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THE EFFECT OF BODY IMAGE ON CONVERSATIONAL INVOLVEMENT

JEREMY BRENT HARRISON

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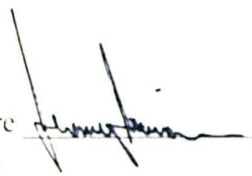
Signature 

Date 6-28-01

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A Thesis

Presented for the Master of Arts

Degree

Austin Peay State University

Jeremy Brent Harrison

June 2001

DEDICATION

This thesis is dedicated to my wife Melanie Harrison

and to my supportive parents

Carol and Clarence Harrison

ACKOWLEDGMENTS

I would like to thank my major professor, Dr. Frederick Grieve, for his guidance, time, and patience during this entire study, and for sharing his valuable knowledge about psychology with me. I would also like to thank Dr. LuAnnette Butler for her encouragement and kind words and Dr. Samuel Fung for his technical expertise.

I would also like to thank all of the professors that made themselves accessible to me throughout this study. Finally, I would like to thank all of my family members who supported me throughout my years in college and for all of your encouragement.

ABSTRACT

This study examined the effect of body image and salience on perceived conversational involvement. Participants consisted of 57 male and female undergraduate students enrolled in a psychology course. Participants were paired together randomly and were asked to participate in a 10-minute conversation wearing either tank tops (if male) and halter tops (if female) or casual clothing. Participants completed the body dissatisfaction subscale of the Eating Disorders Inventory - II (EDI-II; Garner, 1991) as well as a modified version of the Interaction Involvement Scale (IIS; Cegala, 1981). Results indicated no effect of body image or salience on perceived conversational involvement.

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CHAPTER I

INTRODUCTION

Perception of one's physical appearance plays a significant role in psychological and social functioning. Research in the area of body image dissatisfaction suggests that the number of people dissatisfied with their appearance is on the rise in young adults and is prevalent across all age groups (Cash & Henry, 1995; Feingold & Mazzella, 1998; Gardner, Friedman, Stark, & Jackson, 1999). Furthermore, dissatisfaction with one's physical appearance has been implicated in several psychological and social dysfunctions. For example, negative body image perception has been associated with eating disorders (De Castro & Goldstein, 1995), depression and self esteem (Sarwer, Wadden, & Foster, 1998), cognitive functioning (Fredrickson, Noll, Roberts, Quinn, & Twenge, 1998) and social functioning (Nezlek, 1999). This study of body image perception will focus on the impact of body image on conversational involvement, an area of social functioning which has important clinical significance.

Increases in Body Image Disturbance

The term body image refers to the way people perceive and evaluate their physical appearance. Cash and Pruzinsky (1990) suggest that body image is a broad term encompassing many areas, including how people think and feel about their appearance, how it affects their self-concept, the way they think, and the way they behave.

Cash and Henry (1995) surveyed 803 women to investigate the body image attitudes among women. Participants were obtained from 19 U.S. cities located in the Northeast, Southeast, Southwest, West Coast, and the Midwest. The women who participated closely represented the U.S. population of adult women according to the 1990 census data (Cash & Henry). The participants completed three subscales of the Multidimensional Body-Self Relations

Questionnaire (MBSRQ; Brown, Cash, & Mikulka, 1990) which measures global evaluations of a person's appearance, evaluations of specific body parts, and a person's preoccupation with being overweight. The results obtained from the survey suggest that of the women who participated, 47.9% had a general dissatisfaction with their overall appearance, 35.6% had a negative view of specific body parts, and 48.5% were overly concerned with being overweight (Cash & Henry). These percentages indicate the general dissatisfaction of appearance experienced by many American women. Some researchers have also stated that women have a "normative discontent" with their bodies (Brownell & Rodin, 1994).

In a study concentrating on body image perception among a community sample of Australian women, Stevens and Tiggemann (1998) hypothesized that body image dissatisfaction would be present across a wide age range. Participants for their study were 180 women between the ages of 18 and 59. The majority of participants were Caucasian and the average age was 37.1 years. Stevens and Tiggemann obtained participants by randomly sampling households of three different suburbs near the city of Adelaide, which is the capital city of South Australia. Participants were presented with nine silhouette drawings of female figures which ranged from very thin to very fat. These drawings were created and developed by Stunkard, Sorenson, and Schulsinger in 1983 to assess body image perception. Using the silhouette drawings, participants were asked to indicate which figure resembled their body image the most, which figure they would like to resemble, and the figure which they thought was the most attractive (Stevens and Tiggemann). As predicted, the entire sample of women rated their ideal figure significantly smaller than their current figure. Stevens and Tiggemann concluded that participants displayed significant body image dissatisfaction in desiring to be thinner than their actual body size. Furthermore, age had no impact on participant's body image perception. Results indicated no

significant correlations between body dissatisfaction ratings and age, (r = .09). This indicates that there was no difference in body image dissatisfaction between younger participants and older participants in the sample, suggesting that body image dissatisfaction equally affects both younger and older populations.

Longitudinal studies have also provided information on body image perception among children and adults. Gardner et al., (1999) conducted a three-year longitudinal study on body size estimation in children between the ages of 6 and 14 to gain information about the changes that occur in children's perceived body size. In their study, 216 boys and girls were initially recruited to participate. During the course of the study, only 204 children returned in the second year and only 189 children returned during the third year. Gardner et al., examined body size estimation by using three different methods of distorting picture images of participants by making them wider or thinner. The participants were then able to change the pictures to a version that correctly resembled their actual figure. Males and females over the three-year testing period decreased in their estimate of their body size beginning at age seven. According to Gardner et al., this decrease in body size estimation did not occur because of bodily changes that might take place during growth spurts or puberty, but because of changes in their subjective judgment over the three-year period. Body dissatisfaction remained low for male participants during the three-year study, whereas for female participants, beginning at age nine, body dissatisfaction increased. This study suggests that as girls get older, they become increasingly aware of society's concept of female beauty and start to evaluate themselves in light of this new awareness.

In a 10-year longitudinal study examining the eating behaviors of 509 women and 206 men, Heatherton, Mahamedi, Striepe, Field, and Keel (1997) studied feelings of body dissatisfaction, long-term dieting behavior, and eating disorder symptoms. They recruited men

and women between the ages of 27 and 55 over a 10-year period starting in 1982. Participants were randomly selected from a college in the Northeastern part of the United States. Participants were sent a survey that assessed their height and weight, actual eating patterns, dieting history, and weight concerns. The survey also assessed whether these behaviors and weight concerns occurred in the past as well as the present. Finally, participants completed the Eating Disorder Inventory (EDI; Garner, 1984) to assess eating disorder symptoms. Participants were contacted 10 years later to complete the EDI again, as well as a modified version of the survey given previously. Results of this study showed that among the women who viewed themselves as overweight in 1982, 55% showed a decrease in body dissatisfaction and chronic dieting and 18% showed an increase in body dissatisfaction and chronic dieting in 1992 (Heatherton et al.). The participants who viewed themselves as overweight in 1982 viewed themselves as having an average body weight in 1992. Heatherton et al., suggested that this change in perception occurred because participants' standards in judging appearance decreased, as there was little decrease in body weight among participants. They also suggest that for some women, moving away from social pressures emphasizing thinness can help de-emphasize their desire to be thin, whereas in other women, simply moving away from social pressures to be thin will not lead to a decrease in body dissatisfaction and dieting behavior.

Finally, Feingold and Mazzella (1998) conducted a meta-analysis of 222 studies over the past 50 years. The study focused on men and women's views of their physical attractiveness and body image. Fiengold and Mazella reported on the gender differences in nonclinical samples of participants aged 12 and older. They found that males over time, were more satisfied with their bodies than females. In addition, females were becoming more dissatisfied with their appearance. Feingold and Mazella noticed that body image dissatisfaction among women gradually increased

after studies conducted in the 1970's, where before this period it was relatively low. This study is consistent with the study by Heatherton et al., (1997) suggesting societal pressures influence body image satisfaction.

Impact on Mental Health

Research has shown that negative body image perception is related to a person's mental health. Sarwer et al., (1998) examined the clinical impact of body image in obese women and nonobese women. They selected 79 obese women and 43 nonobese women for their study from a list of respondents to newspaper and television advertisements. Participants completed the Body Dysmorphic Disorder Examination-Self Report Scale (BDDE-SR; Rosen & Reiter, 1996) to assess the level of body dissatisfaction as well as symptoms of Body Dysmorphic Disorder. The participants were then asked to select from 30 physical features the five choices which they were most dissatisfied. Other questions addressed each participant's level of avoiding and hiding body parts when around people or social situations. Depression and self-esteem were assessed with the Beck Depression Inventory (BDI; Beck & Steer, 1987) and the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1979). Results suggested that the obese women had higher levels of body image dissatisfaction than the nonobese women. Of the women studied, 68% of obese women showed moderate to extreme dissatisfaction with their overall appearance, whereas 33% of nonobese women showed moderate to extreme dissatisfaction (Sarwer et al.). When specific areas of body dissatisfaction were examined, 72% of obese women reported moderate to extreme dissatisfaction, as compared to 49% of nonobese women. Furthermore, symptoms of depression and lower levels of self-esteem were not related to body size. Both obese participants and nonobese participants who displayed body image dissatisfaction had lower levels of self-esteem and higher rates of depressive symptoms. This suggests that body image dissatisfaction and

related depressive symptoms may not be related to physical size but to how individuals subjectively think about their appearance (Sarwer et al.).

Longitudinal studies have implicated body image disturbance in eating disorders. In a two-year longitudinal study of adolescent females, Attie and Brooks-Gunn (1989) found that body dissatisfaction was a significant predictor for future eating disorder symptoms. In addition, a three-year longitudinal study by Cattarin and Thompson (1994) provided further support that body dissatisfaction was a significant predictor of eating disorders in females.

Killen et al., (1994) examined the factors associated with eating disorder symptoms in a community sample of sixth and seventh grade females. In their study, 939 sixth and seventh grade girls participated in a study designed to examine the risk factors for the development of eating disorders. Participants were assessed over a five-day period. Participants completed several scales which measured eating disorder symptoms, depression, and family cohesion. Information was also obtained on participant's height, weight, body fat percentage, and body mass index. Structured clinical interviews were also administered to assess symptoms of bulimia nervosa by interviewers who were blinded to participant's name. Of those who participated, one girl received a diagnosis of bulimia nervosa, and 35 were classified as being symptomatic. Killen et al., controlled for age and sexual maturation and compared the symptomatic group with the asymptomatic group. Their results indicated that the symptomatic girls were more developmentally mature, were heavier, had a greater fear of weight gain, experienced more dysphoria and body dissatisfaction, and had increased feelings of inadequacy and personal worthlessness (Killen et al.). Killen et al. suggest that adolescent females who experience these characteristics may be more at risk for developing eating disorders in the future.

Impact on Cognitive Functioning

Limited research suggests that body image perception influences cognitive functioning. Fredrickson et al., (1998) hypothesized that self-objectification diminishes cognitive performance. Self-Objectification theory argues that North American culture socializes females to become preoccupied with society's concept of beauty. As a result, females evaluate their physical appearance by society's standards. Fredrickson et al., argue that self-objectification can cause individuals to experience self-consciousness characterized by continuously monitoring their appearance.

In their study, 40 men and 42 women undergraduate students participated. The participants were selected on the basis of their scores on the Self-objectification Questionnaire (Noll & Fredrickson, 1998). Fredrickson et al., informed participants that they were participating in a study investigating emotions and consumer behavior. Fredrickson et al. manipulated self-objectification by having some participants try on and evaluate bathing suits in a dressing room containing a full-length mirror. Other participants were required to try on and evaluate a sweater in front of a full-length mirror. While wearing the bathing suit and sweater, participants were instructed to judge their own appearance. Participants also evaluated their level of body shame by completing two different questionnaires. They were then instructed to complete a modified version of the Graduate Management Admission Test (GMAT). Participants were given 15 minutes to complete the math test. Results indicated that women in the bathing suit condition scored higher on measures of body shame and self-objectification. In addition, the women in the swimsuit condition performed worse on the GMAT than the women in the sweater condition. Fredrickson et al., suggest that these findings indicate that self-objectification and body image affect cognitive functioning by depleting attentional resources. Such depleted resources may

explain why participants in the bathing suit condition performed more poorly on the modified math test than those participants in the sweater condition.

Impact on Social Functioning

Research suggests that there is a link between poor social functioning and poor body image perception. Gibson and Thomas (1991) examined the relationship between self-rated academic competence, social competence, and psychological competence with the perceived body image of female undergraduates. Their goal was to investigate the relationship between a female's self-perception of her appearance and her social competence. In their study, 125 female undergraduates were recruited from introductory psychology classes. These volunteers were given a 27-item competency scale which assessed their perceived competence in academic, social, and psychological areas. Participants were also given the 64-item Eating Disorders Inventory (EDI; Garner, 1984) in which two subtests were used: the Drive for Thinness Scale and the Body Dissatisfaction Scale. Finally, the Multidimensional Body-Self Relations Questionnaire (MBSRQ; Brown et al., 1990) was administered in which scores taken from the Body Areas Satisfaction, Appearance Evaluation, and Appearance Orientation sub-scales were used. Based on the results, Gibson and Thomas suggested that academic and psychological competence had no relation to negative body image; there were low correlations between the competency ratings and subscales of the Eating Disorder Inventory (r = .13). Females with lower levels of perceived social competence were more likely to have higher body dissatisfaction scores on the Eating Disorder Inventory and higher incidents of judging their appearance negatively. In addition, there were moderate negative correlations (r = -.39) between ratings of social competence and the Body Dissatisfaction subscale of the Eating Disorder Inventory, and moderate positive correlations between social competence ratings and the Appearance

Evaluation and Body Areas Satisfaction scales (r = .52 and .43 respectively). This indicates that a relationship may exist between a women's body image perception and social competency. Females subjective evaluations of their physical appearance are important in relation to their perceived social competence.

In addition to the connection between social competence and body image perception, research indicates that there is a link between body image and daily social interaction. In a study designed to examine the effects of body image evaluation and day-to-day social interaction, Nezlek (1999) had 66 female and 58 male undergraduate participants maintain a diary of their social interactions. Participants recorded their responses to social interactions over a three-week period. The responses to social interactions were measured by using a modified version of the Rochester Interaction Record (RIR; Wheeler & Nezlek, 1977) which measures dimensions such as enjoyment, intimacy, responsiveness of the other person, level of influence, and confidence during the social interaction. In order to be recorded, the social interaction had to last for ten minutes or longer. Participants described the quality of daily social interactions by marking the appropriate rating which was based on a nine-point Likert scale. Participants were instructed to complete their records on a daily basis to facilitate accurate descriptions of their daily interactions. Each participants' body image was assessed by using a modified version of the Body Evaluation subscale of the MBSRQ. Nezlek's study suggested that a positive relationship exists between participant's self-evaluation of appearance and the quality of the social interaction. Participants in the study who had a negative body image had less intimate social interactions. Nezlek also discovered that women with positive body evaluations tended to be more confident in social situations than those women with negative body evaluations.

Conversational Involvement

The research on body image and social interaction gives information on how people with different body images interact socially. Little research has focused on specific aspects of social interaction such as conversational involvement. Conversational involvement refers to individuals being "cognitively and behaviorally engaged in the topic, relationship, and/or situation" (Coker & Burgoon, 1987, p. 463).

Studies examining the relationship between conversational involvement and other constructs have provided insight into the communication patterns of individuals. Cegala, Savage, Brunner, and Conrad (1982) examined the relationship between conversational involvement and personality characteristics. In this study, 326 undergraduate students (127 males and 189 females) enrolled in a persuasion course from a Midwest university completed the Interaction Involvement Scale, Form A of the Eysenck Personality Inventory (Eysenck & Eysenck, 1968), the Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975), McCrosky's Personal Report of Communication Apprehension (PRCA; McCroskey, 1981) and Wiemanin's Competence Scale (Wiemanin, 1977). Cegala et al., reported negative correlations of conversational involvement with personality characteristics such as neuroticism (r = -.47), communication apprehension (r = -.38), and social anxiety (r = -.43).

Nezlek, Imbrie, and Shean (1994) examined the relationship between depressive symptoms and everyday social interaction in a nonclinical population. In their study, 181 first and third year students enrolled in an introductory psychology class volunteered to participate. Depressive symptoms were measured by using a standardized measure and results indicated that 33 participants (20%) experienced significant amounts of depressive symptoms. Everyday social interaction was measured by using a self-report diary called the Rochester Interaction Record.

Participants were asked to record every social interaction that they had which lasted 10 minutes or longer. Interactions were defined as social encounters in which people attended to one another and adjusted their behavior in response to one another. Nezlek, Imbrie, and Shean found that depressive symptoms were negatively correlated with the quantity of social interaction. That is, those who experienced significant levels of depressive symptoms recorded less social interactions in their diaries.

In a similar study, Nezlek, Hampton, and Shean (2000) compared day-to-day social interaction between participants who were clinically depressed and those who were not depressed. In their study, 48 clinically depressed people participated. These participants were assessed with a structured interview and a standardized scale that assessed symptoms of depression. The nondepressed sample consisted of 24 participants who did not meet the criteria for depression based on a structured interview. Everyday social interaction was measured by using a self-report diary called the Rochester Interaction Record. Participants were asked to record every social interaction that they had which lasted 10 minutes or longer. Compared with non-depressed participants, Nezlek, Hampton, and Shean found that depressed participants rated their interactions as less enjoyable and less intimate. In contrast to the results found by Nezlek, Imbrie, and Shean (1994), depressed participants were no less socially active than non-depressed participants.

Bell (1985) examined the relationship between conversational involvement and loneliness. There were 240 undergraduates involved in his study. These participants consisted of individuals classified as lonely and not lonely based on the Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980). Participants in this study were randomly paired with members of the opposite sex. Each pair participated in ten-minute videotaped conversations.

Participants rated their perceived level and their perception of their partner's level of conversational involvement. Bell examined the behavioral aspects of conversational involvement by studying the verbal and nonverbal behaviors via the videotaped interaction. There were significant effects between loneliness and verbal indicators of conversational involvement such as the amount and duration of talking by participants. In contrast, no significant effects were present for loneliness and nonverbal indicators of conversational involvement. Additionally, partners of lonely participants evaluated the lonely participants as being less involved in the conversation. Lonely participants also rated themselves as less involved during the conversation. Bell concluded that lonely people talked less, interrupted less, and had lower attention spans during the conversation than people who were not lonely.

In summary, results of the existing research on body image and social interaction are limited, and results have suggested that a person's body image perception is linked to social functioning. This suggests that how a person evaluates his or her appearance plays a role in social experiences. Additionally, results suggest that a person's beliefs about how others view him or herself impacts the quality and the quantity of social functioning and interaction. Though results of these studies show a link between body image and social competence, no studies have focused on specific aspects of social interactions, such as conversational involvement. The study by Nezlek (1999) examined the relationship between body image and overall day-to-day social interaction. His study focused on social interactions that took place in a broad context and a specific focus on conversational interaction was excluded. Although the amount of social interaction was not related to body image in his study, Nezlek noted the importance of examining body image perception with different aspects of psychological and social functioning. Conversational involvement is an important concept to consider in relation to body image

perception because it can help show how people with body image disturbances interact with others.

The goal of the current study was to examine the effect of body image on perceived conversational involvement. The hypothesis of this study was that individuals with a negative body image would have a lower level of perceived conversational involvement than participants with a positive body image. The second hypothesis of this study was that individuals in the high salience condition would be less involved during the conversation than individuals in the low salience condition. Finally, it was hypothesized that those with higher levels of body image dissatisfaction and those in the high salience condition would rate their partners as more involved during the conversation.

CHAPTER II

METHODS

Participants and Design

Participants were 60 undergraduate students who were recruited from posted announcements in the psychology department at Austin Peay State University in Clarksville, Tennessee. The data from 3 participants were excluded due to incomplete responding on measures. Of these, 35 were women and 22 were men. Ages ranged from 18 to 47 years, with a mean of 23.49 years (SD = 7.37). Participants consisted of 30 Caucasians, 26 African Americans, and 1 Asian American.

The design for this study was a two 2 (body image: high vs. low) X 2 (salience: high vs. low) between subjects design. The dependent variable was perceived conversational involvement as measured by the modifed Interaction Involvement Scale (Cegala, 1981). The independent variables were body image perception and salience (attire worn by participants).

Measures

Demographics. The demographic questionnaire was a 4-item questionnaire that included questions about biographical information on the participant's age, race, field of study, and year in college (see Appendix A).

Body Image Disturbance. Body image disturbance was measured by using the Body Dissatisfaction subscale of the Eating Disorders Inventory II (EDI-II; Garner, 1991). The EDI-II retains the original 64 items of the first edition of the EDI, and includes an additional 27 test items constituting three additional subscales. The Body Dissatisfaction subscale measures the attitudes and behaviors related to a person's body image; it has been shown to have good reliability and validity indexes and is a popular measure in body image and eating disorder

research (Garner; Gibson & Thomas, 1991). In a sample of 690 females, the internal consistency reliability coefficient of the Body Dissatisfaction subscale was calculated at $\underline{r} = .90$ (Garner Olmstead, & Polivy, 1983). Criterion related validity of the original EDI was established by discriminating individuals with bulimia nervosa from individuals without bulimia nervosa (Gross, Rosen, Leintenberg, & Willmuth, 1986). In another study, the criterion validity of the Body Dissatisfaction subscale was established by its ability to discriminate individuals with bulimia nervosa from individuals without bulimia nervosa (Garner). The Body Dissatisfaction subscale of the EDI-II was given to all participants in this study.

Conversational Involvement. Self perception of conversational involvement was measured by the Interaction Involvement Scale (IIS; Cegala, 1981). Participants also used the modified IIS to rate how involved their partner was following the conversation. The IIS consists of 18 items which is scored on a seven-point Likert scale ranging from "very much like me" to "not at all like me." The items on the IIS are assigned numerical values where the response, "not at all like me" is assigned a value of 1 and the response "very much like me" is assigned a value of seven. The three aspects of conversational involvement which the IIS measures are responsiveness, perceptiveness, and attentiveness (Cegala et al., 1982). The responsiveness factor measures an individual's certainty about how to respond in a social situation. The perceptiveness factor measures an individual's sensitivity in two different areas. The first area measures a participant's sensitivity to what meanings should be given to another person's behavior in a conversational interaction. The second area measures a participant's sensitivity to what meanings other people have applied to his or her behavior. The attentiveness factor measures the degree to which a participant adheres to cues given during the conversation. These

three aspects of conversational involvement have adequate internal consistency and reliability coefficients ranging from K-R8 = .86 to .89, as well as good construct validity (Cegala, 1981).

The original IIS (Cegala, 1981) was modified to measure the perceived involvement of an individual during an actual social interaction. Therefore the original IIS items were modified by using present tense language to obtain a measure of state conversational involvement. In a preliminary study consisting of 13 participants, the original version of the IIS and a modified version of the IIS correlated significantly (r = .93).

Procedure

Participants were recruited on a voluntary basis from announcements posted in the psychology department. Prior to participants' involvement in this study, they were told that their participation would be used to help in communication research. Participants were informed that they would be involved in a discussion with another participant focusing on either their experiences at college or their career plans after leaving college. The conversations took place in a private psychology testing room.

After signing the informed consent and completing the demographic questionnaire, all participants were paired together randomly for the conversation. Random assignment was structured so that each pair was randomly assigned to either a high body image salience condition or a low body image salience condition. If assigned to the high body image salience condition, participants were asked to remove their over-shirt during the conversation and wear a tank top if male or a halter-top if female. If they were assigned to the low body image salience condition, they were asked to wear their casual clothing during the conversation. Participants did not know which condition they would be in until the time of the conversation.

Conversations took place throughout the week. Upon arriving for the conversation, all participants were seated in a waiting room and were asked to get acquainted with each other. The purpose of this acquaintance period was to eliminate anxiousness that could influence the results of the study. After approximately five minutes the examiner returned and directed the participants to the testing room. Participants were notified of whether or not they had to wear tank tops or halter-tops and were allowed to change. Participants were also asked to complete the Body Dissatisfaction subscale of the Eating Disorders Inventory 2nd Edition (EDI-2; Garner, 1991). They were then instructed to participate in a ten-minute discussion focusing on one of two neutral topics: their career goals after college or on the parking situation at Austin Peay State University.

Following the conversation, participants were asked to complete the modified Interaction Involvement Scale two times (see Appendix B). They were asked to complete the scale once for themselves and once for their partner. The participants were assigned a number for protocol identification to increase anonymity.

CHAPTER III

RESULTS

Body Image Scores. The overall mean score for body image dissatisfaction was 7.91 (SD = 6.4). The mean score for male participants was 4.45 (SD = 3.39) and the mean score for female participants was 10.08 (SD = 6.96). This was a significant difference between genders (t (1, 55) = 3.53, $p < .001$). A median split was performed to differentiate between high and low body image dissatisfaction. Because there was a significant difference between males and females, separate values were computed for each gender. A value of 4 and higher on the Body Dissatisfaction subscale indicated high levels of body dissatisfaction for males and for females a value of 10 or higher indicated high levels of body dissatisfaction.

Interaction Involvement. The effect of body image disturbance and salience of body on conversational involvement were examined using a two 2 (body image: high vs. low) X 2 (salience: high vs. low) analyses of variance (ANOVA). The means for the Interaction Involvement Scale are presented in Table 1. In regard to self ratings of interaction involvement, there were no interactions between conditions (F(1, 53) = .72, $p > .05$) and no main effects for salience (F(1, 53) = .03, $p > .05$). In addition, no main effect was found for body image on interaction involvement ratings for self (F(1, 53) = .07, $p > .05$).

In regard to interaction involvement ratings of partners, there were no interaction effects (F(1, 53) = 3.29, $p > .05$) between conditions and no main effects for salience (F(1, 53) = .35, $p > .05$). No significant main effect was found for body image on interaction involvement ratings of partners (F(1, 53) = .93, $p > .05$).

A correlation between performed between body image dissatisfaction and perceived involvement of self and partner was not statistically significant. Correlations were $r = .10$ ($p >$

.05) for body image disturbance and self-reported involvement and $r = .18$ ($p > .05$) for body image disturbance and perception of other's involvement.

Table 1.

Means and Standard Deviations for High and Low Salience and High and Low Body Image Groups.

	IIS - Self	IIS - Partner
High Salience	72.15 (8.78)	73.25 (10.64)
Low Salience	74.50 (11.14)	76.21 (8.85)
High Body Image	72.46 (9.84)	73.25 (10.64)
Low Body Image	74.61 (9.89)	75.00 (7.18)

CHAPTER IV

DISCUSSION

This study examined the effect of body image on perceived conversational involvement. The first hypothesis under study was that participants with a negative body image would have a lower level of conversational involvement than participants with a positive body image. The results of the present study failed to find significant results. The second hypothesis under study was that participants in the high salience condition would be less involved during the conversation than participants in the low salience condition. This hypothesis, too, was not supported. Finally, it was hypothesized that individuals in the high body image and high salience conditions would rate their partners as more involved. The results of this study also failed to find significant results for this hypothesis.

Body image perception did not have an impact on perceived conversational involvement. These results support those found by Nezlek (1999) who discovered that body image perception was unrelated to how socially active people were during everyday social interactions. Nezlek found that body image perception was positively related to intimacy and quality during an interaction whereas quantity was unrelated. Both men and women who had a negative body image perception had similar levels of social interactions to those with more positive body image perceptions. The present study, too, found no effect of body image on how individuals perceived themselves or their partners in the conversation.

In addition, high and low salience had no effect on perceived involvement of self and partner. Fredrickson et al., (1998) found that females who wore a bathing suit while completing a math test experienced depleted attentional resources due to higher levels of body shame. Thus it was hypothesized that individuals in the high salience condition (tank top or halter top condition)

would rate themselves as less involved during the conversation. The results of this study did not support this hypothesis.

These results indicate that body image perception and salience have no influence on perceived involvement of self or partner. These results suggest that body image perception and salience does not play a role in how people perceive their or others' social interactions. One possible explanation to account for these findings is that the participants with higher levels of body image disturbance and those in the high salience condition did not have the cognitive resources to evaluate their own or others' social interaction. A lack of cognitive resources may explain why there were no effects found on perceived involvement. Fredrickson et al., (1998) found that by inducing higher levels of body image awareness, mental resources were compromised which lead to poorer performance on a complex math test. It is reasonable to suggest that this study, too, induced higher levels of body image awareness in some participants, which may have caused a decrement in cognitive resources. This study found that mean scores of perceived involvement fell between 72.15 and 76.21 for both self and partner. The maximum score obtainable on the IIS is 126 which indicates high involvement. In this study, the scores obtained suggest that participants had a response pattern which indicated uncertainty about how to rate themselves and their partner during the conversation. Therefore, participants may have experienced a lack of attentional resources that may have played a role in their ability to judge their own and their partners' conversation. Certainly, more studies that examine body image awareness and cognitive resources are needed in order to resolve this issue.

In addition, the study conducted by Nezlek (1999) on body image perception and social interaction utilized a measure that obtained objective data on the social interactions of those with high and low body image dissatisfaction. The diaries used by Nezlek to record social interactions

measured daily social interactions. These social interactions were coded objectively by trained raters. Because our study utilized subjective measures of involvement, there may be a noticeable discrepancy between perceived conversational involvement and actual involvement as measured by more objective measures of social interaction.

Another important element to consider is the depth of the conversation in which participants engaged in. Participants were asked to choose between one of two topics. The first topic would have centered on the parking situation at Austin Peay State University. The second topic would have focused on participants' career goals following graduation. These topics can be considered neutral topics and involve little sharing of intimate information. Nezlek (1999) found that individuals with higher levels of body image dissatisfaction were just as involved overall as those with normal levels of body image dissatisfaction. However, individuals in his study who viewed themselves as attractive disclosed more personal and intimate details during an interaction than those who viewed themselves as unattractive. The conversations in this study did not require the sharing of intimate information which may explain the lack of support for our hypotheses.

One limitation of this study, which may also explain the lack of support for the hypotheses, may be due to the relatively small number of participants (N = 57) in this study which generated low power. A second possible limitation is that that a biased sample may have been obtained. Participants who volunteered may have been more comfortable with the nature of this study. Thus, participants may have been more comfortable wearing tank tops and halter-tops during the conversational setting.

Finally, although women had higher levels of body image dissatisfaction in the study than men, these levels of body image dissatisfaction may not have been high enough to influence

perceived involvement of self or partner during the conversation. For example, the scores obtained on the Body Dissatisfaction subscale of the Eating Disorder Inventory – 2 (EDI-II; Garner, 1991) for both men and women are comparable to the scores obtained by those in the standardization sample for nonpatient males and females. In the study, the mean score for females was 10.08 and for males was 4.4. The mean score for nonpatient college females obtained in the standardization sample was 12.2. The mean score for nonpatient male college students was 4.9. This suggests that the level of body dissatisfaction among males and females were comparable to those in the standardization sample for nonpatient males and females and thus may not have been high enough to influence perceived involvement of self or partner.

In conclusion, the current study examined the effect of high and low body image and salience on perceived conversational involvement. The results indicated that there was no significant effect of body image or salience on perceived involvement of self or partner during the conversation. These results lend support to those results found by Nezlek (1999) who demonstrated that body image perception had no impact on the quantity of every day social interaction. Possible explanations for the lack of findings in the current study include a small number of participants, the depth of the conversations, and a possible biased sample. Further study of these constructs should include a larger and more diversified sample size.

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APPENDICES

APPENDIX A

DEMOGRAPHIC SURVEY

1. What is your age? _____

2. What is your field of study? _____

3. Please indicate your race (i.e., Caucasian, African American, Asian American, Hispanic, Pacific Islander)_____

4. What is your year in school (e.g., freshman, sophomore, junior, senior)?_____

APPENDIX B

Modified Interaction Involvement Scale

Directions:

This questionnaire is designed to provide information on how people communicate. There are no right or wrong answers to any of the items. You only need to indicate the extent to which you feel each item describes **your own behavior**.

In responding to some of the items, you might say, "sometimes I do that and sometimes I don't." You should respond to each item in a way that best describes your *current* manner of communication, how you think you behaved in this conversation. If you cannot decide how a particular item applies to you, then circle the "not sure" alternative.

1. I was keenly aware of how the other person perceived me during this conversation.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

2. My mind wandered during the conversation and I often missed parts of what was going on.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

3. Often in this conversation I was not sure what to say, I couldn't seem to find the appropriate lines.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

4. I carefully observed how the other person responded to me during this conversation.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

5. Often I pretended to be listening when in fact I was thinking about something else.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

6. Often during this conversation I was not sure what my role was; that is, I was not sure how I was expected to relate to the other person.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

7. I listened carefully during this conversation.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

8. Often I was preoccupied during this conversation and did not pay complete attention to the other person.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

9. Often during this conversation I was not sure what the other participant was *really* saying.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

10. Often during this conversation I was not sure what the other person needed (e.g., reassurance, a compliment, etc) until it was too late to respond appropriately.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

11. During this conversation I was sensitive to the other person's subtle or hidden meanings.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

12. I was very observant of the other person during this conversation.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

13. In this conversation I paid close attention to what the other person said and did, and I tried to obtain as much information as I could.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

14. Often during this conversation I felt sort of "unplugged" from the social situation; that is, I was uncertain of my role, the motives of the other person, and what was happening.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

15. In this conversation I really knew what was going on; that is, I had a "handle on the situation."

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

16. In this conversation I could accurately perceive the other person's intentions quite well.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

17. Often in this conversation I was not sure how I was expected to respond.

Not at all like me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

. In this conversation I was responsive to the meaning of the other person's behavior in relation to myself and the situation.

ot at all ke me	Not like me	Somewhat unlike me	Not sure	Somewhat like me	Like me	Very much like me

APPENDIX C

Informed Consent Document

You are being asked to participate in the following research study. Please read the following material carefully. It contains the purpose of the investigation, the procedures to be used, risks/side effects and benefits of your participation in the study, and what will happen to the information collected as part of the research project in which you are participating. If you have any questions about the study, you may ask the researchers listed below. You may also call the Office of Grants and Sponsored Research , Box 4517, Austin Peay State University, Clarksville, TN 37044, (931) 221-7881 with questions about the rights of research participants.

1. The purpose of the current study.
The current study is to investigate how body image relates to aspects of perceived conversation.

2. The procedures to be used. *(What you will be asked to do).*
You will be asked to complete a questionnaire regarding demographic information (age, gender, race, and level of education). You will then be asked to complete a questionnaire which assesses your body image and different behaviors related to eating. You will also be asked to wear a halter-top (if female) and a tank top (if male) of your choosing, under your normal clothing when you arrive for the study. You will be paired with another person of the same sex who will participate with you in a 10-minute conversation. Before you begin the conversation, you and your partner may be asked to remove your over-shirt and to conduct the conversation wearing a halter top (if female) or a tank top (if male). Otherwise you will conduct the conversation wearing your street clothing.

The decision of which group wears the halter/tank top will be determined by choosing from a bag of colored paperclips. If you and your partner are not required to wear a halter/tank top, you will be asked to wear casual clothing (your regular street clothing) during the study.

The conversation will focus on one of two topics of your choosing: "What should the university do about the parking situation?" or "What are your career goals when you finish school?" You will be given an outline of possible topics to discuss to aid the conversation.

After the conversation, you will be asked to complete two similar questionnaires: the first questionnaire will measure your perceived level of involvement in the conversation; the second questionnaire will measure how involved you think your partner was in the conversation. The total time needed to complete this study is approximately 30 minutes.

3. Regarding risks and benefits.
There is no deception involved in the study. Every precaution will be taken to ensure that all information collected from you is kept confidential. There is a minimal risk that the information on one of the questionnaires may bring about psychological distress. Some participants may feel anxious or embarrassed about wearing a halter/tank top. Every precaution will be taken to protect your privacy during this study. If at any point you become uncomfortable about participating in this study please inform the experimenter.

You may quit participating in the study at any time, for any reason, with no questions asked.

You may quit participating in the study at any time, for any reason, with no questions asked.

As a participant in the study, you will be contributing to science and helping researchers gain understanding about role of body image in communication. You may personally benefit from this study in that in some cases, if they so choose, Psychology professors may award extra credit for your participation.

4. What will happen to the information collected.

The information collected from you will be used for purposes of scientific presentation and publication. In any such use of this information, your identity will be carefully protected. The identity of participants will never be revealed in any published or oral presentation of the results of this study. Data obtained will be stored in a locked cabinet. Data stored electronically will be password protected.

The data collected from the study will be made public only in summary form, which will make it impossible to identify individual participants.

Please read the statements below. They describe your rights and responsibilities as a participant in this research project.

1. I agree to participate in the present study conducted by Jeremy Harrison and Dr. Rick Grieve from the Department of Psychology at Austin Peay State University.
I understand that I will be asked to complete a demographic questionnaire, one inventory that measures different aspects of body image dissatisfaction and eating behaviors, and 2 similar inventories measuring perceived involvement in a conversation.

2. I also understand that I will be asked to wear a halter top if I am a female, and a tank top if I am a male, underneath my regular clothing, and that I may be required to wear this during a 10 minute conversation with another participant of the same gender.

3. I understand that I will be participating in a conversation regarding parking on the university or career goals after college. I am also aware that data obtained from this study will be held confidential and that data will be stored in a locked cabinet until they are no longer needed. When data are no longer needed they will be erased. Data stored electronically will be password protected.

4. I have been informed in writing of the procedures to be followed and about any risks that may be involved. I have also been told of any benefits that may result from my participation. Dr. Grieve has offered to answer any further inquiries that I may have regarding the research, and he can be contacted in Clement 307B, or by phone at (931) 221-7235, Monday-Friday from 10:00 am to 4:00 pm.

5. I understand that I may withdraw from participation at any time without any penalty or prejudice.

6. I also understand that any data obtained from me, up to the time of publication, will be withdrawn from the study and destroyed if I choose to withdraw.

7. I realize that by signing this form, I willingly consent to participate in the current study. I also acknowledge that I have been given a copy of this form to keep for my records.

_____

Name (Please print)

_____

Signature

Date_____

APPENDIX D

VITA

Jeremy Brent Harrison was born in Nassau, Bahamas on August 11, 1976. He graduated from Kingsway Academy in Nassau, Bahamas in 1994. He entered Lee University in Cleveland, Tennessee and in 1999 he graduated with a Bachelor of Arts degree in Psychology. After graduating from Lee University, Jeremy entered Austin Peay University and graduated in June 2001 with the degree of Master of Arts in Psychology. He is married to Melanie Harrison who is a special education teacher in Dickson, Tennessee.