaviors are profoundly influenced by our perceptions of the attitudes, beliefs, and behaviors of those we care about (Sechrist & Stangor, 2005). Noles, et al. (1985), determined that depression is common among individuals who experience body dissatisfaction. According to Cash, Marrow, Hrabosky, and Perry (2004), a negative body image can result in adverse psychosocial consequences for both sexes, including disordered eating, depression, social anxiety, impaired sexual function, poor self-esteem, and diminished quality of life.

In one study, a multivariate and univariate analyses of variance indicated that depressed subjects were less satisfied with their bodies and saw themselves as less attractive

than was reported by non-depressed subjects, Boyes, et al. (2007) also found that the growing evidence that issues associated with dieting and body image, often conceptualized in the clinical literature are problems at the intra-psychological level. In recent research by Lau, et al. (2006), it was emphasized that physical dysfunction and psychological disturbances, such as self-depreciation, that tend to accompany depression suggest that individuals who are depressed may feel less satisfied with their bodies than non-depressed individuals. Inversely, successful intimate relationships may provide women with a psychological buffer against societal pressures to attain a slim appearance (Boyes, et al., 2007).

Eight million individuals in the United States suffer from an eating disorder as a result of negative body image. Negative body image can have an adverse impact on every day outcomes ranging from proper health care and eating disorders to the sustainability of a marital relationship. In part, sociocultural pressure to be thin is central to the high prevalence of body dissatisfaction and disordered eating observed among women (Ahern & Hetherington, 2006). In sum, research in the area of body image has revealed how media has an influence on the way in which an individual sees his or her self. This impact is observed cross culturally. For each ethnicity there is an ideal body image deemed beautiful. (Cash, et al., 2004; Roberts, et al., 2006).

Awareness of negative and positive body image and how it relates to impersonal relationships in young adults is critical in establishing and maintaining healthy relationships. This is true in both romantic and platonic relationships. In some way sociocultural pressure to be thin is central to the high prevalence of body dissatisfaction and disordered eating observed among women (Ahern & Hetherington, 2006). The strength of knowledge based on body image includes the consideration of several ethnicities, including: Asian, Caucasian, and African American individuals.

Apart from the interpersonal relationships, small group settings were also examined which increases the validity of the findings. In terms of methodology, various measurements were used to determine level of body image such as: Self-Perceived Body Image Scale, the Implicit Association Test (IAT), and the Body Esteem Scale (BES). Moreover, there were an adequate number of cohorts measured to determine body satisfaction (face, hair, muscle tone, lower torso, upper torso, overall appearance, etc.). Socio-economic status was a consideration for why some individuals suffer from poor body image; this was relevant considering the connection to contentment and finances. Most noticeable in the literature were the gaps between the ages of participants used in the study. For example, adolescence and young adults were included, but middle-aged and older individuals were not accounted for. To date, same-sex relationships have only received moderate research attention in relation to body image. In some studies, self-report scales raised doubts regarding the legitimacy of their measurements. Other studies used a small sample size due to budget limitations, and limits of the subject pool of particular minorities.

2. Body Image and Interpersonal Style (Relation)

Interpersonal style is defined as the behavioral tendencies and personality patterns that the individual exhibits in his/her interpersonal relations (Buss & Craik, 1983). It refers to the basic behavioral tendency of the individual in interpersonal relations in general and a variety of situations rather than the behavior in a specific situation (Karsli, 2008). In the literature, interpersonal style has been evaluated in different dimensions. For example, Sahin, Durak, & Yasak (1994) detail interpersonal styles as contemptuous, open, self-centered, and respectful. Another study has classified it as angry style, avoiding style, sarcastic style, insensitive style, manipulative style and dominant style (Sahin, Batigun-Durak, Koc, 2011). Psychological symptoms are classified as; depression, negative self, anxiety, somatization, and hostility (Sahin & Durak, 1994).

Depression is the tendency to react too much emotionally (Hughes & Gullone, 2011). These emotional reactions include symptoms and behaviors such as loneliness, pessimism, suicidal tendency, negative emotions about the self, grief, unhappiness, loss of interest and indecisiveness. Negative self includes symptoms such as; feelings of guilt and shame as a result of worthless and unimportant self- image, and feeling small and insufficient when compared self with others (Duzgun, 2003).

Anxiety is defined as an emotion that includes one or more of the excitements of the individual, such as sadness, distress, fear, feeling of failure, incapability, and being judged

(Cuceloglu, 2005).). Somatization involves physiological symptoms of the body such as numbness, nausea, chest pain, fainting, shortness of breath, and abdominal pain. Hostility includes symptoms such as losing temper, anger, insecurity, injuring, beating or harming someone and nervousness (Duzgun, 2003). These subfields, which are defined as psychological symptoms, are considered as a major concept as psychological symptom in this study.

Predictors of psychological symptoms have been studied in many different disciplines and studies in the past. In this study, the evaluation of the relation between psychological symptoms and body image is one of the basic aims of the study. Body image is defined as the form the individual perceives the body. When body image is referred to, the affective dimension, as well as the cognitive, dimension to the individual's body is meant. The cognitive dimension of body image comprises the experiences, the perceptions, and the thoughts of the individual about the body. The affective dimension of body image includes elements such as whether the individual is happy with the body, likes or dislikes, accepts, and is satisfied or not (Bektas, 2004).

Body image is classified as positive or negative (Arslangiray, 2013). Positive body image is individual's positively defining and accepting self (Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). Negative body image is a state of anxiety composed of negative emotions and thoughts against one's body (Dogan, 2010). Vinuesa (1995) reported that there was a positive relationship between body image dissatisfaction and obedient and dependent interpersonal relationship styles and negative relationship between body image satisfaction and social-evaluative anxiety and fear of romantic intimacy, in both male and female samples (Cash, Thériault, & Annis, 2004). In a longitudinal study, a negative relationship between body image dissatisfaction and social-evaluative anxiety was reported (Carlson, 2004). It is noteworthy that the studies related to the relationship between body image and psychological symptoms have been performed mostly in female samples. This may be due to socio-cultural expectations regarding female body images (Rieves & Cash, 1996; Polivy, & Herman, 2004). Studies in the female sample emphasized that dissatisfaction with body image significantly increases the likelihood of depressive symptoms (Pines, 2014; Swierkosz, 2005; Manaf, Saravanan, & Zuhrah, 2016). On the other hand, there are also studies showing that there was a positive relationship between body image dissatisfaction and increasing depressive symptoms in both male and female samples (Iqbal, Shahnawaz, & Alam, 2006); Habib, Habib, Mehraj, 2016). In two studies conducted with 13-year-old children, positive associations between body image dissatisfaction and depressive symptoms had been found, similar to the findings of studies performed in the adult sample (Kim, Choi, & Ahn, 2016; Almeida, Severo, Araújo, Lopes, & Ramos, 2012).

Body image is an interdisciplinary study, important and a contemporary issue. The individuals involved in these studies are in the emerging adulthood period (Atak, 2005). There are some developmental tasks expected from the individuals in this period (Erikson, 1968). For example, it is expected that individuals in this period should make an identity discovery in the field of love, profession, and world view. In addition, the individuals in this period tend to initiate romantic relations to avoid loneliness and isolation, and to acquire an identity (Eryilmaz, Kara, & Altinsoy, 2016). As a result, identity discovery in this period plays an important role in the progress of individuals in the field of emotional, social, psychological and cognitive development.

On the other hand, in a study on the individuals in this period, college students were found to have quit the struggles for their goals as their tendency of shyness increased; another study on the same period has shown that university students experience more shyness with increasing social appearance concerns (Kara, 2016). As seen, there are some psychological factors that influence the process of identity discovery of the individuals in this period. One of these is body image. Body image is a dynamic and mental construct (Moe, 1999). This construct does not only refer to the external appearance of the individual, but also includes psychological experiences (Cash, 2004). Body image is influential on individuals' life functions, interpersonal relationships, self-perceptions, emotional patterns (Dokmen, 2004). Body image is also closely related to mental health (Dokmen, 2009). When relevant literature is searched, it is seen that the studies on body image are mostly carried out in the clinical sample. Although there have been some studies on young adults, it seems that there is no

study revealing the relationship between body image, psychological symptom level and interpersonal style.

Lastly, findings revealed in the study of Altinok and Kara (2017) revealed that the relationship between body image and interpersonal style was fully mediated by psychological symptom level, whereas the relationship between body image and psychological symptom level was partially mediated by interpersonal style. This study concluded that body image is an important factor in college youth mental health.

D. Worldviews and Perspectives on Body Image: Some Influencing Factors

Body surveillance has been described as constantly monitoring yourself in terms of viewing one's body from an outsider's perspective. Body surveillance can then result in body dissatisfaction by contributing to the realization of a discrepancy between one's own body and an internalized body ideal. In western cultures it has been shown that women report higher levels of body objectification, than men, and that women learn to internalize an observer's perspective of their bodies more so than men. Radford (2007) completed a scientific review of Mental Health practice which expressed the idea of American women's mental health being constantly affected by the media. Radford claimed that most women are involved in a physically and psychologically damaging battle with their weight and inability to live up to social ideals. This allegedly led most women to eating disorders, body dissatisfaction, and low self-esteem.

Stephen and Perera (2014) conducted a study whereby 30 female Malaysian and Chinese participants aged between 18 and 23 were recruited from the University of Nottingham Malaysia Campus. Results indicated that participants preferred a lower weight for attractiveness than for health. Furthermore, women's but not men's preferred BMI (Body mass index) for attractiveness, but not health, was influenced by the type of media images to which they were exposed, suggesting that short term exposure to model images affect women's perceptions of attractiveness but not health.

Similar results can be seen in a study completed by Champion and Furnham (1999). Results revealed that many participants believed themselves to be slightly overweight or obese, when in fact only 32% of them could actually be defined as thin according to health statistics. Furthermore 54.1 % of all females wished to have a thinner body shape and 53.8% even wished for a body shape thinner than that which they perceived as normal.

Additionally, age seemed to play a huge factor on overall body satisfaction. It was found that the older group of females expressed more dissatisfaction with their weight, more dissatisfaction with various body parts and more dissatisfaction with their general body image, than females from the youngest age group. In relation to this, Krahe and Krause (2010) examined the influence of thin and normal weight models. Results revealed that women who saw advertisements depicting thin models were more likely to choose the diet variant of a snack than women who saw the same advertisements in which the original model's image was manipulated to be of normal size. In addition, about 64% of participants in the thin model condition, but only 28% of participants in the normal model condition, chose the diet snack over the normal snack.

It was clear from the research such as those conducted by Stephen and Perera (2014) that body dissatisfaction is prominent in females aged between 18 and 23. All three of the studies mentioned ranging from 1999 to 2014, found that females preferred a slimmer figure to what they have themselves, were conscious of their weight and or believed that their own weight was above what the healthy norm should be. Maynard (2009) investigated the influence of the mass media on self-esteem and body image in both males and females, aged between 18 and 25. The media has been found to be the most powerful conveyor of socio-cultural values regarding body ideals, size and weight, which has been linked to body dissatisfaction and in turn, related to other health concerns such as depression, low self-esteem and eating disorders. The analysis revealed that males have lower body image than females, but there was no relationship between media usage and body image or self-esteem. It was also revealed, contrary to assumption, that there was a negative relationship between self-esteem and body image, for both males and females.

There have been considerable fewer studies on the effects that the media may have on males. The predominant focus of the research between negative self-images and media has been on women. Research has shown that women who were exposed to thin "ideal" media

representations had decreased self-esteem (Smith, 2000) and body satisfaction (Champion & Furnham, 1999) compared to those women who were not exposed to the same ideal images. Although, there has been less of an interest in how the mass media can have negative effects on men, the idea has increased in the past three decades. Dunn, Barnes and Gokee (2011) investigated men's body image and eating disorders in comparison to women's. The results showed that participants believed that men can have just as low body image as women, if not less, but that some stereotypes still exist in regard to only women having body image issues. Furthermore, studies such as Leit, et al. (2001) suggested how the media could affect these results in men. This study measured the reported muscle size of centerfolds of Playgirl magazine and found that the male models depicted in these magazines have been steadily increasing in muscularity in recent years. Some research has shown that males who feel pressure from the mass media have decreased self-esteem (Muris, Meesters, Van De Blom, 2005) and decreased body satisfaction (Agliata & Tantleff-Dunn, 2004). Cafri, Strauss and Thompson (2002) reported that in their study, on average, males desired an additional 14.96 pounds of muscle mass. Muscularity dissatisfaction in turn was associated with lower life satisfaction, and lower self-esteem. Similar results were seen in a study by Barlett and Vowels (2008). Findings revealed that exposure to the media was significantly related to males aged 12 to 23 feeling worse about their own bodies. Results from the two studies suggested that as men felt pressure from the mass media, they felt worse about their bodies. In contrast with this, there are studies that demonstrate opposite results. McCabe and Ricciardelli (2003) found that the pressure from the mass media was negatively correlated with strategies to increase muscles, suggesting that the number of hours spent exposed to the mass media did not make males want to increase their muscles. Supporting McCabe & Ricciardelli (2003), very similar results were seen in a study done by Sanne (2012). Findings revealed that there was no difference in overall body self-esteem as measured by the body esteem scale (Franzoi & Shields, 1984). Additionally, a study conducted by Mulgrew, et al. (2013) further portrayed that men are not as influenced by the media as women.

On media and peer factors, Clark and Tiggeman (2006) conducted a study which examined the combined influence of media and peer factors. Findings revealed that the females' exposure to appearance-focused media was not directly related to their body dissatisfaction, but was indirectly related via their conversations about appearance amongst peers. Although most studies prove that many females express a desire to be thinner or are at least somewhat influenced by model images, as seen in Stephen and Perera (2014) and Clark and Tiggeman (2006), results showed that females aged between 9 and 12 were more so influenced by peer conversations than exposure to TV or Magazines, suggesting that teenagers and young adult women could possibly be more influenced by the media than prepubescent children.

Similar results were seen in previous studies such as Champion and Furnham (1999) whose results revealed that participants from older age group were more affected by the media, than the participants from the younger age group. Meanwhile, Bevelander (2013) looked at eating habits in young people in America. Findings revealed that those who had low self-esteem were more affected by the eating habits of peers. Youngsters conform to the amount of palatable food eaten by peers through social media interaction. Those with low body image or low self-esteem were more at risk to peer influences on food intake.

On the aspect of **community or societal pressures**, a study with adolescent participants was completed in a Canadian school during the same year (Spurr, Berry & Walker, 2013). Results from focus group discussions yielded common themes that included the negative impact of media on adolescent body image and pressure to conform to the Western views of physical appearance.

E. Synthesis

The review of related literature and studies in this chapter strengthened the theoretical as well as empirical foundations of the study in that they: (a) delved on the understanding of the physical self among adolescents in relation to the psychological self; (b) explicated awareness on how perspectives are influenced by other people; (c) explained the important roles of some agents like peers, media, community and societal perceptions about what constitutes the ideal image; and (d) described the perceptions and perspectives of young and old regardless of gender relative to body image. However, the current study was unique

in that: (1) it was interested in knowing the influence of perceptions on body image with the adolescents’ self-esteem, self-optimism and self-outcomes; (2) it sought to further broaden the understanding of body image among adolescents (3) it compared the perspectives of adolescents and adults on body image and its influence to self-esteem, self-optimism and self-outcomes; and (4) it offered robust recommendations on how to achieve or attain positive body image to combat psychological distress, negative social role functioning and undesirable interpersonal relation among adolescents.

XV. Research Methodology

A. Research Design

This study utilized the descriptive-correlational-comparative research designs using the technique of survey checklist to determine the adolescents’ perspectives on body image and its relation to their self-esteem, self-optimism and self-outcomes. The comparative design compared the adolescents and adults’ perspectives on body image along five domains namely: self-aggrandizement; body acceptance; physical contact; sex and sexuality; and vitality. Lastly, the correlational design established correlation between the adolescents and adults’ perspectives on body image and their levels of self-esteem, self-optimism and self-outcome.

B. Research Locale and Respondents

To gather a considerable number of adolescents who were aged at least 16 to 19 years old, the study considered those Senior High School students enrolled during the school year 2019-2020. Records from the University Registrar yielded 854 Grade 11 and 886 Grade 12 students for a total sampling of 1,740 students. Using the Slovin’s formula and a sampling error of 5%, a total of 325.2 students was obtained. During the final floating and retrieval of the instrument, the total number of student-respondents were 347. Thus, it became the total number of adolescent-respondents. In addition, since the first research considered the graduate school students in Saint Mary’s University, this study also considered those enrolled in the same school. Said students were from the various municipalities of the provinces of Nueva Vizcaya, Ifugao, Quirino, Isabela and others.

Table 1 presents the profile of the adolescents. About 29.3% were males and 70.7% were female-adolescents. The youngest was aged 16 while the oldest was aged 19. The mean age was 17.05. About 20.8% were aged 16 years old, 55% were aged 17 years old, 22.5% were 18 years old and 1.7% were 19 years old. In terms of grade level assignation, 44.9% were from grade 11 while 55.1% were from grade 12.

Table 1. Profile of Adolescent-Respondents

Descriptives (N=347)			
Profile	Cluster	Frequency	Percent
Sex	Male	102	29.3
	Female	245	70.7
	Total	347	100.0
Age	16 years old	72	20.8
	17 years old	191	55.0
	18 years old	78	22.5
	19 years old	6	1.7
	Total	347	100.0
	Youngest – 16; Oldest – 19; Mean Age – 17.05; SD - .70724		
Grade Level Assignation	Grade 11	156	44.9
	Grade 12	191	55.1
	Total	347	100.0

For comparison purposes in this second year research as shown on Table 2, about 54.7% comprised adolescent-respondents while 45.3% were adult respondents. All in all, about 31.9% were males while 68.1% were female respondents. The youngest was 16 while the oldest was 49 years old. About 54.7% were aged 16 to 19 years old, who in this case were considered adolescents while adults comprised 45.3% whose ages ranged from 21 and above.

Table 2. Profile of Adolescent and Adult Respondents

Descriptives (N=634)			
Profile	Cluster	Frequency	Percent
Respondents' Type	Adolescents	347	54.7
	Adults	287	45.3
	Total	634	100.0
Sex	Male	202	31.9
	Female	432	68.1
	Total	634	100.0
Age	16-19 years old	347	54.7
	From 21 and above	287	45.3
	Total	634	100.0
	Youngest 16; Oldest – 49; Mean Age – 22.4; SD - 7.31297		
Sources of Data	Grade 11	156	24.6
	Grade 12	191	30.1
	Graduate School	287	45.3
	Total	634	100.0

C. Research Instruments

To gather the needed data, this study utilized the same data gathering tools, floated in the previous study. The items were age-appropriate to the adolescent-respondents because the item-indicators were written in simple and understandable language. For better understanding, the guided survey technique was utilized under the guidance of their social science teachers.

1. *The Dresden Body Image Questionnaire* (DBIQ). It is a 35-item scale that consists of five subscales: self-aggrandizement (e.g., “I use my body to attract attention”), body acceptance (e.g., “I am satisfied with my body”), physical contact (e.g., “I like people touching me”), sex and sexuality (e.g., “I am satisfied with my sexuality”) and vitality (e.g., “I am physically fit”). In a German non-clinical sample of 418, the Cronbach’s α for the subscales were: self-aggrandizement = .81; body acceptance = .93; physical contact = .83; sex and sexuality = .91; and vitality = .94 (Po’hlmann, Roth, Brahler, & Joraschky, 2014; Po’hlmann, Thiel, & Joraschky, 2008); previous studies on this subject had comprised both groups of young adolescents, early adults and middle adulthoods;
2. *The Rosenberg Self-Esteem Survey*. This survey is a brief 10-item measure of general self-esteem that evaluates one’s overall feelings of self-worth using a 4-point scale (1 = strongly disagree, 4 = strongly agree), higher scores reflecting higher self-esteem. The validity and reliability of the Dutch version in the study of Franck, de Raedt, Barbez and Rosseel (2008) were satisfactory. The internal consistency in the study of Scheffers, et al. (2017) was .87;
3. *The Self-Optimism Survey*. This survey measures the teachers’ general favorable view of the future. This is measured using the Self-Optimism Scale of Scheier, Carver and Bridges (1994). It has six items which is measured in a four-point scale;
4. *Self-Outcomes Questionnaire*. It is a 42-item survey (Lambert, et al., 1996) measuring three domains of psychological well-being namely: subjective discomfort (“I feel no interest in things”), interpersonal relations (“I am satisfied with my relationships with others”), and social role performance (“I feel that I am doing well at work/school”). The OQ has an original 45 items (3 fillers – removed in the present study) is rated on a 4-point Likert scale. In a non-clinical group, Cronbach’s α was .93 for the original total scale and .92 in the Dutch version (de Jong, Nugter, Polak, Wagenborg, Spinhoven, & Heiser, 2007). Cronbach’s α in the study of Scheffers, et al. (2017) was .90. The self-esteem, self-optimism and self-outcomes surveys are being used as a general survey for all non-clinical cases relating to self-esteem, optimism and self-outcomes; and
5. *Open-ended Questions*. This is a set of questions to solicit experiential accounts from the adolescents regarding some factors that influence their perspectives on body image.

D. Data Gathering Procedures

To gather the relevant data, this study followed strictly the following data gathering procedures: (a) finalization of the proposal paper and data gathering tools based on the comments and suggestions of the examining panel; (b) identification of the target adolescent-respondents from Senior High School; (c) the survey tool sought consent from parents since not all of the students were 18 years old and above; (d) permission was also sought from the school principal to float the surveys; (e) once approved, the research instruments was administered per class with the help of the social science teachers; and (f) a three-week window was given for the retrieval of the surveys to allow the adolescents convenient time to respond. By March, the surveys were retrieved then collated. The raw data was treated using the SPSS software.

E. Treatment of Data

To treat the gathered data, the following tools and techniques were used:

- 1. To determine the adolescents’ perspectives on body image along the five domains, computation of means and standard deviations was done; to identify the appropriate qualitative descriptions, legend on Table 1 was used:

Table 1. Responses, Mean Score Scale and Qualitative Descriptions

Responses	Mean Score Scale	Qualitative Description	Interpretation
Strongly Untrue of Me (SUM)	1.00=1.49	Used at a Very Little Extent	Condition surrounding the item has negligible influence on body image perception
Untrue of Me (UM)	1.50-2.49	Used at a Little Extent	Condition surrounding the item has slight influence on body image perception
True of Me (TM)	2.50-3.49	Used at a Moderate Extent	Condition surrounding the item has modest influence on body image perception
Strongly True of Me (STM)	3.50-4.00	Used at a Great Extent	Condition surrounding the item has immense influence on body image perception

- 2. To compare the adolescents’ perspectives on body image with that of the adults, the non-parametric tool using the Mann-Whitney U Test was used due to the non-normality in the distribution of the respondents’ perceptions of the dependent variables;
- 3. To describe the adolescents’ level of self-esteem, self-optimism and self-outcomes, computation of means and standard deviations was used; to determine the appropriate qualitative descriptions, Table 2 was used;

Table 2. Responses, Mean Score Scale and Qualitative Descriptions

Responses	Mean Score Scale	Qualitative Descriptions	Interpretation
Strongly Untrue of Me (SUM)	1.00=1.49	Low	Have little positive self-esteem, self, optimism and self-outcomes
Untrue of Me (UM)	1.50-2.49	Moderate	Have modest positive self-esteem, self, optimism and self-outcomes
True of Me (TM)	2.50-3.49	Great	Have immense positive self-esteem, self, optimism and self-outcomes
Strongly True of Me (STM)	3.50-4.00	Very Great	Have very enormous positive self-esteem, self, optimism and self-outcomes

- 4. To compare the adolescents and adults’ level of self-esteem, self-optimism and self-outcomes, the non-parametric tool using the Mann-Whitney U Test was used due to the non-normality in the distribution of the respondents’ perceptions of the dependent variables;

- 5. To correlate the adolescents’ perspectives on body image and its influence on their self-esteem, self-optimism and self-outcome, the non-parametric tool using Spearman Rho Test was used due to the non-normality in the distribution of the respondents’ perceptions of the dependent variables; and
- 6. To explicate some underlying factors that influence the adolescents’ perspectives on body image, ranking and computation of mean ranks of some contributing factors was done to determine the top-three most significant factors. Then it was compared with that of the adults’ perspectives.

XVI. Results and Discussions

A. Section 1. Adolescents’ Perspectives on Body Image along the Five Domains

1. Self-Aggrandizement

The domain of self-aggrandizement pertains to the measure of how the body is actively used in social interactions that influences an individual’s worldviews and perspectives on body image (Po’hlmann, et al., 2008). Table 5 shows the adolescents’ experiences on the influence of self-aggrandizement on their perspectives on body image.

Table 5. Influence of Self-Aggrandizement on the Perspectives on Body Image among Adolescents

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. I move gracefully.	2.47	.70196	Untrue/little used
2. Other people find me attractive.	2.38	.82858	Untrue/little used
3. I find it pleasant when someone looks at me attentively.	2.40	.78923	Untrue/little used
4. I feel more valued when someone pays attention to my body.	2.19	.77803	Untrue/little used
5. My body is expressive.	2.27	.79390	Untrue/little used
6. I use my body to attract attention.	1.74	.72162	Untrue/little used
7. I put great attention on my body.	2.44	.81450	Untrue/little used
8. I like to be the center of attention.	1.80	.78143	Untrue/little used
Self-Aggrandizement	2.21	.49651	Has mod. influence

Legend: 1.00-1.49-Strongly Untrue/Used very little (Has low influence on worldview about body image); 1.50-2.49- Untrue/little used (has moderate influence); 2.50-3.49- True/greatly used (has great influence); and 3.50-4.00-Strongly true/Very greatly used (has very great influence)

Apparently, the adolescents rated all items as untrue of them or have little used by them. It was clear that relative to this domain, self-aggrandizement minimally influenced their perspectives on body image. This indicated that adolescents marginally used their body in social interaction to enhance their self-esteem (Po’hlmann, Roth, Brahler, & Joraschky, 2014).

2. Body Acceptance

The domain of body acceptance refers to how a person accepts or approves his or her body and reflect high self-esteem as manifested in mentoring others to love their bodies, surrounding themselves with others who promote body acceptance and taking care of their health (Po’hlmann, et al., 2008). Table 6 shows the results of the adolescents’ experiences on the influence of body acceptance as an important contributing factor to their perspectives on body image.

Table 6. Influence of Body Acceptance on the Perspectives on Body Image among Adolescents

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. There are lots of situations in which I feel happy about my body.	2.85	.73615	True/greatly used
2. I like my body.	2.92	.76138	True/greatly used
3. I choose clothing that I am comfortable with	3.63	.50157	True/greatly used
4. I often feel comfortable about my body.	2.98	.64489	True/greatly used
5. I am satisfied with my present body.	2.78	.82319	True/greatly used
6. I am satisfied with my appearance.	2.92	.80263	True/greatly used
7. I do not want to change my body	2.80	.85456	True/greatly used

Body Acceptance	2.98	.51711	Has great influence
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Legend: 1.00-1.49-Strongly Untrue/Used very little (Has low influence on worldview about body image); 1.50-2.49- Untrue/little used (has moderate influence); 2.50-3.49- True/greatly used (has great influence); and 3.50-4.00-Strongly true/Very greatly used (has very great influence)

It was evident from the results that the adolescents truly or greatly approved or accepted the various items as influential in their perspectives about body image. The adolescents strongly approved “choosing clothing that they are comfortable with” while they greatly approved: feeling happy about their body, loving their body, feeling comfortable about their body, being satisfied with their present body, feeling satisfied with their appearance and not wanting to change their body. In this case, as Po`hlmann, et al. (2014) explicated, the adolescents positively accept or approve their body whatever it is and still reflect high self-esteem as manifested in mentoring others to love their bodies, surrounding themselves with others who promote body acceptance and taking care of their health more dearly than what others perceive them to be based on physical appearance.

3. Physical Contact

The domain of physical contact refers to the measure of how body contact or physical touch is used or manifested as an important aspect of enhancing self-esteem (Po`hlmann, et al., 2008). Table 7 shows the adolescents’ experiences on the influence of physical contact as a contributing factor to their perspectives on body image.

Table 7. Influence of Physical Contact on the Perspectives on Body Image among Adolescents

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. Physical contact is important for me to express closeness.	2.83	.81349	True/greatly used
2. I look for physical intimacy and affection	2.46	.85704	Untrue/little used
3. I like people touching me.	1.94	.77110	Untrue/little used
4. I like it when people put their arms around me.	2.36	.91590	Untrue/little used
5. I touch people I am comfortable with	3.20	.64798	True/greatly used
6. I allow people to touch me.	2.34	.75684	Untrue/little used
Physical Contact	2.52	.58922	Has great influence

Legend: 1.00-1.49-Strongly Untrue/Used very little (Has low influence on worldview about body image); 1.50-2.49- Untrue/little used (has moderate influence); 2.50-3.49- True/greatly used (has great influence); and 3.50-4.00-Strongly true/Very greatly used (has very great influence)

It was evident from the results that the adolescents greatly used or manifested the following items: physical contact as an important factor for expression of closeness and touching people they are comfortable with.

However, the adolescents did not want to look for physical intimacy and affection, including touching them by other people as manifested by any gestures like embracing or putting others arms around them and do any physical contact with them. Regardless, the domain of physical contact has great influence on the adolescents’ perspectives on body image. The results meant that the adolescents greatly considered physical contact as an important aspect of enhancing self-esteem (Po`hlmann, et al., 2008).

4. Sex and Sexuality

The domain of sex and sexuality refers to the measure of the individual’s perceptions of his or her sexual attractiveness and functioning as an important factor for social interaction (Po`hlmann, et al., 2008). Table 8 presents the results on the adolescents’ experiences on the influence of sex and sexuality as a contributing factor to their perspectives on body image.

Table 8. Influence of Sex and Sexuality on the Perspectives on Body Image among Adolescents

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. I am totally comfortable with my sexuality	3.39	.68993	True/greatly used
2. I can relate to the discussions of sex and sexuality w/o malice	3.20	.65064	True/greatly used

3. I consider sex and sexuality as an important aspect of life.	3.17	.67496	True/greatly used
4. I am able to lay aside my inhibitions in sexual situations.	2.90	.67632	True/greatly used
5. I am able to enjoy my sexuality.	3.16	.62298	True/greatly used
6. I feel that I physically attract the opposite sex	2.73	.95041	True/greatly used
Sex and Sexuality	3.09	.50632	Has great influence

Legend: 1.00-1.49-Strongly Untrue/Used very little (Has low influence on worldview about body image); 1.50-2.49- Untrue/little used (has moderate influence); 2.50-3.49- True/greatly used (has great influence); and 3.50-4.00-Strongly true/Very greatly used (has very great influence)

It was evident based on the results that the adolescents considered all items as true to them. The adolescents greatly experienced being comfortable with their sexuality and greatly experienced: relating easily to the discussions of sex and sexuality without malice, considering sex and sexuality as an important aspect of life, being able to lay aside their inhibitions in sexual situations, being able to enjoy their sexuality and feeling that they physically attract the opposite sex.

Results revealed that in this domain, the adolescents considered sex and sexuality as an important contributing factor to having positive perspectives on body image (Po’hlmann, et al., 2008).

5. Vitality and Enthusiasm

The domain of vitality refers to an individual’s outlook of positivity or vigor as an important factor for social interaction (Po’hlmann, et al., 2008). Table 9 shows the adolescents’ experiences on vitality as a critical factor for having perspectives on body image.

Table 9. Influence of Vitality and Enthusiasm on the Perspectives on Body Image among Adolescents

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. I often feel physically energized	2.84	.72844	True/greatly used
2. I am filled with energy and motivation.	2.84	.76331	True/greatly used
3. I feel physically strong	2.72	.79638	True/greatly used
4. I am physically fit.	2.58	.79144	True/greatly used
5. I have lots of energy.	2.75	.75492	True/greatly used
6. I am in good physical condition.	2.84	.69606	True/greatly used
7. It will reach a long time before I reach my physical limits.	2.77	.68866	True/greatly used
8. I am physically strong and resilient.	2.75	.70749	True/greatly used
Vitality and Enthusiasm	2.76	.56672	Has great influence

Legend: 1.00-1.49-Strongly Untrue/Used very little (Has low influence on worldview about body image); 1.50-2.49- Untrue/little used (has moderate influence); 2.50-3.49- True/greatly used (has great influence); and 3.50-4.00-Strongly true/Very greatly used (has very great influence)

It was evident based on the results that the adolescents considered all items as true to them. The adolescents greatly experienced: feeling physically energized, being filled with energy and motivation, feeling physically strong, being physically fit, having lots of energy, being in good physical condition, reaching a long time before they reach their physical limits and being physically strong and resilient. The foregoing feelings of positivity or vigor among adolescents are somewhat translated to having a sound body image which they use for a more wholesome social interaction (Po’hlmann, et al., 2008).

6. Overall Perspectives on Body Image among Adolescents

Table 10 presents the overall experiences of the adolescents on the extent of contribution of the following domains of body image relative to their perspectives.

Table 10. Overall Influence of Body Image Perspectives among Adolescents

Descriptive Statistics (n=347)			
Items	Mean	SD	QD
Self-Aggrandizement	2.21	.49651	Untrue (Self-aggrandizement has moderate influence on the respondents’ worldviews about body image)
Body Acceptance	2.98	.51711	True (Body acceptance has great influence on the respondents’ worldviews about body image)
Physical Contact	2.52	.58922	True (Physical contact has great influence on the respondents’ worldviews about body image)

Sex and Sexuality	3.09	.50632	True (Sex and sexuality has great influence on the respondents' worldview about body image)
Vitality	2.76	.56672	True (Vitality has great influence on the respondents' worldviews about body image)
Overall Mean for Body Image	2.71	.32939	True (Perspectives on self-aggrandizement, body acceptance, physical contact, sex and sexuality and vitality influence (from moderate to great) the worldviews of adolescents on body image)

Legend: 1.00-1.49-Strongly Untrue (Has low influence on worldview about body image); 1.50-2.49-Untrue (has moderate influence); 2.50-3.49- True (has great influence); 3.50-4.00-Strongly True (ST) (has very great influence)

Accordingly, the adolescents believed that self-aggrandizement (which pertains to the measure of how the body is actively used in social interactions to enhance self-esteem) had modest influence on the adolescents' body image perspectives. However, body acceptance, physical contact, sex and sexuality and vitality greatly contribute to their perspectives on body image.

In the same locale of this study a 2018 study was conducted to determine the adults' perspectives on body image. Accordingly, the adults believed that **self-aggrandizement** and **physical contact** had modest influence in their perspectives on body image. Yet, they considered **body acceptance**, **sex and sexuality** and **vitality** as immensely contributing to their perspectives on body image (Dacles, Del Rosario and Maslang, 2018). It concluded that at least among educated men and women, the young professionals' worldviews and perspectives on body image were more attached to their acceptance, comfortability, happiness and contentment with their body and who they are as persons rather than concerned with what they look like and what other people say about their body; it is how they related to other people in the dispensation of their social role functioning and their outlook of positivity or vigor in social interaction that mattered the most than their physical look.

Hence, reflecting on the comparison of results among adolescents and adults, the only difference among the two groups of respondents was the influence of physical contact as a factor for body image conceptions. While the adolescents viewed **physical contact** (which refers to the measure of how body contact or physical touch is used as an important aspect of enhancing self-esteem) as greatly influencing their perspectives, the adults, on the other hand, viewed this aspect as modestly influencing their perspectives on body image. Overall, though, both adolescents and adults considered the five domains as greatly affecting their perspectives on body image.

B. Section 2. Comparison in the Adolescents and Adults' Perspectives on Body Image along the Five Domains

Table 11 shows the comparison in the adolescents and adults' perspectives on body image.

Table 11. Comparison in the Adolescents and Adults' Perspectives on Body Image along the Five Domains

Group Statistics and Ranks											
Domains	Respondents	N	Mean	SD	QD	Mean Rank	Sum of Ranks	Mann-Whit. U	Z	Sig.	Decision
Self-Aggrandizement	Adolescents	347	2.21	.49651	Mod.	272.61	94597.0	34219.0	-6.81	.0001	<i>Rej. Ho</i>
	Adults	287	2.47	.41858	Mod.	371.77	106698				
Body Acceptance	Adolescents	347	2.98	.51711	Great	294.19	102083	41705.0	-3.54	.0001	<i>Rej. Ho</i>
	Adults	287	3.09	.41952	Great	345.69	99212.0				
Physical Contact	Adolescents	347	2.52	.58922	Great	343.85	119317	40650.0	-4.00	.0001	<i>Rej. Ho</i>
	Adults	287	2.35	.51424	Mod.	285.64	81978.0				
Sex and Sexuality	Adolescents	347	3.09	.50632	Great	310.14	107617.	47239.0	-1.12	.261	Acc. Ho
	Adults	287	3.13	.42185	Great	326.40	93678.0				
Vitality	Adolescents	347	2.76	.56672	Great	277.24	96204.0	35826.0	-6.15	.0001	<i>Rej. Ho</i>
	Adults	287	3.01	.41943	Great	366.17	105091				
Overall	Adolescents	347	2.71	.32939	Great	291.71	101223	40845.5	-3.89	.0001	<i>Rej. Ho</i>
	Adults	287	2.81	.24094	Great	348.68	100071				

Legend: 1.00-1.49-Strongly Untrue/Used very little (Has low influence on worldview about body image); 1.50-2.49-Untrue/little used (has moderate influence); 2.50-3.49- True/greatly used (has great influence); and

3.50-4.00-Strongly true/Very greatly used (has very great influence)

It was evident that except for sex and sexuality which indicated no significant difference, the rest of the four domains had indicated significant differences as evidenced by the computed p values which were less than .05. The results meant that the adolescents and adults varied in their perspectives on body image along self-aggrandizement, body acceptance, physical contact and vitality. This was affirmed by the overall computed p value of .0001. It was also apparent that in all domains, the adult-respondents rated the domains greater than the adolescents.

The results meant that at least between adolescents and adults, the two groups differed in the way they look or appraise the contribution of the various domains to having perspectives on body image.

C. Section 3. Adolescents’ Level of Self-Esteem, Self-Optimism and Self-Outcomes

1. On the Adolescents’ Self Esteem

Rosenberg (1965) defines *self-esteem* as a construct grounded primarily in self-worth theory. Self-worth theory suggested that all individuals had a motivational “tendency to establish and maintain a positive self-image, or sense of self-worth. Self-worth theory postulated that a key to developing and maintaining self-worth was to develop and maintain a positive self-esteem. In this study, *Self-esteem* refers to a person’s perceptual image of himself/herself.

Table 12 shows the adolescents’ level of self-esteem based on Rosenberg’s self-esteem scale. Apparently, the adolescents rated all the items as true of them or experienced by them which indicated a great self-esteem on the part of the adolescents.

Table 12. Adolescents’ Level of Self Esteem

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. On the whole, I am satisfied with myself.	3.14	.75525	True
2. Every time, I think I am good	2.64	.74432	True
3. I feel that I have a number of good qualities.	2.71	.67150	True
4. I am able to do things as well as most other people.	2.80	.63446	True
5. I feel I have much to be proud of.	2.77	.67595	True
6. I certainly feel important everyday	2.53	.76099	True
7. I feel that I'm a person of worth, at least on an equal plane with others.	2.83	.66198	True
8. I have great respect for myself.	3.36	.63666	True
9. All in all, I am inclined to feel that I am successful	3.02	.68404	True
10. I take a positive attitude toward myself.	3.04	.72597	True
Mean for Self-Esteem	2.88	.47931	Has Great Self-Esteem

Legend: 1.00-1.49-Strongly Untrue (Has low self-esteem); 1.50-2.49-Untrue (moderate); 2.50-3.49- True (great); 3.50-4.00-Strongly True (ST) (very great)

On the whole, the adolescents were: satisfied with themselves, thinking well about themselves, feeling that they have a number of good qualities, able to do things as well as most other people, feeling that they have much to be proud of, feeling important every day, feeling that they are person of worth, or at least on others’ equal plane, having great respect for themselves, inclined to feel that they are successful and taking a positive attitude toward themselves.

Hence, results revealed that the adolescents possessed great self-esteem and looked at themselves as important members of society.

2. On the Adolescents’ Self-Optimism

According to Scheier, et al. (1994), *self-optimism* is a concept that refers to a person’s overall positive evaluation of himself. It is an appraisal of one’s own worth. It is the opinion one has about himself especially about future activities. In this study, self-optimism is measured using the Self-Optimism Scale of Scheier, et al. (1994).

Table 13 shows the adolescents’ ratings on the six items that pertain to self-optimism.

Table 13. Adolescents’ Level of Self-Optimism

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. In uncertain times, I usually expect the best.	2.98	.69660	True
2. If something can go wrong for me, it will.	2.87	.60923	True
3. I’m always optimistic about my future.	3.05	.77733	True
4. I hardly ever expect things to go my way.	2.89	.65538	True
5. I rarely count on good things happening to me.	2.77	.71340	True
6. Overall, I expect more good things to happen to me than bad.	3.19	.76564	True
Mean for Self-Optimism	2.96	.47011	Has Great Self-Optimism

Legend: 1.00-1.49-Strongly Untrue (Has low self-optimism); 1.50-2.49-Untrue (moderate); 2.50-3.49- True (great); 3.50-4.00-Strongly True (ST) (very great)

The adolescents rated all items as true of them. These were: usually expecting the best even in uncertain times, possessing the belief that if something can go wrong, it will, always being optimistic about their future, hardly ever expecting things to go their way, rarely counting on good things happening to them and expecting more good things to happen to them than bad.

Hence, results revealed that the adolescents exhibited great self-optimism or appraisal of their self-worth.

3. On the Adolescents’ Self-Outcome

A. Adolescents’ Level of Self-Outcome along the Domain of Symptom Distress

Symptom Distress as a domain of self-outcome refers to the degree of discomfort from some specific symptoms being experienced by an individual – in this case, the degree of discomfort in relation to their perceptions or worldviews on body image (Lambert, Burlingame, Umphress, Hansen, Vermeersch, & Clouse, 1996).

Table 14 shows that out of the 22 items under this domain, 19 were written in the negatives, thus, in this domain, the computation of the means per domain were reversely coded, that is, for mean score from 1.00-1.49, described as strongly untrue, this means that the adolescents have very great positive self-outcome; for mean scores from 1.50-2.49, described as untrue, this means that the adolescents have great positive self-outcome; for mean scores from 2.50-3.49, described as true, this means that the adolescents have moderate positive self-outcome; and for mean scores from 3.50-4.00, described as strongly true, this means that the adolescents have low positive self-outcome.

Table 14. Adolescents’ Level of Symptom Distress

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. I tire quickly. (R)	2.67	.81921	True
2. I feel no interest in things. (R)	2.25	.73159	Untrue
3. I blame myself for a lot of things. (R)	2.78	.83075	True
4. I feel irritated. (R)	2.73	.76043	True
5. I have thoughts of ending my life (R)	2.26	.99516	Untrue
6. I feel weak. (R)	2.60	.79942	True
7. I feel fearful (R)	2.54	.73741	True
8. I am a happy person.	2.95	.77733	True
9. I feel discouraged. (R)	2.48	.79490	Untrue
10. I have difficulty concentrating. (R)	2.71	.83288	True
11. I feel hopeless about the future. (R)	2.12	.86378	Untrue
12. I like myself.	3.06	.80412	True
13. Disturbing thoughts come into my mind that I can’t get rid of (R)	3.05	.79932	True
14. My heart pounds too much. (R)	2.63	.83812	True
15. I am satisfied with my life.	2.97	.81667	True

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
16. I feel that something bad is going to happen. (R)	2.67	.81982	True
17. I have sore muscles. (R)	2.19	.76564	Untrue
18. I feel afraid (R)	2.03	.92612	Untrue
19. I feel nervous. (R)	2.90	.68902	True
20. I have trouble falling asleep or staying asleep. (R)	2.61	.83021	True
21. I feel blue. (R)	2.54	.74907	True
22. I have headaches. (R)	2.69	.84728	True
Mean for Symptom Distress	2.61	.41095	Has Mod. Positive Self-Outcome

Legend (Reverse Scoring): 1.00-1.49-Strongly Untrue (Has very great positive self-outcome); 1.50-2.49-Untrue (Has great positive self-outcome); 2.50-3.49- True (moderate); 3.50-4.00-Strongly True (ST) (low)

Moreover, Table 14 shows the adolescents’ level of symptom distress. Six items were rated as untrue. The items were: feeling no interest in things, having thoughts of ending their lives, feeling fearful, feeling hopeless about the future, having sore muscles and feeling afraid of open spaces, or of driving, or being on buses, etc... The findings revealed that they did not consider the foregoing items as important in relation to their perspectives on body image.

Meanwhile, 16 items were rated as true of them. These were: tiring quickly, blaming themselves for things, feeling irritated, feeling weak, feeling fearful, being a happy person, having difficulty concentrating, liking themselves, disturbing thoughts come into their mind that they can’t get rid of, heart pounding too much, being satisfied with life, feeling that something bad is going to happen, feeling nervous, having trouble falling asleep or staying asleep, feeling blue and having headaches.

Thus, in this domain of symptom distress, the adolescents manifested a moderate or modest self-outcome. They slightly succumbed to some physical or mental stress or distress symptoms.

B. Adolescents’ Level of Self-Outcome along the Domain of Social Role Functioning

The domain of **social role functioning** refers to how an individual dispenses or performs his or her roles whether positively or negatively in a particular setting of social responsibility (Lambert et al., 1996).

Table 15 shows the adolescents’ level of self-outcome along the domain of social role functioning:

Table 15. Adolescents’ Level of Social Role Functioning

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. I feel stressed at work/school. (R)	3.15	.68076	True
2. I find my schooling satisfying.	2.88	.59541	True
3. I study too much.	2.39	.67124	Untrue
4. I enjoy my spare time.	3.14	.66178	True
5. I am studying well than I used to.	2.74	.68389	True
6. I have trouble at school because of drinking or drug use (R)	1.21	.47781	Strongly Untrue
7. I feel that I am not doing well at school (R)	2.46	.76180	Untrue
8. I have too many disagreements at school (R)	2.11	.75360	Untrue
9. I feel angry enough at school to do something I might regret (R)	2.00	.78492	Untrue
Mean for Social Role Functioning	2.45	.30517	Has Great Positive Self-Outcome

Legend (Reverse Scoring): 1.00-1.49-Strongly Untrue (Has very great positive self-outcome); 1.50-2.49-Untrue (Has great positive self-outcome); 2.50-3.49- True (moderate); 3.50-4.00-Strongly True (ST) (low)

Of the nine items under this domain, five items were written negatively. Of the nine items, the respondents described four of them as untrue and one was rated as strongly untrue. The items which were rated as untrue were: studying too much, feeling that they were not doing well at school, having too many disagreements at school and feeling angry enough at school to do something they might regret. The item which was

rated as strongly untrue was having trouble at school because of drinking intoxicated liquor or drug abuse.

Meanwhile, four items were true of them. These were: feeling stressed at work/school, finding their schooling, enjoying their spare time and studying well than they used to. Thus, due to the reverse scoring in this domain of social role functioning, the adolescents manifested great positive self-outcome.

C. Adolescents’ Level of Self-Outcome along the Domain of Interpersonal Relationship

Interpersonal relationship as a domain of self-outcome which refers to the degree of bond between two or more people bringing them close to each other and eventually results to good bonding or relationship (Lambert et al., 1996).

Of the 11 items under this domain, six items were negatively written as shown on Table 16.

Table 16. Adolescents’ Level of Interpersonal Relationship

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
1. I get along with others.	3.14	.68290	True
2. I feel unhappy in my significant relationship (R)	1.91	.70142	Untrue
3. I am concerned about family troubles.	3.22	.84400	True
4. I have an unfulfilling life (R)	2.20	.81296	Untrue
5. I feel lonely (R)	2.52	.93207	True
6. I have frequent arguments. (R)	2.46	.82598	Untrue
7. I feel loved and wanted.	2.87	.81738	True
8. I feel annoyed by people who criticize my personal vices (R)	2.57	.94199	True
9. I have trouble getting along with friends (R)	2.00	.81176	Untrue
10. I feel my love relationships are full and complete	2.80	.87462	True
11. I am satisfied with my relationships with others	3.01	.84828	True
Mean for Interpersonal Relationship	2.61	.31961	Has Mod. Positive Self-Outcome

Legend (Reverse Scoring): 1.00-1.49-Strongly Untrue (Has very great positive self-outcome); 1.50-2.49-Untrue (Has great positive self-outcome); 2.50-3.49- True (moderate); 3.50-4.00-Strongly True (ST) (low)

Out of the six items, four were rated as untrue. These were: feeling unhappy in their significant relationships, having an unfulfilling life, having frequent arguments and having trouble getting along with friends. The results indicated a positive self-outcome in terms of their interpersonal relations.

However, the adolescents rated seven items as true of them. These were: getting along with others, being concerned about family troubles, feeling lonely, feeling loved and wanted, feeling annoyed with people who criticize their vices, feeling their love relationships as full and complete and being satisfied with their relationships with others. In these seven items, the adolescents had manifested moderate interpersonal relation.

In the area of interpersonal relationship, due to the reverse scoring, the adolescents had manifested moderate positive self-outcome.

Thus, on the whole as shown on Table 17, the adolescents had moderate level of self-outcome as indicated by the computed overall mean score of 2.55. The adolescents had modest level of self-outcome.

Table 17. Adolescents’ Overall Level of Self-Outcome

Descriptive Statistics (N=347)			
Items	Mean	SD	QD
Mean for Symptom Distress	2.61	.41095	Mod. Self-Outcome
Mean for Social Role Functioning	2.45	.30517	Great Self-Outcome
Mean for Interpersonal Relationship	2.61	.31961	Mod. Self-Outcome
Overall Mean for Self Outcome	2.55	.34524	Mod. Self-Outcome

Legend (Reverse Scoring): 1.00-1.49-Strongly Untrue (Has very great positive self-outcome); 1.50-2.49-Untrue (Has great positive self-outcome); 2.50-3.49- True (moderate); 3.50-4.00-Strongly True (ST) (low)

When compared among adults as revealed in a study conducted in 2018 by Dacles, et al. (2018), adults had greater positive self-esteem, self-optimism and self-

outcome. In this study, adults exhibited moderate symptom distress but had immense positive self-worth and valuation, encouraging social role functioning and interpersonal relationship. In contrast, adolescents were more prone to greater symptom distress than adults. In the same vein, establishing interpersonal relationship with others at this very young stage in their lives needs to be reflected upon. Dusek and McIntyre (2009) mention that the rapid intellectual progress and the development of insight ability can lead to adolescent egocentrism. As teens develop their own identity, a distancing from parents and a shift towards relations with peers / friends occur. The establishment of close and friendly relations provides mutual aid in managing daily problems and pressures associated with maturation. In this context, group integration becomes a paramount concern. In order to be accepted, a teenager is willing to make any sacrifice. Thus, friends and peers become extremely influential social agents in shaping adolescents' thoughts. How they are evaluated (including their look) by the significant others will have a tremendous impact on their development.

Maturity or immersion in various life situations was, thus, a big factor in attaining a more positive self-outcome. Bastiani-Archibald, Graber, & Brooks-Gunn (2009) articulate that the evidence called for a serious reconsideration of the role of this phase in building a healthy body image, especially among adolescents because both early and the late maturation involved increased risks for all the adolescents (Dusek & McIntyre, 2009). Sechrist and Stangor (2005) mentioned that in self-outcome, there is no more powerful social psychological principle than the fact that our attitudes, beliefs, and behaviors are profoundly influenced by our perceptions of the attitudes, beliefs, and behaviors of those we care about. Hence, it is important that adults guide adolescents in this important phase so that a more positive symptom distress, social role functioning and interpersonal relationship could be formed to guide adolescents go on with their lives with less anxieties but more positive self-esteem, self-optimism and self-outcome.

D. Section 4. Comparison in the Adolescents and Adults' Level of Self-Esteem, Self-Optimism and Self-Outcome

1. Comparison in the Adolescents and Adults' Level of Self-Esteem

Table 18 shows the comparison in the level of self-esteem of adolescents and adults.

Table 18. Comparison Results in the Adolescents and Adults' Level of Self-Esteem

Group Statistics and Ranks											
Items	Respondents	N	Mean	SD	QD	Mean Rank	Sum of Ranks	Mann-Whit. U	Z	Sig.	Decision
1	Adolescents	347	3.14	.75525	True	302.87	105095	44717.5	-2.49	.013	Rej. Ho
	Adults	287	3.32	.50917	True	335.19	96199.5				
2	Adolescents	347	2.64	.74432	True	268.27	93088.0	32710.0	-8.40	.000	Rej. Ho
	Adults	287	3.08	.56456	True	377.03	108207				
3	Adolescents	347	2.71	.67150	True	275.70	95668.0	35290.0	-7.32	.000	Rej. Ho
	Adults	287	3.09	.55098	True	368.04	105627				
4	Adolescents	347	2.80	.63446	True	287.13	99632.5	39254.5	-5.74	.000	Rej. Ho
	Adults	287	3.06	.41437	True	354.22	101662				
5	Adolescents	347	2.77	.67595	True	290.60	100837	40459.5	-4.54	.000	Rej. Ho
	Adults	287	2.99	.67933	True	350.03	100457				
6	Adolescents	347	2.53	.76099	True	253.06	87810	27432.5	-10.82	.000	Rej. Ho
	Adults	287	3.12	.46261	True	395.42	113484				
7	Adolescents	347	2.83	.66198	True	281.70	97749.0	37371.0	-6.565	.000	Rej. Ho
	Adults	287	3.14	.56848	True	360.79	103546				
8	Adolescents	347	3.36	.63666	True	315.07	109329	48951.0	-.416	.677	Acc. Ho
	Adults	287	3.41	.50055	True	320.44	91966.0				
9	Adolescents	347	3.02	.68404	True	315.62	109521	49143.0	-.323	.747	Acc. Ho
	Adults	287	3.02	.66066	True	319.77	91774.0				
10	Adolescents	347	3.04	.72597	True	291.16	101032	40654.0	-4.537	.000	Rej. Ho
	Adults	287	3.31	.49124	True	349.35	100263				
Self-Esteem	Adolescents	347	2.88	.47931	Has Great Self- Esteem	269.27	93438.0	33060.0	-7.346	.0001	Rej. Ho
	Adults	287	3.15	.35367	Has Great Self- Esteem	375.81	107857				

Legend: 1.00-1.49-Strongly Untrue (Has low self-esteem); 1.50-2.49-Untrue (moderate); 2.50-3.49- True (great); 3.50-4.00-Strongly True (ST) (very great)

It was evident in the overall computed mean score that there was significant difference between the two group’s levels of self-esteem as indicated by the computed p value of .0001. It was also evident that in all items of self-esteem, the adults rated much higher the items than the adolescents.

The results meant that conceptions on self-esteem vary between groups and this variation could be explained by Rosenberg’s theory of self-esteem. It must be noted as defined by Rosenberg (1965) that *self-esteem* as a construct is grounded primarily in self-worth theory. Self-worth theory suggested that all individuals had a motivational tendency to establish and maintain a positive self-image, or sense of self-worth. Self-worth theory postulated that a key to developing and maintaining self-worth was to develop and maintain a positive self-esteem. Thus, the difference could be explained by the fact that adults, by virtue of being immersed in a lot of situations in life and being exposed to life’s many travails - characterized by failures and successes could have gained greater self-esteem or self-confidence as compared to the adolescents who are just beginning to carve their lives.

Meta-analysis of self-esteem studies, most conducted in Western industrialized nations have confirmed that since **self-esteem is all about how much one feels his worth - and how much he feels other people value him**, is, thus important because feeling good about oneself can affect mental health and how he behaves. People with high self-esteem know themselves well. They are realistic and find friends that like and appreciate them for who they are. People with high self-esteem usually feel more in control of their lives and know their own strengths and weaknesses (Baumeister, Campbell, Krueger, & Vohs, 2003; Oishi, Diener, Lucas, & Suh, 1999).

2. Comparison in the Adolescents and Adults’ Level of Self-Optimism

Table 19 presents the comparison in the adolescents and adults’ level of self-optimism.

Table 19. Comparison Results in the Adolescents and Adults’ Level of Self-Optimism

Group Statistics and Ranks											
Items	Respondents	N	Mean	SD	QD	Mean Rank	Sum of Ranks	Mann-Whit. U	Z	Sig.	Decision
1	Adolescents	347	2.98	.69660	True	319.45	110847	49119.5	-.341	.733	Acc. Ho
	Adults	287	2.98	.55430	True	315.15	90447.5				
2	Adolescents	347	2.87	.60923	True	331.22	114932	45035.0	-2.548	.011	Rej. Ho
	Adults	287	2.75	.54174	True	300.92	86363.0				
3	Adolescents	347	3.05	.77733	True	295.64	102586	42208.0	-3.627	.000	Rej. Ho
	Adults	287	3.29	.61043	True	343.93	98709.0				
4	Adolescents	347	2.89	.65538	True	348.32	120867	39099.5	-5.278	.000	Rej. Ho
	Adults	287	2.64	.60807	True	280.24	80427.5				
5	Adolescents	347	2.77	.71340	True	340.55	118171	41795.5	-3.805	.000	Rej. Ho
	Adults	287	2.55	.72207	True	289.63	83123.5				
6	Adolescents	347	3.19	.76564	True	319.80	110970	48996.5	-.384	.701	Acc. Ho
	Adults	287	3.17	.70620	True	314.72	90324.5				
Self-Optimism	Adolescents	347	2.96	.47011	Has Great Self-Optimism	336.68	116829	43138.0	-2.931	.003	Rej. Ho
	Adults	287	2.90	.31538	Has Great Self-Optimism	294.31	84466				

Legend: 1.00-1.49-Strongly Untrue (Has low self-optimism); 1.50-2.49-Untrue (moderate); 2.50-3.49- True (great); 3.50-4.00-Strongly True (ST) (very great)

It was also evident that when self-optimism was compared between adolescents and adults, the overall computed mean scores indicated significant difference between the two groups as evidenced by the computed p value of .003. The results could mean that the two groups vary in their self-optimism or positive evaluation of oneself. It was also evident that in all six items, the adolescents had higher ratings than the adults. It must be noted that self-optimism is a concept that refers to a person’s overall optimistic and confident evaluation of oneself. It is an appraisal of one’s own worth. It is the

opinion one has about himself especially about future activities (Scheier, Carver, and Bridges, 1994).

The difference could be explained once again using the maturity theory. Since adolescents are just beginning to carve their lives, they are optimistic about what the future holds or in store for them. They exude positivity about future activities that are yet to be experienced. Meanwhile, adults are already immersed in many life situations. Self-optimism is therefore equated with practical accomplishments in life rather than perceptions of future activities (Baumeister, Campbell, Krueger, & Vohs, 2003; Oishi, Diener, Lucas, & Suh, 1999).

3. Comparison in the Adolescents and Adults’ Level of Self-Outcome

Table 20 shows the comparison results in the adolescents and adults’ level of self-outcome.

Table 20. Comparison Results in the Adolescents and Adults’ Level of Self-Outcome

Group Statistics and Ranks											
Items	Respondents	N	Mean	SD	QD	Mean Rank	Sum of Ranks	Mann-Whit. U	Z	Sig.	Decision
1	Adolescents	347	2.67	.81921	True	358.46	124385	35582.0	-6.715	.000	Rej. Ho
	Adults	287	2.28	.60086	Untrue	267.98	76910.0				
2	Adolescents	347	2.25	.73159	Untrue	353.84	122784	37183.0	-8.784	.000	Rej. Ho
	Adults	287	1.90	.56491	Untrue	273.56	78511.0				
3	Adolescents	347	2.78	.83075	True	371.84	129027	30939.5	-10.02	.000	Rej. Ho
	Adults	287	2.23	.70035	Untrue	251.80	72267.5				
4	Adolescents	347	2.73	.76043	True	378.55	131356	28611.0	-9.028	.000	Rej. Ho
	Adults	287	2.16	.59515	Untrue	243.69	69939.0				
5	Adolescents	347	2.26	.99516	Untrue	373.88	129738	30229.0	-8.926	.000	Rej. Ho
	Adults	287	1.58	.81897	Untrue	249.33	71557.0				
6	Adolescents	347	2.60	.79942	True	372.48	129252	30715.0	-7.099	.000	Rej. Ho
	Adults	287	2.05	.66721	Untrue	251.02	72043.0				
7	Adolescents	347	2.54	.73741	True	360.59	125125	34841.5	-4.914	.000	Rej. Ho
	Adults	287	2.14	.64543	Untrue	265.40	76169.5				
8	Adolescents	347	2.95	.77733	True	287.88	99893.0	39515.0	-3.489	.000	Rej. Ho
	Adults	287	3.25	.61290	True	353.32	101402				
9	Adolescents	347	2.48	.79490	Untrue	338.76	117550	42416.5	-5.825	.000	Rej. Ho
	Adults	287	2.26	.66867	Untrue	291.79	83744.5				
10	Adolescents	347	2.71	.83288	True	353.36	122617	37350.0	-5.932	.000	Rej. Ho
	Adults	287	2.34	.72954	Untrue	274.14	78678.0				
11	Adolescents	347	2.12	.86378	Untrue	353.81	122772	37195.0	-3.051	.002	Rej. Ho
	Adults	287	1.71	.61613	Untrue	273.60	78523.0				
12	Adolescents	347	3.06	.80412	True	299.23	103832	43454.5	-7.009	.000	Rej. Ho
	Adults	287	3.25	.70073	True	339.59	97462.5				
13	Adolescents	347	3.05	.79932	True	361.09	125296	34670.5	-4.940	.000	Rej. Ho
	Adults	287	2.62	.77008	True	264.80	75998.5				
14	Adolescents	347	2.63	.83812	True	347.24	120492	39475.0	-1.857	.063	Acc. Ho
	Adults	287	2.32	.64468	Untrue	281.54	80803.0				
15	Adolescents	347	2.97	.81667	True	328.78	114086	45880.5	-9.331	.000	Rej. Ho
	Adults	287	2.87	.68508	True	303.86	87208.5				
16	Adolescents	347	2.67	.81982	True	375.27	130220	29747.0	-2.057	.040	Rej. Ho
	Adults	287	2.11	.75644	Untrue	247.65	71075.0				
17	Adolescents	347	2.19	.76564	Untrue	329.81	114444	45523.0	-2.023	.043	Rej. Ho
	Adults	287	2.04	.66768	Untrue	302.62	86851.0				
18	Adolescents	347	2.03	.92612	Untrue	330.14	114558	45409.0	-9.295	.000	Rej. Ho
	Adults	287	1.85	.77517	Untrue	302.22	86737.0				
19	Adolescents	347	2.90	.68902	True	373.33	129544	30422.5	-9.199	.000	Rej. Ho
	Adults	287	2.36	.70043	Untrue	250.00	71750.5				
20	Adolescents	347	2.61	.83021	True	374.65	130002	29964.5	-10.66	.000	Rej. Ho
	Adults	287	2.00	.75028	Untrue	248.41	71292.5				
21	Adolescents	347	2.54	.74907	True	381.22	132283	27684.0	-10.66	.000	Rej. Ho
	Adults	287	1.95	.53974	Untrue	240.46	69012.0				
22	Adolescents	347	2.69	.84728	True	338.51	117464	42502.5	-3.389	.001	Rej. Ho
	Adults	287	2.47	.83924	Untrue	292.09	83830.5				

Group Statistics and Ranks											
Items	Respondents	N	Mean	SD	QD	Mean Rank	Sum of Ranks	Mann-Whit. U	Z	Sig.	Decision
Symptom Distress	Adolescents	347	2.61	.41095	Mod. Self-Outcome	392.72	136274	23692.5	-11.38	.0001	Rej. Ho
	Adults	287	2.26	.31247	Great Self-Outcome	226.55	65020.5				
1	Adolescents	347	3.33	.65523	True	362.32	125726	34240.5	-7.466	.000	Rej. Ho
	Adults	287	2.93	.64630	True	263.30	75568.5				
2	Adolescents	347	2.70	.63434	True	272.08	94410.5	34032.5	-8.408	.000	Rej. Ho
	Adults	287	3.09	.45978	True	372.42	106884				
3	Adolescents	347	2.44	.72411	Untrue	326.52	113302	46665.0	-1.518	.129	Acc. Ho
	Adults	287	2.34	.59783	Untrue	306.60	87993.0				
4	Adolescents	347	3.21	.73642	True	337.89	117248	42719.0	-3.449	.001	Rej. Ho
	Adults	287	3.06	.54834	True	292.85	84047.0				
5	Adolescents	347	2.84	.64431	True	340.95	118308	41658.5	-4.008	.000	Rej. Ho
	Adults	287	2.62	.71292	True	289.15	82986.5				
6	Adolescents	347	1.18	.50306	Untrue	304.22	105563	45185.5	-3.031	.002	Rej. Ho
	Adults	287	1.24	.44412	Untrue	333.56	95731.5				
7	Adolescents	347	2.66	.80135	True	362.63	125834	34133.0	-7.387	.000	Rej. Ho
	Adults	287	2.22	.63303	Untrue	262.93	75461.0				
8	Adolescents	347	2.27	.77346	Untrue	354.57	123035	36931.5	-6.285	.000	Rej. Ho
	Adults	287	1.91	.67845	Untrue	272.68	78259.5				
9	Adolescents	347	2.15	.80372	Untrue	351.06	121816	38150.5	-5.473	.000	Rej. Ho
	Adults	287	1.82	.72230	Untrue	276.93	79478.5				
Social Role Functioning	Adolescents	347	2.53	.30024	Mod. Self-Outcome	365.09	126685	33282.0	-7.242	.000	Rej. Ho
	Adults	287	2.36	.28417	Great Self-Outcome	259.97	74610.0				
1	Adolescents	347	3.14	.68290	True	317.43	110146	49768.5	-.013	.989	Acc. Ho
	Adults	287	3.17	.46292	True	317.59	91148.5				
2	Adolescents	347	1.91	.70142	Untrue	317.19	110065	49687.0	-.052	.959	Acc. Ho
	Adults	287	1.94	.77349	Untrue	317.87	91230.0				
3	Adolescents	347	3.22	.84400	True	350.39	121584	35724.0	-5.468	.000	Rej. Ho
	Adults	287	2.93	.76781	True	277.74	79711.0				
4	Adolescents	347	2.20	.81296	Untrue	353.58	122691	38383.0	-5.900	.000	Rej. Ho
	Adults	287	1.83	.71604	Untrue	273.88	78604.0				
5	Adolescents	347	2.52	.93207	True	381.17	132266	27701.0	-10.32	.000	Rej. Ho
	Adults	287	1.81	.56047	Untrue	240.52	69029.0				
6	Adolescents	347	2.46	.82598	Untrue	358.05	124243	35724.0	-6.604	.000	Rej. Ho
	Adults	287	2.06	.68671	Untrue	268.47	77052.0				
7	Adolescents	347	2.87	.81738	True	278.54	96654.0	36276.0	-6.571	.000	Rej. Ho
	Adults	287	3.28	.50764	True	364.60	104641				
8	Adolescents	347	2.57	.94199	True	361.75	125527	34440.0	-7.044	.000	Rej. Ho
	Adults	287	2.07	.78327	Untrue	264.00	75768.0				
9	Adolescents	347	2.00	.81176	Untrue	334.78	116167	43799.5	-2.887	.004	Rej. Ho
	Adults	287	1.80	.56184	Untrue	296.61	85127.5				
10	Adolescents	347	2.80	.87462	True	308.24	106958	46580.0	-1.518	.129	Acc. Ho
	Adults	287	2.89	.71064	True	328.70	94337.0				
11	Adolescents	347	3.01	.84828	True	315.22	109381	49003.5	-.381	.703	Acc. Ho
	Adults	287	3.05	.69013	True	320.26	91913.5				
Interpersonal Relationship	Adolescents	347	2.61	.31961	Mod. Self-Outcome	363.54	126147	33820.0	-6.998	.000	Rej. Ho
	Adults	287	2.44	.21773	Great Self-Outcome	261.84	75148.0				
Overall Self - Outcomes	Adolescents	347	2.58	.25953	Mod. Self-Outcome	391.53	135859	24107.5	-11.19	.000	Rej. Ho
	Adults	287	2.35	.19707	Great Self-Outcome	228.00	65435.5				

Legend (Reverse Scoring): 1.00-1.49-Strongly Untrue (Has very great positive self-outcome); 1.50-2.49-Untrue (Has great positive self-outcome); 2.50-3.49- True (moderate); 3.50-4.00-Strongly True (ST) (low)

In terms of the domain for symptom distress, the computed p value of .0001, indicated significant difference between adolescents and adults. It was also evident that in all the items of symptom distress, the adolescents had higher ratings than the adult-respondents. The results could mean that each group vary in their feeling of symptom distress.

It must be noted that symptom distress refers to the degree of discomfort from some specific symptoms being experienced by an individual (Lambert, et al., 1996). Adolescence is an important period for forming views about oneself and sociocultural ideals. The onset of puberty entails bodily changes (such as greater adipose deposits, and acne). They have greater concern on physical appearance and the need to belong with peers. Such factors converge together forming greater psychological and mental distress on them as compared to more mature adults who now are more concerned about not on what they look but in establishing healthy friendships and wholesome family relations - seeing themselves in a more positive light against symptom distress. With much less emphasis about their physical appearance, inner beauty, involvement and interaction are seen as more important. They also have higher self-esteem and may have healthier involvement in interpersonal communication (Miller, 2002).

In terms of social role functioning, once again, a marked difference was noted between adolescents and adults as evidenced by the computed p value less than .05. It was also noted that the adolescents had higher ratings than the adults.

Social role functioning as a domain of self-outcome refers to how an individual dispenses or performs his or her roles whether positively or negatively in a particular social responsibility setting (Lambert, et al., 1996). Thus, this means that because of limited exposures to life situations, there is greater tendency for adolescents to put themselves in good light than adults who have wider view about responsibility settings whether at home, or while at work.

In terms of interpersonal relationship as a domain of self-outcome, once again, the computed p value of .0001 indicated significant difference between the adolescents and adult-respondents. It was also noted that overall, the adolescents rated much higher the various items than the adults.

It must be considered that interpersonal relationship refers to the degree of bond between two or more people bringing them close to each other and eventually results to good bonding (Lambert, 1996). It is understandable that the adolescents have fewer social cliques or friends compared to social peers or cliques of adults. The adults' world of interpersonal relation is much wider in scope compared to the adolescents, thus, it is easier for them to bond together while adults have many social responsibilities and circle of friends to deal with – each one unique and each one based on unique settings like families, close friends and friends at work.

Overall, self-outcome therefore is much different between adolescents and adults. In self-outcome, there is no more powerful social psychological principle than the fact that our attitudes, beliefs, and behaviors are profoundly influenced by our perceptions of the attitudes, beliefs, and behaviors of those we care about (Sechrist & Stangor, 2005). For example, Noles, et al. (1985), determined that depression is common among individuals who experience body dissatisfaction as compared to adults. According to Cash, Marrow, Hrabosky, and Perry (2004), a negative body image can result in adverse psychosocial consequences especially for adolescents, including disordered eating, depression, social anxiety, impaired sexual function, poor self-esteem, and diminished quality of life. Awareness of negative and positive body image and how it relates to impersonal relationships in adolescents is critical in establishing and maintaining healthy relationships.

E. **Section 5. Correlation between the Respondents’ (Adolescents and Adults) Perspectives on Body Image and their Self-Esteem, Self-Optimism and Self-Outcome**

When taken as a whole, Table 21 shows the results of the correlation test between the respondents’ (adolescents and adults combined) perspectives on body image and their self-esteem, self-optimism and self-outcome.

Table 21. Correlation Results between the Respondents’ Perspectives on Body Image and their Self-Esteem, Self-Optimism and Self-Outcome
(N=634; P value=.05)

Variables			Self-Esteem	Self-Optimism	Self-Outcomes
Spearman's Rho	Self-Aggrandizement	Corr. Coeff.	.265**	.233**	-.038
		Sig.	.000	.000	.343

	Body Acceptance	Decision	<i>Rej. Ho</i>	<i>Rej. Ho</i>	Acc. Ho
		Corr. Coeff.	.370**	.100*	-.119**
		Sig.	.000	.012	.003
	Physical Contact	Decision	<i>Rej. Ho</i>	<i>Rej. Ho</i>	<i>Rej. Ho</i>
		Corr. Coeff.	.097*	.203**	.249**
		Sig.	.015	.000	.000
	Sex and Sexuality	Decision	<i>Rej. Ho</i>	<i>Rej. Ho</i>	<i>Rej. Ho</i>
		Corr. Coeff.	.330**	.309**	-.081*
		Sig.	.000	.000	.040
	Vitality	Decision	<i>Rej. Ho</i>	<i>Rej. Ho</i>	<i>Rej. Ho</i>
		Corr. Coeff.	.558**	.265**	-.218**
		Sig.	.000	.000	.000
	Overall	Decision	<i>Rej. Ho</i>	<i>Rej. Ho</i>	<i>Rej. Ho</i>
		Corr. Coeff.	.532**	.355**	-.058
		Sig.	.000	.000	.142
		Decision	<i>Rej. Ho</i>	<i>Rej. Ho</i>	<i>Rej. Ho</i>

In terms of self-esteem, results revealed that all the five domains of body image, apparently were all correlated with self-esteem as evidenced by the computed p values less than .05. The results meant that the perspectives of the respondents about their bodies relate with how they maintain and develop a positive self-image or self-worth. This is to say that when a person has positive self-worth or a much higher self-esteem, a person’s perceptions, thoughts and feelings about his or her body influences the level of his or her body satisfaction. Grogan (2008) mentioned that body image is a multidimensional, subjective and dynamic concept that encompasses a person’s perceptions, thoughts, and feelings about his or her body (Grogan, 2008). Body image is thus, not limited to the aesthetic characteristics of the person. Luskin and McCann (2011) affirmed the idea by stating that the multi dimensionality of body image considers a lot of factors like the state of health, skills, and sexuality of people. In this case therefore, body image does not simply reflect the biological endowment of the individual or the feedback received from the significant others but is dependent on other factors like personality and self-esteem (Luskin, & Mccann, 2011). Since self-esteem refers to a person’s perceptual image of himself/herself, this perceptual image somehow relates to how he or she perceives his or her perceptions of body image. Thompson, et al. (1999) explained that perceptions of appearance and self-worth are inextricably linked, such that perceived appearance consistently emerges as the strongest single predictor of self-esteem among both male and female adolescents.

In terms of self-optimism, very evidently once again, all five domains of body image were correlated with self-optimism as shown from the computed p values less than .05. This indicated that the respondents’ perspectives on body image is related to the overall positive evaluation of themselves. Scheier, et al. (1994) mentioned that self-optimism is a person’s appraisal of one’s own worth or the opinion one has about himself. Therefore, when peoples’ self-optimism is high, this allow them to have higher body satisfaction and a much higher contentment about themselves as compared to those people with pessimistic attitudes or outlooks or appraisal of themselves (Willis, Palermo & Burke, 2011). The results of positive body image include, but are not limited to, romantic relationships. Both healthy friendships and family relations can benefit from an individual seeing themselves in a positive light. Depending on how individuals feel about their appearance, involvement and interaction may vary (Miller, 2002). Based on Miller’s study, persons with higher self-esteem may have healthier involvement in interpersonal communication.

Moreover, self-outcome was also correlated with perspectives on body image (at least in four domains). These were the perspectives on body acceptance, physical contact, sex and sexuality and vitality. Lambert, Burlingame, Umphress, Hansen, Vermeersch and Clouse (1996) explicated that self-outcome is dictated by three domains namely: (a) symptoms distress which refers to the discomfort being experienced by an individual; (b) social role functioning which refers to how an individual dispenses or performs his or her roles whether positively or negatively in a particular setting of social responsibility; and (c) interpersonal relationship which refers to the degree of bond between two or more people bringing them close to each other and eventually results to good bonding or

relationship. These three factors somehow influenced both adolescents and adults' perspectives pertaining to how they accept their physical image (body acceptance); or how contact or physical touch is used as an important aspect of enhancing self-outcome (physical contact); or how they view their sex and sexuality; and or how their outlook of positivity or vigor (vitality) is made an important factor for social interaction (Po"hlmann, K., Thiel, P., & Joraschky, P., 2008).

Therefore, in this study, both adolescents and adults considered body image conceptions as influential in attaining a more positive self-esteem, self-optimism and self-outcome.

F. Comparison in the Ranking with Adults' Perceptions on Body Image.

Table 19 shows the comparison in the ranking of some underlying factors that influence the adolescents and adults' perspectives on body image.

Table 22. Factors that Influence the Adolescents' Perspectives on Body Image and Comparison in the Ranking of Factors with Adults' Perspectives on Body Image

Group Statistics					
	Respondents	N	Mean	SD	Rank
Media	Adolescents	347	4.4323	1.96292	6
	Adults	287	5.1150	1.60114	6
Parents	Adolescents	347	1.8818	1.49000	1
	Adults	287	1.9930	1.76206	1
Siblings	Adolescents	347	3.2882	1.73969	3
	Adults	287	2.9582	1.57060	2
Peers	Adolescents	347	3.1758	1.05386	2
	Adults	287	3.1812	1.28272	3
Community	Adolescents	347	4.3919	1.59361	5
	Adults	287	4.4948	1.36610	5
School	Adolescents	347	3.9424	1.36941	4
	Adults	287	4.3902	1.18306	4
Others	Adolescents	347	6.2219	1.67601	7
	Adults	287	6.1045	1.82912	7

It was apparent that both groups had similar ranking of factors. In descending order (from highest to least), the top-five most influential factors influencing the perspectives of adolescents on body image were: parents (rank 1), followed by peers (rank 2), siblings (rank 3), school (rank 4) and community (rank 5). Similarly, in descending order, the adults' top-five influencing factors were: parents (rank 1), siblings (rank 2), peers (rank 3), school (rank 4) and community (rank 5). It was therefore evident that both groups exhibited similar perceptions on the effects of some influencing factors in their body image conceptions. Thus, the home remains to be an important influencing variable in body image ideals. These results were confirmed in some studies conducted globally.

Hintikka, et al. (2000) explained why parental influence was so strong in influencing the worldviews and perspectives of their children on body image. Accordingly, most often than not, parents played a highly significant role in altering attitudes and behaviors in relation to males and females' attempts to influence their weight, shape and size, with mothers having a positive role in relation to eating habits of their female children and fathers having more of an influence on the amount of exercise taken by their male children. These results were affirmed in the study of Grogan and Richards (2002) who revealed that men and males in England tended to relate body shape ideas to fitness and sports. These men and males stigmatized fat as signifying lack of control and weakness, blaming and ridiculing those who were perceived as overweight and even accepting the legitimacy of being bullied themselves if they were fat. Male social power and self-confidence were also closely linked to the appearance rather than the function of the body, where the right "look" was seen to be more important than having a healthy or strong body. In contrast, the females tended to look first and foremost on the foods that they eat, the nutrients that they get. In other words,

they were more after a healthy body rather than how they look. In both of these studies, the home was seen indeed as very influential in creating and influencing the worldviews and perspectives of children on body image.

In addition, siblings also make an impact on body image perspectives. It is because the siblings or the children themselves carry over the reminders of their parents at home so that they themselves effect influence on their other siblings. Hargreaves and Tiggemann (2006) noted that the family is the first real gauge of everything and anything in the world – the children's experiences at home is formed and eventually enrich as they are influenced by other factors.

Research has shown that when parents are emotionally warm, affectionate, and available, and balance these qualities with high expectations and a firm but fair disciplinary style, they create an emotional context in which children and adolescents tend to be more secure, well adjusted, healthier, and safer than peers raised in other settings. Specifically, parental nurturance is important throughout the developmental process and appears to be an especially significant factor in the positive development of young adolescents (Maccoby, 2007; Windle et al., 2010). Researchers have found positive associations between young adolescents who are satisfied with their bodies and parents who are nurturing and supportive (Crespo et al. 2010), whereas young adolescents dissatisfied with their bodies are associated with parents who are less nurturing and warm (Bearman et al. 2006). These findings are consistent for boys and girls.

Peers and friends is another underlying factor. Van den Berg, Thompson, Obremski-Brandon, and Coover (2002) articulated that next to the family, there is a very strong group that influence people on their perspectives of body image – this group consists of their friends or peers whether at home, school or at work. As they socialize with others, they learn to appreciate or depreciate other peoples' insights, opinions or perspectives about body image.

Moreover, the school is a social setting and a very powerful one. As soon as they enter school, they succumb to rules and regulations about proper dressing and decorum and a number of others policies that train them to become subservient. Whatever the school rules are, they succumb to these and somehow provide another added layer in how they perceive an ideal body image. This does not count the very people in school – their administrators, teachers and staff and co-students, and close friends. Thus, perspectives on body image, is thus, subsumed under the social notion of self-image, which may be largely a result from internalizing the opinions and ideas of significant others regarding the attributes and behaviors that individuals should possess (Murnen & Don, 2012).

Another influencing factor in the individuals' perceptions on body image is the immediate community or neighborhood. Bastiani-Archibald, et al. (2009) explained that as teens develop their own identity, a distancing from parents and siblings and a shift towards relations with peers or friends in the community or neighbor occur. The establishment of close and friendly relations provides mutual aid in managing daily problems and pressures associated with maturation. In this context, group integration becomes a paramount concern. In order to be accepted, a teenager is willing to make any sacrifice. Thus, friends and peers become extremely influential social agents in shaping the thoughts of others about their bodies. How their neighbors or the community evaluate them (including their looks or body image) will have a tremendous impact on the development of their self-esteem and body image.

The similarity in the ranking of factors among adolescents and adults could also be explained by maturity or aging process. Accordingly, Dusek and McIntyre (2009) explicated that the considerable weight gain and body size brought by age alters the original perceptions on body image – a departure from puberty which is a desirable silhouette and early adulthood to middle adulthood. But since this distortion goes in the direction of the natural evolution of the body, the pressure felt from the opposite sex is considerably smaller at this stage since the aging process is associated with significant physical changes (body reshaping by reduction in tonus and muscle mass, weight gain, and skin wrinkling), which remove individuals from the current cultural ideal (represented by a supple, toned and wrinkle-free body). Grogan (2012) further states that the explanation is based on adjustment of body ideal (becoming more close to reality, age

appropriated and oriented towards comparisons with friends and acquaintances rather than celebrities) and diminishing importance attached to appearance. As the woman's or a man's identity is intimately linked to her or his role in relation to family, career and community, investment in appearance decreases with growing old.

Lastly, both groups similarly rated media influence to be another factor. Although, both had ranked it at sixth place. Media effect on perspectives on body image is another important variable. Dittmar, et al. (2006) mentioned that media messages contribute to creating negative stereotype and prejudice against overweight. Toys promote unrealistic body ideals and cultivate gendered pursuits: females are investing more in physical appearance and clothes (preoccupations that are reinforced by other agents of influence such as mothers, sisters or female characters on TV), while males are more concerned with action. Findings in the study of Goodwin, et al. (2011) in the UK also revealed that media influences played an important role in fostering a desire to be thin, both among males and females, and could contribute to an environment where compulsive exercising would result. Harrison (2001) found that exposure to thin-ideal TV was associated with a rise in eating disorder symptoms in adolescent females; this effect was partially mediated through increasing perceived discrepancies between actual and ideal body shape. Stice, Schupak-Neuberg, Shaw, and Stein (1994) found that, among young college women, greater media exposure was linked directly with more eating disorder symptoms and indirectly, through stronger internalization of the ideal-body stereotype - with greater body dissatisfaction.

Evidently, based on rich review of empirical data, the adolescents and adults' ranking of underlying factors that influence their perspectives on body image have bases after all. The home or the family remains to be a rich ground for parents to educate their children with body image ideals. Nurturing parents also have a lasting effect on their children's body image. In a recent study, researchers showed that boys and girls with positive and supportive parents have more consistent body image satisfaction over time (Holsen et al. 2012). These associations rarely have been examined for body image discrepancy; however, the few studies that have examined these associations have shown that low social and emotional support received from parents was associated with higher levels of body image discrepancy (Ata et al. 2007).

Just because a shirt does not fit right does not mean that the body is wrong! Parents should continue educating their children not with "Thin Ideal" but with "Health Ideal" which looks different for every person, and focuses on health not weight or size.

XVII. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

A. Summary

This study utilized the descriptive-comparative and correlational research designs using the technique of survey checklist to determine the adolescents' perspectives on body image and its relation to their self-esteem, self-optimism and self-outcomes. The comparative design compared the adolescents and adults' perspectives on body image along five domains namely: self-aggrandizement; body acceptance; physical contact; sex and sexuality; and vitality. Likewise, the correlational design established correlation between the respondents' (as a whole) perspectives on body image and their self-esteem, self-optimism and self-outcome.

B. Findings

Findings in this study revealed that:

1. The adolescents believed that self-aggrandizement (which pertains to the measure of how the body is actively used in social interactions to enhance self-esteem) had modest influence on the adolescents' body image perspectives. However, body acceptance, physical contact, sex and sexuality and vitality greatly contributed to their perspectives on body image;
2. Except for sex and sexuality which indicated no significant difference, the rest of the four domains had shown significant differences. Apparently, in all domains, the adult-respondents rated the domains higher than the adolescents;

3. The adolescents manifested great self-esteem and self-optimism but had moderate valuation of their self-outcome;
4. The adolescents and adults had significant differences in their levels of self-esteem, self-optimism and self-outcome;
5. A significant correlation existed between the adolescents and adults' perspectives on body image and their self-esteem, self-optimism and self-outcome;
6. Both adolescents and adults had similar ranking of factors that influence body image perspectives. In descending order (from highest to least), the top-five most influential factors influencing the perspectives on body image were: parents (rank 1), followed by peers (rank 2), siblings (rank 3), school (rank 4) and community (rank 5). Similarly, in descending order, the adults' top-five influencing factors were: parents (rank 1), siblings (rank 2), peers (rank 3), school (rank 4) and community (rank 5).

C. Conclusions

The study concluded that:

1. At least among adolescents who are in school, the most influential domains contributory to their perspectives on body image are body acceptance, physical contact, sex and sexuality and vitality. They are more concerned about how they accept and feel comfortable and contented with their physical bodies and their physical attachment with other people than with what other people say about their physical looks. They do not look for self-aggrandizement but more attached to how they relate to other people in the dispensation of their social role functioning and their outlook of positivity or vigor in social interaction that mattered the most than their physical looks;
2. Adolescents' perspectives on the contribution of the five domains of body image vary with how adults perceived the domains to be;
3. The adolescents exhibit immense positive self-confidence and encouraging social role functioning but possess modest valuation of their self-outcome, especially in overcoming symptom distress;
4. The adolescents and adults vary in their levels of self-esteem, self-optimism and self-outcome;
5. Body image perspectives directly influence self-esteem, self-optimism and self-outcome; and
6. Home factors such as the influence of parents and sibling remain to be rich fertile areas where perspectives on body image arise. Peers or friends, the school, immediate community and the media are also seen as causative factors in influencing body image ideals.

D. Recommendations

On the basis of the findings and conclusions of this study, the following recommendations are strongly advanced:

1. Adolescents can indulge in worthwhile activities that promote healthy living ideals. They should be wary of the kind of friends or peers that they have. Sometimes it is best to listen to their parents or older siblings about negative and positive body image perspectives. Awareness of positive body image ideals can help refine what they view in the media and sharpen up their guard against deceitful perspectives on body image;
2. Keeping up with adults' pieces of advice and listening to their opinions and ideas about positive body image can help them understand better the five domains of body image, thereby establishing a balance view about healthy living ideals. Understanding the five aspects of body image is critical in establishing and maintaining healthy mind and body, including wholesome interpersonal relationships;
3. Maintaining a positive self-confidence and encouraging social role functioning is always a commendable thing to do but overcoming some symptom distress brought by mental or psychological factors is a must. Establishing wholesome

interpersonal relationship both at home and outside the home will result to a more positive self-outcome. Parents, siblings and peers can help lessen mental or psychological stressors. Healthy eating diets, maintaining an open communication flow, complete sleep and rest, indulging in sensible activities physically, mentally and spiritually can lessen stressors;

4. Since self-esteem, self-optimism and self-outcome had been found as important causative factors for positive body image ideals, both adolescents and adults can indulge in intervention programs that enhance the foregoing factors such as seminars, workshops, talks or lectures about the theme. Adults can accompany adolescents to worthwhile activities such as: (a) "Enhancing Self-esteem Benefits You and Your Family"; (b) "Positive Self-appraisal"; (c) "Adolescents' Support System at Home"; (d) "An Ideal Home for Adolescents"; (e) Parents and Siblings' Roles in Understanding Adolescents' Mindsets"; or (f) "Understanding Symptom Distress: Roles of Family Members". These activities can bring fruitful interactions in the family and social cliques;
5. Since a positive body image perspectives begets a positive self-esteem, self-optimism and self-outcome, support system by adults must be in place. Parents and siblings should be made aware of this important support system. A wholesome and strong spiritual, mental, social and physical support system can help adolescents cope with distress symptoms that affect healthy living ideals; and
6. Adults like parents, older siblings, relatives and friends can widen adolescents' perspectives on body image. Parents can teach their children and other people to be critical viewers of media portrayals of body images that distort their positive perceptions on body image ideals whether in print, non-print, electronic or the internet. They can watch TV with them and talk about the kinds of messages being given in commercials and other programming. They can offset the negative with positive self-esteem and body image by providing and guiding them with positive internet resources, magazines, TV shows and movies. More importantly, parents can model healthy behaviors by: (a) avoiding extreme dieting; (b) diet discussions; and (c) engage in regular, balanced physical activity that the family enjoys. Parents can help children and their peers or friends develop an identity that goes beyond physical appearance by establishing a no-tolerance policy for weight teasing or fat talk, watching out for any strange or restrictive eating habits and acting on any suspicions regarding eating disorders, depression or anxiety and have regular family meals and getting involved in establishing healthy ideals among family members and friends.

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XIX. Appendix A. Adolescents’ Body Image Survey Checklist and Consent Form

September 2019

Dear Adolescent-Respondent

“To lose confidence in one’s body is to lose confidence in oneself.”
- Simone De Beauvoir

Peace and Goodwill!

The undersigned are faculty researchers of Saint Mary’s University. Cognizant with the WEALTH Program of the University, we are now in the second year of a three-year research activity about body image. The first research delved on adults’ worldviews and perspectives on body image and the associative dynamics of self-esteem, self-optimism and self-outcomes. The second stage will be concerned on adolescents’ perspectives on body image. This is to create a holistic view about how Filipino adolescents and adults view themselves positively in consideration of the many changes in terms of physical, social, cognitive, and emotional development through time.

Such three-year research activity endeavors to craft an information education campaign (IEC) material to further understand the intricacies of body image as people go through stages. Consequently, your participation as an adolescent-respondent is highly important. Kindly fill up the needed information and objectively accomplish the checklists.

“Just because a shirt doesn’t fit right doesn’t mean your body is wrong!” Today let us promise to END FAT TALK in conversation with your friends. Starting now, let us strive not to talk about THIN IDEAL but for a HEALTHY IDEAL. Let us celebrate the things about ourselves and the people in our lives that have nothing to do with HOW WE LOOK but WHO WE ARE when we are with them.

Sincerely,

Darwin Don M. Dacles, Ph. D., *Lead Researcher*
Yolanda Fe Gatan del Rosario, Ph.D., *Collaborator*
Mr. Kenneth L. Maslang, MAED, *Collaborator*
Endorsed:

Dr. Dominga C. Valtoribio, Ph. D
Dean, SMU School of Graduate Studies

Student’s Consent Form

As a respondent in this study, you are hereby accorded all the rights to:

1. Be sought consent for participation;
2. Be allowed to terminate one’s participation whenever one feels to;
3. Be informed of the nature, purpose and terminal goal(s) of this study;
4. Be informed regarding the extent of one’s participation;
5. Be accorded great assurance of anonymity;
6. Be given the high assurance that all information shared shall be treated with utmost confidentiality; and
7. Be informed with the results (upon request).

Conforme:

Respondent’s Signature over Printed Name

Parent’s Consent Form (If the student is below 18 years of age)

Since some of the respondents targeted in this study are below 18 years of age, we are asking their parents to signify their consent by affixing their signature over their printed name below.

As a target respondent in this study, I hereby acknowledge that my son/daughter/ward will be accorded with the following rights to:

- 1. Be sought consent for participation;
- 2. Be allowed to terminate his/her participation whenever he/she feels to;
- 3. Be informed of the nature, purpose and terminal goal(s) of this study;
- 4. Be informed regarding the extent of his/her participation;
- 5. Be accorded great assurance of anonymity;
- 6. Be given the high assurance that all information he or she will share shall be treated with utmost confidentiality; and
- 7. Be informed with the results (upon request).

Father/Mother/or Guardian’s Signature over printed name

Part I. Adolescent-Respondent’s Profile. Direction. Please fill in completely the needed data otherwise check the appropriate information

Name (Optional): Sex: Male Female
Actual Age (in years):
Senior High School Grade Level Grade 11 Grade 12

Part II. Dresden’s Body Image Checklist. Direction. Below is a list of statements describing how you look at your body image in relation to various personal domains. Indicate the degree of each item’s truthfulness to you using the scale: strongly untrue of me (SUM), untrue of me (UM), true of me (TM) and strongly true of me (STM).

Items	SUM	UM	TM	STM	Remarks
A. Self-Aggrandizement					
1. I move gracefully.					
2. Other people find me attractive.					
3. I find it pleasant and exhilarating when someone looks at me attentively.					
4. I feel more valued when someone pays attention to my body.					
5. My body is expressive.					
6. I use my body to attract attention.					
7. I put great attention on my body.					
8. I like to be the center of attention.					
B. Body Acceptance	SUM	UM	TM	STM	Remarks
1. There are lots of situations in which I feel happy about my body.					
2. I like my body.					
3. I choose clothing that I am comfortable with					
4. I often feel comfortable about my body.					
5. I am satisfied with my present body.					
6. I am satisfied with my appearance.					
1. I do not want to change my body					
C. Physical Contact	SUM	UM	TM	STM	Remarks
7. Physical contact is important for me to express closeness.					
8. I look for physical intimacy and affection					
9. I like people touching me.					
10. I like it when people put their arms around					

Items	SUM	UM	TM	STM	Remarks
me.					
11. I touch people I am comfortable with					
12. I allow people to touch me.					
D. Sex and Sexuality	SUM	UM	TM	STM	Remarks
7. I am totally comfortable with my sexuality					
8. I can easily relate to the discussions of sex and sexuality without malice					
9. I consider sex and sexuality as an important aspect of life.					
10. I am able to lay aside my inhibitions in sexual situations.					
11. I am able to enjoy my sexuality.					
12. I feel that I physically attract the opposite sex					
E. Vitality	SUM	UM	TM	STM	Remarks
9. I often feel physically energized					
10. I am filled with energy and motivation.					
11. I feel physically strong					
12. I am physically fit.					
13. I have lots of energy.					
14. I am in good physical condition.					
15. It will reach a long time before I reach my physical limits.					
16. I am physically strong and resilient.					

Rosenberg’s Self-Esteem Checklist. Direction. Below is a list of statements dealing with your general feelings about yourself. Indicate the degree of each item’s truthfulness to you using the scale: strongly untrue of me (SUM), untrue of me (UM), true of me (TM) and strongly true of me (STM).

Items	SUM	UM	TM	STM	Remarks
11. On the whole, I am satisfied with myself.					
12. Every time, I think I am good					
13. I feel that I have a number of good qualities.					
14. I am able to do things as well as most other people.					
15. I feel I have much to be proud of.					
16. I certainly feel important everyday					
17. I feel that I'm a person of worth, at least on an equal plane with others.					
18. I have great respect for myself.					
19. All in all, I am inclined to feel that I am successful					
20. I take a positive attitude toward myself.					

Scheier, et al. Self-Optimism Checklist. Direction. Below is a list of statements describing how you look at various situations in the constructive way. Indicate the degree of each item’s truthfulness to you using the scale: strongly untrue of me (SUM), untrue of me (UM), true of me (TM) and strongly true of me (STM).

Items	SUM	UM	TM	STM	Remarks
7. In uncertain times, I usually expect the best.					
8. If something can go wrong for me, it will.					
9. I'm always optimistic about my future.					
10. I hardly ever expect things to go my way.					
11. I rarely count on good things happening to me.					
12. Overall, I expect more good things to happen to me than bad.					

Lambert, et al. Self - Outcome Checklist. Direction. Below is a list of statements describing how you look at yourself in relation to distress, role functioning and interpersonal relationship. Indicate the degree of each item’s truthfulness to you using the scale: strongly untrue of me (SUM), untrue of me (UM), true of me (TM) and strongly true of me (STM).

Items	SUM	UM	TM	STM	Remarks
A. Symptom Distress					
1. I tire quickly.					
2. I feel no interest in things.					
3. I blame myself for things.					
4. I feel irritated.					
5. I have thoughts of ending my life					
6. I feel weak.					
7. I feel fearful					
8. I am a happy person.					
9. I feel fearful.					
10. I have difficulty concentrating.					
11. I feel hopeless about the future.					
12. I like myself.					
13. Disturbing thoughts come into my mind that I can't get rid of.					
14. My heart pounds too much.					
15. I am satisfied with my life.					
16. I feel that something bad is going to happen.					
17. I have sore muscles.					
18. I feel afraid of open spaces, or of driving, or being on buses, etc					
19. I feel nervous.					
20. I have trouble falling asleep or staying asleep.					
21. I feel blue.					
22. I have headaches.					
B. Social Role Functioning	SUM	UM	TM	STM	Remarks
10. I feel stressed at work/school.					
11. I find my schooling satisfying.					
12. I study too much.					
13. I enjoy my spare time.					
14. I am studying well than I used to.					
15. I have trouble at school because of drinking or drug use.					
16. I feel that I am not doing well at school.					
17. I have too many disagreements at school.					
18. I feel angry enough at school to do something I might regret.					
C. Interpersonal Relationship	SUM	UM	TM	STM	Remarks
12. I get along with others.					
13. I feel unhappy in my significant relationship					
14. I am concerned about family troubles.					
15. I have an unfulfilling life					
16. I feel lonely					
17. I have frequent arguments.					
18. I feel loved and wanted.					
19. I feel annoyed by people who criticize my personal vices					
20. I have trouble getting along with friends and close acquaintances					
21. I feel my love relationships are full and					

Items	SUM	UM	TM	STM	Remarks
complete					
22. I am satisfied with my relationships with others					

Part II. Body Image Influencing Factors. Rank the following factors according to the degree of their importance in influencing your worldviews and perspectives on body image (1 means most important and 7 means least important). Justify (expound) your answers.

Rank	Possible Factors	Remark (Justification)
_____	Media	
_____	Parents	
_____	Siblings	
_____	Peers/Friends	
_____	Society/Community	
_____	School	
_____	Others (specify) _____	

- End of Survey –

Thank you for your participation!

XX. Signatories (Endorsement of Full Papers):

Researchers:

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Lead Researcher

Dr. Fe Yolanda G. Del Rosario
Collaborator

Mr. Kenneth L. Maslang
Collaborator

Endorsed:

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