

SOCIOCULTURAL INFLUENCES ON BODY IMAGE DISSATISFACTION IN
VENEZUELAN COLLEGE-AGED WOMEN

By

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Abstract of Dissertation Presented to the Graduate School
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Research on mental health has been conducted primarily with participants who are of a White, Eurocentric culture. As a result, most diagnostic and intervention tools are geared toward serving that population. However, it is becoming increasingly clear that there is a need to develop cultural competency in counseling through which clients' cultural needs can be served. Venezuela is one country where body image dissatisfaction may be a concern. Due to cultural differences, there is a need for research on body image to be conducted so that culturally appropriate assessment and intervention models can be developed for Venezuelan women. The purpose of this study was to examine the influence of sociocultural factors on body image dissatisfaction in college-aged Venezuelan women.

The study's sample included 336 women who were attending various universities in Venezuela. Participants ranged in age from 18 to 21 years. Each participant completed a survey composed of instruments translated into Spanish that assessed (a) the level of body image dissatisfaction, (b) the level of awareness of sociocultural influences presented through the media, (c) the extent of internalization of these sociocultural influences, (d) participants' perceived pressure from their mothers to conform to beauty standards, (e) the level of fear of

negative appearance evaluation and (f) the level of conformity to feminine norms. Scores for each of these variables were computed for each participant.

The data were analyzed by means of Pearson correlations and stepwise multiple regression analyses. Results revealed that the participants' level of body image dissatisfaction was significantly related to their awareness of sociocultural factors, internalization of sociocultural factors, and fear of negative appearance evaluation. Surprisingly, significant relationships were not found between the women's body image dissatisfaction and the influence of mothers, nor between body image dissatisfaction and conformity to feminine norms. A stepwise multiple regression analysis revealed that the most significant predictor of body image dissatisfaction was fear of negative appearance evaluation, followed by internalization of sociocultural influences. Together these two variables accounted for 34.7% of the variance in body image dissatisfaction. The limitations of the study, implications for policy, counseling practice, theory, and future research were discussed.

CHAPTER 1 INTRODUCTION

Scope of the Problem

In the past, eating disorders were believed to be “Culture-bound syndromes,” applicable only to White culture (Wildes & Emery, 2001). According to this view, eating disorders only occurred in White upper and middle class women living in the United States and other European countries. Because of this belief, the bulk of the research on this topic has been conducted with White, middle and upper class women, thus limiting the application of assessment, diagnostic and treatment methods to that specific population. Yet multicultural researchers are beginning to document that eating disorders and body image dissatisfaction are also occurring among residents of different cultures and countries (Neumark-Sztainer, Croll, Story, Hannan, French, & Perry, 2002; Robinson, et al., 1996). Thus there is a need to expand the research on this topic in the hopes of learning more about diverse populations and eventually create culturally sensitive assessment and intervention methods.

Because body image dissatisfaction has been found to be linked to more serious eating disorders, this study will examine women’s body image dissatisfaction. Body image refers to a person’s attitudes and feelings about her body, including not only her weight and body shape but all aspects of her appearance (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Body image dissatisfaction refers to a cognitive and affective process in which a person develops negative feelings about her body and appearance (Rosen, 1992). Longitudinal studies have revealed body image dissatisfaction to be a primary risk factor in the development of eating disorders for women in the United States (Gardner, Friedman & Jackson, 1999). One such study followed 87 girls in the United States, aged 10-15 yrs at the start of the study, for a period of 3 years and found that body image dissatisfaction predicted restrictive eating practices (Cattarin &

Thompson, 1994). Another study followed 116 adolescent girls in the United States for an eight-year period. These authors explored risk factors predictive of eating disorders; the results demonstrated that level of body fat was a significant predictor during young adolescence, mid-adolescence and early adulthood. Furthermore, the study also showed that body dissatisfaction was a predictor of eating disorders for young women during adolescence and middle adolescence (Graber, Brooks-Gunn, Paikoff, and Warren, 1994). In another study, Stice and Agras followed 218 adolescent girls between the ages of 16 and 19 for a period of 9 months. These authors found that body dissatisfaction predicted the onset of binge eating and purging (Stice & Agras, 1998). Similarly, Stice and Killen conducted a four-year study which followed 543 girls during late adolescence. The study found that body dissatisfaction predicted the onset of binge eating and purging (Stice & Killen, 1998). These studies support the view that body image dissatisfaction is primary in the development of eating disorders. And so it can be said that treating body image dissatisfaction can be a way to prevent eating disorders. By focusing on body image dissatisfaction, this study will be applicable to a broader population of women, including not only those at risk for developing eating disorders but also women who might be preoccupied with their appearance but do not meet the diagnosis for an eating disorder.

Body image dissatisfaction has also been found to be linked to self-esteem in United States women (DuBois, Tevendale, Burk-Braxton, Swenson, & Hardesty, 2000). Finally, body image dissatisfaction has been linked to other mental health issues, including depression and anxiety disorders (Bay-Cheng, Zucker, Stewart & Pomerlau, 2002). Identifying body image dissatisfaction may be an initial strategy for preventing the development of mental disorders in adolescent girls and women, as opposed to treating these disorders after they occur and have become more serious.

One country where body image dissatisfaction seems to be of concern is Venezuela. Venezuela has been called a land of beauty queens, as Venezuelan women have won numerous beauty pageants during the past 50 years. Venezuela has won four Miss Universe, five Miss World, four Miss Internationals and numerous other titles and crowns (Sosa, 2001). As a result, Venezuelans place great importance on beauty pageants, and watching the Miss Venezuela pageant has become an important tradition in many households, similar to watching the Super Bowl in the United States (Enright, Francés, & Saavedra, 1996). Due to Venezuela's outstanding performance in these pageants, the common saying has risen that "Venezuelan women are the most beautiful women in the world". Venezuela's second largest industry is considered to be beauty contestants, second only to the oil industry (Enright et al., 1996). These beliefs about Venezuelan beauty may place pressure on women from this country to worry about their appearance.

As a result, Venezuelan women often engage in efforts to make themselves beautiful. According to a London-based research firm, Euromonitor International, in 2004 Venezuela spent \$1.1 billion in beauty products. This makes Venezuela the largest purchaser of beauty products in Latin America based on per capita rates. A study conducted by one research-marketing firm, Roper Starch Worldwide (1999), surveyed residents of 30 countries to determine their levels of vanity. The results show that among the 30 countries sampled, Venezuela had the highest rate of vanity, as 65% of women and 47% of men said that they think about the way they look all the time. These figures are well above the global average, which is that of 23% for women and 16% for men. This study also found that Venezuelans spend a fifth of their income on beauty products and personal grooming. In spite of the high rates of poverty that the country faces, beauty-driven consumption is prominent across all social classes (Sosa, 2001).

Another factor that influences beauty standards in Venezuela is its proximity to the United States. Venezuela receives a lot of media input from the fashion and beauty industry in the United States including the merchandising of beauty products and propaganda (Sosa, 2001). Thus women in Venezuela are exposed to a White ideal of beauty, which many women may adopt as the image to strive for even though these beauty ideals may be unrealistic and unattainable for many Venezuelan women. Because the White beauty ideals are unattainable to the Venezuelan population, which is composed of 67 percent *meztizo* (people of mixed European and American Indian descent), many women resort to plastic surgery and unhealthy weight management strategies and beauty rituals.

Even though there is tremendous pressure on Venezuelan women to conform to White standards of beauty, it is surprising that the scholarly literature in this country has not explored the impact that this pressure has on women. Most studies have focused on eating disorders, and have been based on previous research conducted in the United States. For example, a study in Venezuela examined rates of eating disorders in high school adolescent girls (Quintero-Parraga, Perez-Montiel & Montiel-Nava, 2003). These researchers found that although eating disorder rates were comparable to those in the United States, what was most alarming was the fact that most girls in the study demonstrated a preoccupation with their weight even if they did not meet criteria for an eating disorders diagnosis. This shows the importance of studying body image dissatisfaction as opposed to focusing exclusively on eating disorders, since the broader concept of body image would include those girls in this study who worry about their appearance but do not meet criteria for a disorder. However, studies that focus on Venezuelan women are rare, and those that do exist typically are based on conceptual data gathered from women in other countries. For example, the study previously cited (Quintero-Parraga et al., 2003) is based on

literature from the United States and Spain. Due to cultural differences between these countries and Venezuela it can be argued that while the existing body of research that has been conducted in the United States or Europe is extensive, it may not be applicable to Venezuelan women. Thus there is a need for research specifically conducted with Venezuelan women so that culturally appropriate assessment and intervention models can be developed.

Theoretical Framework

This study is based on two theoretical frameworks that explain the development of body image dissatisfaction. These include sociocultural theory and feminist theory. The following is a discussion of each of these frameworks.

Sociocultural Theory

One of the most common theories explaining the development of body image dissatisfaction is sociocultural theory (Levine & Harrison, 2004; Thompson et al., 1999). According to this theory, body dissatisfaction is seen as a result of the ‘thin ideal’ and other unattainable standards of beauty that are propagated by society. Individuals experience pressure from interpersonal (family and peers) and media influences which transmit and reinforce these societal ideals of beauty (e.g., Bordo, 1993; Fallon, 1990; Striegel-Moore, Silberstein, & Rodin, 1986). Because these standards of beauty are unattainable to most, the individual dislikes her body, and in turn develops body dissatisfaction and possibly unhealthy weight management behaviors. These unhealthy weight management behaviors may involve dieting, self induced vomiting, or use of laxatives and diuretics.

Research supports the fact that sociocultural factors are important risk factors contributing to body dissatisfaction and possibly to more serious eating disorders (Stice, 2002). A meta-analysis of 25 experimental studies conducted in the United States reported that women felt worse after being exposed to images of thin models as compared to other images (Groez, Levine,

& Murner, 2002). Another study by Posavac & Posavac (2002) found that women in the United States are likely to develop body image dissatisfaction if they encounter discrepancies between their perceived selves and the ideal images portrayed by the media. However, contemporary researchers argue that it is not exposure to sociocultural factors which cause body dissatisfaction, since individuals are not passive recipients of these pressures (Joshi, Herman, & Polivy, 2004; Polivy & Herman, 2004). Hence, it is not the person's exposure to these sociocultural factors that place them at risk but rather the extent to which they internalize these pressures and apply them to themselves (Thompson et al., 1999). For this reason, the three main constructs that have been studied in relation to sociocultural factors and body image dissatisfaction in U.S. women are: (a) awareness of a thin ideal, (b) internalization of a thin ideal, and (c) perceived pressures to achieve this ideal (e.g., Stice 2002; Thompson & Stice, 2001).

Sociocultural theory is of relevance to non-White populations, because women of color experience sociocultural pressures to achieve a White American ideal of beauty. Some researchers have found that when women of color judge themselves based on White beauty standards they become at risk for developing body image dissatisfaction and eating disorders (Iijima Hall, 1995; Root, 1990). This is mainly due to the fact that these beauty ideals are even more unattainable for women of color.

Feminist Theory

Feminist theory explains that women learn through society to equate physical appearance with self-esteem (Frank, 1986; Nagel & Jones, 1992). Thus, a woman's sense of worth is based on her adherence to sociocultural standards of beauty. These beauty standards, as previously mentioned, are propagated through sociocultural factors such as the media, family and peer relations, and typically involve a standard of thinness for women. Some feminist authors go as far as to say that this culture of thinness is a way for a patriarchal society to subjugate women

(Wolf, 1990). Similarly, women are socialized to value interpersonal relationships, and believe that they are responsible for nurturing these relationships. As a result, social standards also portray the message that for women there is link between success in personal relationships and perceived physical attractiveness (Striegel-Moore & Marcus, 1995). Because of the importance of physical attractiveness to their self-esteem, women make personal relationships an important part of their lives as well.

Thus, based on this theory, dieting and body dissatisfaction are natural reactions to the pressure to be thin. Furthermore, it can be said that the strong expectation that women be engaged in interpersonal relationships may make them more vulnerable to influences from those relationships (that is, influence from family and peers). This supports the view of sociocultural factors theorists, who propose that the media and social relations propagate beauty ideals and place pressure on women to fulfill them.

Variables of Interest in the Study

Based on sociocultural theory and feminist theory, the following variables were examined in relationship to body image dissatisfaction: (1) level of awareness of sociocultural factors, (2) extent of internalization of sociocultural factors, (3) fear of negative appearance evaluation, (4) conformity to femininity norms, and (5) maternal influence. The following sections provide a rationale for the selection of each of these variables.

Body Image and the Media

Research studies examining the impact of media images on psychological processes have found that exposure to images of thin women can lead to body dissatisfaction (e.g. Groesz, Levine, & Murnen, 2002; Levine, Smolak, & Hayden, 1994; Maine, 2000; Waller, Hamilton, & Shaw, 1992). A substantial amount of the research has focused on exposure to media images and its influence on body image or eating disorders. More recently, however, research has moved

from looking at exposure to these images to measuring the degree of internalization of these images. That is, researchers have begun to examine how much women accept these standards and endorse them. It has been shown that level of internalization of the thin ideal presented in the media is strongly correlated with body dissatisfaction (Cusumano & Thompson, 1997; Thompson et al., 1999). Posavac & Posavac (2002) found that women are likely to develop body image dissatisfaction if they encounter discrepancies between their perceived selves and the ideal images portrayed by the media. That is, when these women compared themselves to media images, if they found differences between themselves and the way the models looked then this made them more likely to feel dissatisfied about their own appearance. Studies like this show that it is not only the exposure to these images which affect women's body image, but the internalization or acceptance of these images as the acceptable beauty standards. Goodman (2002) found that because the majority of the media images that Latinas in the U.S. view are of White women, the standard of beauty that they perceive is that of a White woman. Because of the body figure differences inherent in different ethnic groups, Latinas find themselves far from the White ideal represented in the media; this leads women to feel dissatisfied with their bodies (Goodman, 2002). Because the media images in Venezuela propagate a White ideal of beauty, this study examines both the level of awareness and the extent of internalization of the White thin ideal and whether these factors are related to the body image dissatisfaction of Venezuelan women.

Fear of Negative Appearance Evaluation

The concept of fear of negative evaluation refers to “sensitivity, or an unwarranted and excessive awareness and sensitivity to the feelings and actions of others” (Vander Wal & Thomas, 2004, p 292). Researchers have found that fear of negative evaluation can make a person vulnerable to feedback and teasing from family and friends related to weight and

appearance issues (Wardle & Collins, 1998). A more specific concept of fear of negative appearance related evaluation has been proposed by Thomas, Keery, Williams & Thompson (1998) which applies directly to body image. Fear of negative appearance related evaluation refers to being apprehensive or hypersensitive about other people's judgment of one's appearance. These authors found that fear of negative appearance evaluation is correlated with body image dissatisfaction and history of being teased (Thomas et al., 1998).

Venezuela, like many other Latin American countries, is a collectivist society. As a result people are more aware of other people's feelings and action. Unfortunately, this makes Venezuelan women more likely to worry about the evaluation of others and attempt to live up to the societal standards. This study examines the relationship between awareness of others' views and levels of body image dissatisfaction.

Body Image and Pressure from Mothers

A person's family can be considered an immediate sub-cultural influence and therefore plays an important role in the reinforcement of societal standards (Benedikt, Wertheim, and Love, 1998). Many studies have looked at parental influences on their children's body image. Some of these studies have looked at the role of modeling and how the parent's body image and eating behaviors can affect the body image that the child develops (Pike & Rodin, 1991; Hill, Weaver, & Blundell, 1990). Other studies have looked at parents' attitudes toward their children's weight and eating behavior and how these affect the child's body image (Levine, Smolak & Hayden, 1994).

Studies examining parental encouragement to lose weight have found that such parental encouragement is associated with daughters who are more likely to diet (Benedikt et al., 1998; Moreno & Thelen, 1993; Pike & Rodin, 1991; Thelen & Cormier, 1995; Wertheim, Mee, & Paxton, 1999). However, these studies have been correlational in nature. In a study of adolescent

girls, Levine and colleagues (1994) found that weight related teasing from family (parents and siblings combined) was a significant predictor of body image dissatisfaction and eating disorders. A study by Schwartz, Phares, Tantleff-Dunn and Thompson (1999) looked at a sample of 114 males and 139 female college students (mean age=20.26). They sought to find if parental weight-related commentaries had an impact on body image and psychological functioning. They found that for women, feedback about body shape from mothers and fathers was significantly correlated with body image. Furthermore, this feedback was predictive of psychological functioning for both male and female participants (Schwartz et al., 1999). A study of early adolescent boys and girls found that encouragement from either parent to diet was related to the daughter's or son's body image dissatisfaction. Although both parents were influential, they found that, in general, mothers were more influential than fathers (Wertheim, Martin, Prior, Sanson & Smart, 2002). A study by McCabe and Ricciardelli (2001) looked at 1266 adolescents (boys and girls) and sociocultural influences on body image and body change strategies. This study reported that adolescent girls were more likely to perceive their mothers as encouraging them to fulfill sociocultural standards of beauty (McCabe & Ricciardelli, 2001). In Venezuela, as in most Latin American societies, there is a strong emphasis on collectivism and family unity (Arcia, Reyes-Blanes, & Vazquez-Montilla, 2000; Coohy, 2001; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Sue & Sue, 2003). The family plays a major role in a person's life, impacting their views and attitudes. Unlike in the United States, in Venezuela many people continue to live with their families during college and remain in close proximity to their families even after they move out of the household. Thus, the family and consequently a person's mother continues to be a source of influence for Venezuelans even after they become

adults (Santiago-Rivera et al.). This influence and its effects on women's preoccupation with appearance are examined in the present study.

Feminine Norms and Body Image

Although eating disorders and body image disturbances exist across genders, it has been noted that women experience higher rates of these disorders than men do. As a result of these gender disparities, researchers have given special attention to gender role norms as possible contributors to body image disturbance (Thompson et al., 1999). Gender role norms provide standards for how men and women should think, feel, look and behave as well as behaviors or attributes that they should try to avoid (Mahalik, Morray, Coonerty-Femiano, Ludlow, Slattery & Smiler, 2005). In this way, gender role norms provide guidance for a woman on what she should strive for to be and look feminine, with the traditional standards of femininity characterizing women as being passive, dependent, caring, emotional and non-assertive (Ravaldi, et al., 2006). Under these standards women are also expected to be attractive and be thin (Crawford & Unger, 2000; Gilbert & Scher, 1999). Gender role norms are important in that they affect identity development (e.g. Chodorow, 1978; Kohlberg, 1966), can cause gender role strain (Eisler, 1995; Pleck, 1981, 1995), and are considered an essential aspect of a person's mental health (Brown, 1986; Brooks & Good, 2001; Gilbert & Scher, 1999).

In Latin America, gender role norms tend to be more rigid and traditional than those in the United States (Santiago-Rivera et al., 2002; Sue & Sue, 2003). Some studies have been conducted examining the effects of these rigid standards of femininity on Latinas' mental health. These studies have found that women who follow rigid gender role norms are at increased risk for depression, anxiety, low self-esteem and other emotional disorders (Hollander, 1996).

Venezuela, like most other countries in Latin America, is a patriarchal society with strong gender role norms (Sue & Sue, 2003). Based on the literature, it is believed that Venezuelan

women's strong emphasis on femininity could contribute to their body image dissatisfaction. To determine whether subscribing to a feminine ideology is related to body image dissatisfaction, women's conformity to feminine norms is also examined in the present study.

Purpose of the Study

The purpose of this study was to examine the influence of five societal and cultural factors on body image dissatisfaction in college-aged Venezuelan women: (a) the level of awareness of sociocultural influences presented through the media, (b) the extent of internalization of these sociocultural influences, (c) the influence of perceived feedback about body shape from their mother, (d) fear of negative appearance evaluation and (e) the level of conformity to feminine norms. In this research both the individual and collective impact of these factors on a participant's body image dissatisfaction were examined.

Need for the Study

This study can help advance the understanding of body image dissatisfaction and eating disorders in both Venezuela and the United States. This study contributes to the knowledge related to body image dissatisfaction in Venezuelan women, thus helping advance the field of counseling and mental health. Furthermore, this study provides a link between the Venezuelan literature and the international literature thus enhancing understanding of the impact of globalization of Western beauty ideals. By learning more about what factors influence body image dissatisfaction in Venezuelan women, treatment and prevention interventions can be designed to deal with eating disorders and other more serious mental health conditions in Venezuelan women. Furthermore, the findings from this study can be used with immigrants from this country who come to the United States in an effort to treat them using culturally sensitive techniques. Up to this point, in the United States' counseling literature focusing on the subtle cultural differences that exist within large cultural groups is scarce. This study provides a step

toward developing cultural specificity by learning about a subculture of the larger Latino culture and therefore advancing the field of counseling and psychology. It is hoped that this study will encourage scholars in the United States to continue expanding the field of multicultural research by moving away from broad generalizations to making more specific and adequate interventions based on cultural and subcultural needs of individuals.

Aside from impacting mental health, this study has implications for other fields. Results from this study can help the medical field due to the strong connection between body image dissatisfaction and eating disorders which pose serious medical risks. This study is also relevant to other social science fields, including gender studies, sociology and even politics, since this study taps into some of the effects of racism (as evidenced through White ideals of beauty), machismo (as evidenced through feminine norms) and globalization (as evidenced through the media). Thus results from this study could lead to policy changes and prevention campaigns at the governmental and public health sectors of Venezuela.

Research Questions

1. What is the relationship between Venezuelan women's awareness of sociocultural influences and their level of body image dissatisfaction?
2. What is the relationship between Venezuelan women's internalization of sociocultural influences and their level of body image dissatisfaction?
3. What is the relationship between Venezuelan women's perceived pressures from mother to conform to beauty standards and their level of body image dissatisfaction?
4. What is the relationship between Venezuelan women's fear of negative appearance evaluation and their level of body image dissatisfaction?
5. What is the relationship between Venezuelan women's compliance with standards of femininity and their level of body image dissatisfaction?
6. How do awareness of sociocultural influences, internalization of sociocultural influences, perceived pressures from mother to conform to beauty standards, fear of negative appearance evaluation and compliance with standards of femininity contribute to Venezuelan women's level of body image dissatisfaction?

Definition of Terms

Body Image

Body image refers to a person's attitudes and feelings about his or her body, that can include not only their weight and body shape but all aspects of that person's appearance.

Body Image Dissatisfaction

Body image dissatisfaction refers to devaluing or having negative thoughts about one's physical self and appearance when compared to an ideal (Rosen, 1992).

Sociocultural factors

Sociocultural factors refer to factors in society which promote beauty ideals; these factors include mass media, peer group, and family or close relatives.

Awareness of Sociocultural Factors

Awareness of sociocultural factors refers to women's recognition of pressures from media, peers and family which promote a thin ideal of beauty. This construct implies basically that the person acknowledges that these beauty ideals exist.

Internalization of Sociocultural Factors

Refers to women's acceptance of thin beauty ideals which are propagated through influence of the media, family and peer group. In other words, the person endorses these ideals to the point that they may affect her attitudes (or body image) and behaviors.

Femininity Standards

Societal norms which provide standards for how women should think, feel, look and behave as well as those behaviors or attributes that they should avoid to be considered feminine.

Fear of Negative Appearance Evaluation

Refers to a person's level of apprehension about having her appearance evaluated unfavorably by others.

Perceived Pressures from Mother to Conform to Beauty Standards

Refers to the daughter's perception of pressure from her mother to accept and conform to thin beauty ideals propagated by society. For this study this will include feedback from mother about body shape and encouragement to lose weight.

Perceived Feedback about Body Shape from Mother

Refers to the messages that mothers communicate which suggest how important their daughter's body shape and size is to them. For this measure, only the daughter's perception of these messages was measured.

Perceived Encouragement from Mothers to Lose Weight

Refers to the messages that mothers communicate to their daughters which suggest the need to lose weight. These expectations can be conveyed via direct verbal messages, or other indirect cues and behaviors such as through modeling.

Latina American/Latina

Refers to a person living in the United States who comes from or whose ancestors come from Latin America.

European American/White

Refers to a person living in the United States who is of European ancestry.

CHAPTER 2 LITERATURE REVIEW

In this chapter, an overview of the research relevant to this study is presented. First, the concepts of body image and body image dissatisfaction are defined, and relevant studies exploring possible risks and consequences of body image dissatisfaction are discussed. Next, the need for culturally specific research is established, and in particular, the need for research on body image in Venezuelan women and its relevance to the field of counseling. This review concludes with a discussion of sociocultural theory, feminist theory, and the relevant research linking these theories to body image dissatisfaction.

What Is Body Image?

Body image has been defined as the “internal representation of [a person’s] outer appearance” (Thompson et al., 1999, p. 4). It refers to a person’s attitudes and feelings about his or her body, including not only weight and body shape but all aspects of appearance (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Body image is an important concept that has been extensively discussed in the literature. Many researchers have explored the level of satisfaction that a person has concerning his or her body image. Researchers have coined the term body image dissatisfaction (BID), to refer to the cognitive and affective process in which a person develops negative feelings about his or her body and appearance (Rosen, 1992).

Several researchers have found that body image is linked to various psychological factors. Researchers in the United States have reported that body image dissatisfaction was linked to eating disorders (Leon, Fulkerson, Perry, & Cudeck, 1993; Cattarin & Thompson, 1994; Thompson et al., 1995; Gardner, Friedman & Jackson, 1999). For example, in one U.S. study researchers followed 87 girls aged 10-15 years for a period of three years, and reported that body image dissatisfaction predicted restrictive eating practices (Cattarin & Thompson, 1994). In a

longitudinal study, Attie and Brooks-Gunn (1989) followed participants in the United States for two years and discovered that body image dissatisfaction was a significant predictor of eating disorders. Results from another longitudinal study of dancers and non-dancers revealed that body image dissatisfaction at baseline predicted eating disturbances at the two year follow-up (Brooks-Gunn, Attie, Burrow, Rosso, & Warren, 1989). In another U.S. study conducted by Graber, Brooks-Gunn, Paikoff, and Warren (1994), 116 adolescent girls were followed for an eight-year period. These authors looked at risk factors that could predict eating disorders; the results demonstrated that level of body fat was a significant predictor during young adolescence, mid-adolescence and early adulthood. Furthermore, this study also demonstrated that body dissatisfaction was a predictor of eating disorder for young women during adolescence and middle adolescence. In another study, Stice and Agras (1998) followed 218 adolescent girls between the ages of 16 and 19 for a period of nine months. These authors found that body dissatisfaction predicted the onset of binge eating and purging. Similarly, Stice and Killen conducted a four-year study which followed 543 girls during late adolescence. The study found that body dissatisfaction predicted the onset of binge eating and purging (Stice & Killen, 1998). These studies support the view that body image dissatisfaction is a significant factor associated with the development of eating disorders.

Body image dissatisfaction has also been found to be linked to low self-esteem in samples of United States women. For example, a study looking at young adult males and females reported a positive correlation between body satisfaction and self-esteem (Abell & Richards, 1996). In another study in the United States, researchers examined 98 female college students of different ethnicities (White, Asian, and African American). Low self-esteem was associated with body image dissatisfaction and disordered eating across all the cultural groups represented in the

sample (Akan & Grilo, 1995). Similarly, a study by Davison & McCabe (2006) looked at a sample of 245 boys and 173 girls (with an average age of 13.92) to determine whether body image was related to psychosocial functioning. These authors found that for both females and males, there was a strong association between body image dissatisfaction and low self-esteem (Davison & McCabe, 2006).

Finally, body image dissatisfaction has been linked to other mental health issues, including depression and anxiety disorders (Bay-Cheng et al., 2002; Posavac & Posavac, 2002). One study, for example, looked at a sample of 945 women between the ages of 18 and 45. This sample was composed of White, African American and Latina women living in the United States. These authors found that for the White and Latina women, depressive symptomatology and body dissatisfaction were interrelated (Bay-Cheng et al., 2002). In a study conducted with Latinas in the United States, women's perceptions of being overweight were highly correlated with risks of developing depression and low self-esteem (Ge et al., 2001).

Body Image and Culture

Research on mental health has been conducted primarily with White participants. As a result, most diagnostic and intervention tools are geared toward serving that population and are thus Eurocentric by design (Highlen, 1994; Sue & Sue, 2003; Wehrly, 1995). However, it is becoming increasingly clear that there is a need to develop cultural competency in counseling through which clients' cultural needs can be served. One research area in which this is the case is that of eating disorders and body image.

In the past, eating disorders and body image dissatisfaction have been seen as "culture-bound syndromes," applicable only to persons who are of European descent (Wildes & Emery, 2001). It was assumed that only White individuals experienced dissatisfaction in body image. As research in the multicultural field has increased, this assumption about eating disturbances has

been challenged. Researchers have realized that eating disturbances exist across cultural and ethnic groups. In one study of 4746 adolescents living in the United States, Neumark-Sztainer and colleagues (2002) found differences in weight-related concerns in terms of sociodemographic characteristics, such as gender, culture/ethnicity, age, and socioeconomic status. In another study, Robinson and colleagues (1996) found that the phenomena of body dissatisfaction and eating disorders, previously believed to be limited to White girls and women of upper and middle classes were observed among Latinas and Asian American girls. Although some ethnic groups are at higher risks for developing eating disorders, researchers have reported body image dissatisfaction among a wide variety of cultural groups, including White, African American, Asian and Latino cultures (Altabe, 1996).

In the United States, a group that is receiving increased attention by researchers is that of Latina women. Many studies are revealing that Latinas in the United States have high levels of disordered eating and body image dissatisfaction (almost as high as White women who have the highest levels of all ethnic groups) (Neumark-Sztainer et al., 2002). In one study Latinas were found to be as likely to develop eating disorders as White women (Wildes & Emery, 2001). Researchers have also found that Latinas have the highest levels of laxative use for purposes of losing weight and have also been found to have high levels of binge eating and purging when compared to White, Asian and African American women (Neumark-Sztainer et al.).

Wiles and Emery (2001) conducted a meta-analysis of the available literature related to ethnicity and eating disturbances. They found that there were few studies examining eating disorders and body image issues in Latinas. Furthermore, they observed that in those studies that did include a sample of Latinas, the sample sizes were too small to make accurate generalizations. In fact of all the participants they examined, only 0.7% were Latinas (Wiles &

Emery). The under-representation of Latinas in this research literature makes it impossible to draw valid conclusions about body image or eating disorders related to this group (Wildes & Emery). Considering the findings that show Latinas are at high risks of developing unhealthy eating and dieting habits it is important to study an entire sample composed of only Latino/a participants (Neumark-Sztainer et al., 2002; Wildes & Emery).

Studies on body image and eating disorders among the Latina population have yielded mixed results. One reason for this could be the use of a broad category of Latino/a to describe a large number of subcultures. Another reason could be due to the confounding role of acculturation.

Monolithic View of Latinos

In the United States, the Latino/a culture has often been viewed monolithically by researchers as one cohesive culture that is shared by all members of this group. However, within-group cultural differences are great, and there is much variety in individuals from this cultural group based on their region of origin. Unfortunately, these within-group differences have not been recognized in the counseling and psychology research literature.

The Latino/a group is a large heterogeneous group in which members share some common characteristics but also have within-group differences. According to the United States Bureau of the Census (2004), there are over 30 categories of Latinos/as represented in the United States, with the largest groups being Mexican Americans (64%), Puerto Ricans (10%), Cubans (4%), Dominican (3%) and other Central and South Americans (3%). Although the subgroups represented within the Latino group have some similarities, there are also many within-group differences that are ignored by the use of broad categories. Common features that are shared by members of the Latino group include language, physical features (although much diversity exists due to inter-racial mixing), a strong sense of spirituality, and a strong emphasis on family.

However, there are also many within-group differences stemming from the fact that each culture and each country has its own “histories, legacies, worldviews, opportunities, challenges, and stresses that constitute the framework for individual and group identity” (Dana, 1998, p.17).

Many study designs have not addressed such within-group differences (or even reported them), nor other factors such as acculturation and ethnic identity which might account for variability within members of the Latino culture. Furthermore, many studies compare ethnic minority groups to Whites, so that the Whites are seen as the control group or the implied norm. Thus extant research has been criticized for relying on racial stereotypes, for disregarding within-group differences, and for viewing Whites as the standard to be followed and emulated (and thus viewing non-White behavior as deviant) (Burlew, 2003; Okazaki & Sue, 1998).

Unfortunately, many mental health researchers have not recognized the need to depart from the view of Latinos as a monolithic culture. Duarte-Vélez and Bernal (2007) recognized this need in their review of the literature related to suicidality. These authors examined all available studies on this topic based on the Latino culture and found that few studies were population specific. Their review highlights the need for studies that look at within-group or population specific research. These authors argue that if general terms such as “Latino/Hispanic” are used, then implications of these studies are limited (Hovey & King, 1997; Marín & Marín, 1991). Moreover, generalizations can be dangerous in understanding, identification and prevention, since a prevention strategy geared toward one sub-group might not be adequate for other sub-groups. Thus there is a need for sub-culturally specific assessment and treatment efforts rather than generic ones for members of this group (Canino & Roberts, 2001; Ungemack & Guarnaccia, 1998).

The need for cultural specificity has not been recognized by researchers in the body image research literature. Of the numerous studies examined for this review, none of them specified from which countries participants (or their ancestors) originated. Instead, these studies used the terms Hispanic or Latino/Latina to describe their participants. This is problematic for a field where the importance of being sensitive to the impact of different cultures has become increasingly obvious (Sue & Sue, 2003).

Most of the current studies conducted on Latinos/Latinas include persons who identify themselves as being a part of the Mexican, Puerto Rican or Cuban-American populations. Individuals from these countries are readily available thus making them convenient to sample. For example, among Latinos/Latinas, individuals with Mexican descent are the largest group in the United States (Chamorro & Flores-Ortiz, 2000). As was previously discussed, because of the cultural differences among Latin American countries, findings from studies done with Mexican Americans might not be applicable to other Latinos. Instead, research should be conducted on Latin American individuals from smaller sub-regions. This practice would make the findings for these regions more applicable to all of the individuals included in that sub-population.

The Problem of Acculturation

Acculturation has been defined as the “process of psychosocial change that occurs when a group or individual acquires the cultural values, language, norms and behaviors of a dominant society” (Wildes & Emery, 2001). Studies have found that acculturation plays a role in body image. For example, in one study the age in which Latina participants migrated to the United States was related to the level of body image dissatisfaction they exhibited (Lopez, Blix & Blix, 1995). Specifically, researchers observed that when asked to select their ideal body size, women who moved to the United States after the age of 17, tended to select a larger body size than Latinas who moved to the United States at an earlier age, thus these women as a result had lower

levels of body dissatisfaction. In this study, a lack of acculturation to the dominant culture seemed to be a protective factor in the development of body image dissatisfaction (Wildes & Emery, 2001).

In a study of middle school Mexican Americans girls (Nieri et al., 2005), the authors reported that more acculturated Latinas with body image dissatisfaction were more likely to use drugs as a means of coping with their body dissatisfaction. They concluded that acculturation played a role in protecting youth with low body image from using drugs as coping; in particular the less acculturated girls were more protected from using drugs as a means of coping. Chamorro & Flores-Ortiz (2000) looked at five generations of Mexican American women and their eating patterns. They found that the level of acculturation influenced eating patterns, although this influence was not consistent. They found that among the five generations, second-generation Mexican-American women had the highest levels of eating disorders (Chamorro & Flores-Ortiz, 2000). Based on the contradictory findings of these studies it is hard to assess the impact of acculturation on body image as positive or negative.

Although no conclusive statements can be made about what role acculturation plays on the development of body image, most findings do show that acculturation has an impact on body image. Hence to study the impact of a culture in its purest form, it seems necessary to go to the country where that culture originated as opposed to studying immigrants from those countries who are living in the United States. Results from this research can be used to create more culturally sensitive models which can then be applied to immigrants and culturally diverse populations living in the United States.

Venezuelan Culture

Venezuela has been considered the melting pot of Latin America due to the many different cultural influences that it has received (Ferguson, 1994; Haggerty, 1993). Some of the major

influences that have contributed to Venezuelan culture include native indigenous populations, Europeans, Africans, and migrants from other Latin American and Caribbean countries (Ferguson, 1994). This diversity has given the country significant social and cultural variety, therefore creating a Venezuelan culture that is in many ways different from the culture of other countries in Latin America.

Impact of Oil on Diversity

The diversity in the Venezuelan culture has resulted in part from the discovery of oil in the country. During the second decade of the twentieth century, Venezuelan president Gomez opened Venezuela's oil fields for exploration (Haggerty, 1993). In fact, historian Dinneen (2001) reports that by 1928, Venezuela was the world's leading exporter of petroleum. This had a major impact on the country, including a promise of jobs, prosperity, and social advancement. As a result, Venezuelans from rural towns moved into the cities of Caracas and Maracaibo; rural agricultural societies became urbanized and industrialized; the middle class expanded; ethnic groups mixed and there was increased contact with the rest of the world due to the influx of money and business (Haggerty). Venezuela changed from a poor agrarian economy to a modern, prosperous oil export economy; this had profound effects on all areas of life.

A major impact of the oil boom was immigration into the country from outside nations. During the years after World War II, there was an influx of immigrants from Europe who came to Venezuela in search of opportunity and a fresh start (Dinneen, 2001; Ferguson, 1994; Haggerty, 1993). During the 1950s there was another major influx of European immigrants, especially from Spain, Italy and Portugal. In fact, during the presidency of Perez Jimenez (1948-1958) there were over one million immigrants who entered Venezuela (Haggerty). These immigrants would later contribute to culture, economy and social life, and their impact can be seen in various aspects of contemporary Venezuelan culture such as in the foods and the arts.

As a result of the oil industry boom, the United States also became (and continues to be) an influence in Venezuela, impacting both lifestyle and culture. In the 1920s and 1930s, companies from the United States moved to Venezuela to take advantage of oil reserves and these were followed by firms wanting to do business with Venezuelans (Ferguson, 1994). Consumer tastes and habits from the United States replaced European tastes, shopping and travel to the United States increased, and it became common for Venezuelans to send their children to the United States for a better education (Ferguson).

Today the United States still plays a major influence in Venezuela. One example can be seen in its beauty queen culture, seen in part as an import from the United States (Dinneen, 2001; Ferguson, 1994). However, influence from the United States is most prominent through mass media in Venezuela (Dineen). In fact, historian Ferguson (1994) reports that Venezuela has the highest per capita access to TV in Latin America, and even *ranchos* (shacks where poor people live) have TV aerials. Most mass media companies are privately owned, and depend heavily on United States' programming, technology and investments. A 1991 study revealed that 60% of TV programming in Venezuela was imported, mostly from the United States. Commercials also show mostly United States products and services (Ferguson).

Importance of Race and Socioeconomic Status in Venezuela

Venezuelan society by the 20th century was an amalgam of three major groups. As a result, primarily everyone was *meztizo* (mixed). Because of this, Venezuela has been called a *café con leche* (coffee and milk) society where people of all these groups belong to all social strata (Haggerty, 1993; Wright, 1990). Because of cultural mixing, distinguishing among groups based on physical characteristics became difficult. Physical appearance, such as skin color (instead of ethnic group identity per se), became the criteria for status (Wright). Although racism exists in Venezuela and people of African descent are often placed in inferior social positions, for the

most part, racial discrimination has been replaced by economic discrimination (Haggerty). In Venezuela an individual's job, education and wealth determine his/her opportunity for social mobility.

Collaboration and Family

In Venezuela personal ties have great impact in daily life (Dinneen, 2001). For the majority of Venezuelans, family plays a central role in support and assistance. Family includes not only immediate family but also extended family (aunts, uncles, cousins). An individual's family is not only a major source of support but also the focal point of his or her social life. In addition, Venezuelans value and maintain strong ties with kinship and *compadrazgo* (their children's Godparents). Because of all of these relationships, Venezuelans remain connected throughout their lives in a network of personal ties (Arcia et al., 2000; Coohy, 2001; Santiago-Rivera et al., 2002; Sue & Sue, 2003). These connections make Venezuelan culture a collectivist culture, in which there is often a sense of community, and the individual has an interest and preoccupation about the well-being of others as well as his or her own .

Venezuelan Women

Although in Venezuela the women's movement has made great strides, *machismo*, or the belief that men are superior over women, is still very present. As a result, women's advancement in the work force is still hindered by prejudice. In Venezuela, less than 10% of governmental or management positions are occupied by women (Haggerty, 1993). For the most part, even in those positions, women are in public relations, communications, human resources, and very rarely in finances and even less in the oil and automobile industry (Programa de la Naciones Unidas Para el Desarrollo [PNUD], 1999).

In keeping with traditional roles, women in Venezuela are expected to play a central role in the family, and the day to day life and wellness of family members, as well as unity of the family

depend on her (Barroso, 1995). In addition, women are expected to conform to other traditional feminine roles, such as that of serving their husbands and placing others' needs before their own (Barroso). However, some social advances have been made; for example, divorce in Venezuela became legal in the early twentieth century and now is very common.

Body Image in Venezuela

Venezuela has been called a land of beauty queens due to its numerous titles in international beauty pageants (Sosa, 2001). The beauty queen culture has died in many countries (due to sensitivity to sexism) but in Venezuela it is still popular and prestigious, perhaps due to the great success of Venezuelan beauty queens in pageants and the fact that they then go on to become celebrities in other areas (Ferguson, 1994). In fact, Venezuela's second largest industry is considered to be beauty contestants, second only to the oil industry (Enright, Francés, & Saavedra, 1996). The Organización Miss Venezuela, which is managed by Osmel Souza, organizes the pageants and grooms participants (Dinneen, 2001). Women who are deemed to have beauty potential are selected and trained. Their training includes: modeling, social communication, English language, and plastic surgery when needed. Many women use this pageant to launch a successful career for themselves. Some examples include contestants such as Astrid Carolina Herrera who went on to become a TV actress, Bárbara Palacios who became a well known TV celebrity and business woman, and even more famous Irene Saez, (Miss Universe 1981) who became the mayor of Chacao (a central district of Caracas) for many years and ran for president in 1998. She later became the governor of Nueva Esparta (Dinneen). The successful careers of these former contestants show the importance that is placed on these pageants. Furthermore, their success conveys the message that in Venezuela beauty equals power, and in order for a woman to be successful she must also be beautiful. These beliefs about beauty may place pressure on Venezuelan women to worry about their appearance.

This preoccupation with appearance has been documented in the media and magazines. For example, consumer reports have shown that Venezuela is the largest purchaser of beauty products in Latin America based on per capita rates. Another study by a research-marketing firm, Roper Starch Worldwide (1999), surveyed people in 30 countries to determine their levels of vanity. The results show that of 30 countries sampled, Venezuela had the highest rates of vanity, as 65% of women and 47% of men said that they thought about the way they looked all the time. These figures are well above the global average, which is that of 23% for women and 16% for men. This study reported that Venezuelans spend a fifth of their income on beauty products and personal grooming. In spite of the high rates of poverty that the country faces, beauty-driven consumption is prominent across all social classes (Sosa, 2001). Unfortunately, the bulk of this research has been reported through media and less formal mediums and has not been sufficiently studied through more rigorous avenues such as scholarly research.

Due to the collectivist nature of Venezuelan culture (Santiago-Rivera et al., 2002; Sue & Sue, 2003), a strong emphasis is placed on the opinions and evaluations of others towards oneself. Individuals are often aware and preoccupied about the opinions of others. This often leads to a phenomenon that Venezuelans call *pantalla* in which a person tries to keep up appearances or control the impressions other people form of them. According to author Barroso (1995), *pantalla* arises out of the fact that many Venezuelans feel a sense of worth when they are noticed by others, even when this attention is negative. Thus *pantalla* is an effort of the individual to get positioned or find a place in Venezuelan society.

Even though there is tremendous pressure on Venezuelan women to be beautiful, it is surprising that the scholarly literature in this country has not explored this subject further. Most studies have focused on eating disorders. For example, a study in Venezuela examined rates of

eating disorders in high school adolescent girls (Quintero-Parraga, et al., 2003). This study used a sample of 1363 female and male adolescents between the ages of 12 and 18. These researchers found that although eating disorder rates were comparable to those in the United States, what was most alarming was the fact that most girls in the study presented a preoccupation with their weight even if they did not meet criteria for an eating disorders diagnosis. A noteworthy feature of this article was that the authors rely mostly on literature from the United States and Europe and analyzed their results based on figures from these countries. This is an indication of how the bulk of research on eating disorders and body image dissatisfaction has been done on White/European individuals and points to the necessity to expand the research of these disturbances to other cultural groups.

Feminist Theory

Feminist counseling theory grew out of the women's movement of the 1960s, during which U.S. women in consciousness-raising groups began to question the oppressive nature of traditional feminine roles. During the 1970's, traditional psychotherapy theories were criticized by these groups as being oppressive and insensitive to women (Corey, 2005; Enns, 2004). Feminists argued that traditional theories did not consider the role of society and culture. Furthermore, they argued that in the field of psychology, instead of identifying these traditional theories as the problem, women were pathologized by these theories and perceived as being troubled themselves (Gilligan, 1982).

One such criticism was pointed out by Gilligan (1982), who argued that men's and women's senses of morality differ. Due to the influence of social context, women's sense of morality is contextual and based on being responsible for and caring for others. Thus women lean toward creating and maintaining relationships and long for connectedness and interdependence (Gilligan). On the other hand, men's sense of morality is based on individual

rights and abstract values of right and wrong (Gilligan), thus men lean toward separation and independence from others. Furthermore, Gilligan argues that 'male' ethics are based on principles of not hurting others whereas 'female' ethics are based on the obligation to help others. As a result, women make the needs of others a priority and sacrifice their own needs. Thus, it becomes difficult for a woman to develop her own voice and sense of independence when doing so goes against her moral value.

A related criticism of traditional models of psychological development is that they propose that maturity or growth comes from a struggle for autonomy and independence, which is not the case for women who actually strive for connectedness as they grow and mature (Chodorow, 1989; Gilligan, 1982). Based on their relationship with their mothers, girls learn from an early age to be nurturing and self-sacrificing. They learn that a sense of relationship and connection is needed, and they strive to identify with their mothers and connect with them as a way to grow up and acquire a sense of femininity (Chodorow, 1978; Corey, 2005). Boys, on the other hand, get their identity and masculinity by separating or becoming independent from their mothers. (Corey, 2005; Gilligan, 1982). In traditional developmental theories, dependence and assertion are considered the trademarks of adulthood, however, women judge themselves (and have been judged) on qualities of care and concern toward others. Thus, for women a struggle of differentiating between the self and other becomes a problem between femininity and adulthood (Gilligan).

As a result, feminist counseling theory emerged, which is founded on the belief that to understand a person it is important to consider the social and cultural contexts which contribute to the person's problems (Enns, 2004). The way in which women have been socialized has an impact on their identities, self-image and their well-being. The new feminist theory focused on

not blaming the individual, but rather viewing as pathological the societal and cultural pressures which oppress women and cause them to act in these ways (Corey, 2005; Worell & Remer, 2003). According to this theory, society reinforces the belief that to be feminine, women should play submissive, dependent and self-sacrificing roles in society. Thus, gender differences are caused not by biological differences but rather as a result of socialization processes. (Corey). Gender role expectations affect a person's development from the moment they are born and are deeply ingrained by age three (Corey; Gilligan, 1982). Families are the earliest classrooms where gender rules are learned (Worell & Remer).

Although no unified feminist theory exists, multiple feminist theories provide overlapping perspectives (Enns & Sinnacore, 2001), that differ on views of power differentials between men and women, their explanation for why knowledge has been gathered for men often to the exclusion of women, and on their ideas of how equality can be achieved between the two sexes (Corey, 2005). Two main principles uniting feminist theories include: (1) the personal is political, and (2) symptoms are a way of coping with and a desire to change an oppressive environment (Enns, 2004). Based on the second principle, not only are gender categories created by society, but so are mental disorders (Reid & Burr, 2000), including eating disorders and other body image disturbances.

Feminist Theory and Body Image

Body image dissatisfaction is more prevalent in women than in men as evidenced by the high rates of eating disorders and depression in this population (American Psychiatric Association [APA], 1994). According to APA (1994), 90-95% of eating disordered patients are females. As a result of these gender disparities, feminist theorists have hypothesized as to the reasons why women might experience such discontent with their bodies. Several hypotheses have been presented, however, the common thread or general assumption under a feminist

framework is that women's attitudes, feelings and behaviors towards their bodies need to be understood in the context of cultural and social pressures (Striegle-Moore, 1995). Thus, when discussing the development of body image dissatisfaction, one needs to look at the collective factors in society affecting women as well as the lived experiences of the individual (Ali, 2002). Two major themes have been discussed in the feminist literature as possible explanations for women's high rates of body image dissatisfaction.

Theme One: Weight as Power or Coping Mechanism

One justification for women's discontent with their body image put forth by feminist writers has been that women attempt to achieve a small size to be unnoticed, or to be less threatening to men for their power or competence (Enns, 2004). Under this assumption, weight is seen as control and power, where controlling one's weight is a form of control in a world where everything else is uncontrollable and where women feel powerless. Dieting and eating behaviors serve as a distraction from other pressures (Enns) and as a way to cope with internal conflict (Black, 2003; Lawrence 1987). Eating behaviors become coping mechanisms which allow a woman to numb herself when emotional strain occurs (Enns). These emotional strains result from the oppression put on women as a result of societal and cultural standards. For example, Bordo (1988) suggests that a person with anorexia's restriction of food intake is her reaction against societal forces which make women feel incompetent and without control. By controlling her eating behaviors, a woman is attempting to assert herself and gain a sense of control (Lawrence 1987; Orbach 1988). In this way, eating issues can be described as 'problems of disconnection, transition and oppression rather than dieting, weight and fat phobia' (Katzman & Lee 1997; p. 392)."

A similar argument is that anorexia and eating disorders are "manifestations of stereotypical femininity, taken to extremes" (Malson, 1998, as cited in Reid & Burr, 2000). For

example, under this argument anorexia is considered a form of protest against societal expectations and pressures. Thus anorexia in this case becomes a way to achieve control and autonomy (Reid & Burr).

Bordo (1988) also argues that thinness is a feminine ideal or a way to stand against a societal view of females as reproductive and domestic beings. According to this author, eating disorders are a manifestation of the contradictions that are inherent in societal standards of femininity, including a struggle between control and passivity, having an adolescent slender figure vs. an adult, maternal plump figure, and a struggle between providing food to one's family versus dieting (Bordo, 1988). In this way, eating disorders are conceptualized as "feminine addictions because the nature of femininity defines the nature of eating disorders" (Reid & Burr, 2000, p.208).

Theme Two: The Culture of Thinness

Another explanation focuses on the "culture of thinness", which equates being thin with happiness (or a precursor to being happy). Thus, based on this societal message, women strive to be thin to be happy (Enns, 2004). Some writers have connected the obsession of anorexic women to be thin with societal pressures to be thin to be desirable (Brown & Jasper, 1993; Chernin, 1985). To explain the internalization of the culture of thinness, theorists have offered an explanation which has been conceptualized as objectification theory (Fredrickson & Roberts, 1997), under which it is said that the media and culture propagate standards of beauty (a.k.a. the culture of thinness). Women in turn absorb or internalize these standards and adopt an "observer's view of themselves." By doing so, women become preoccupied with their outward appearance, as opposed to their internal health and functioning (Roberts & Waters, 2004). This is evidenced by symptoms developed in women such as body monitoring and body consciousness (Tiggemann & Kuring, 2004), which could lead to loss of internal cues (such as hunger and

satiety), and to the development of body image dissatisfaction and anxiety (Enns, 2004). These theorists argue that females are socialized to view their bodies as ornamental rather than functional and therefore focus on external evaluations or judgments of themselves (Worell & Remer, 2003). This causes women to develop a view of themselves as objects of observation (Worell & Remer). Research shows that overall women self-objectify more than men (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998). This difference may provide an explanation into the disproportionately high rates of body image dissatisfaction and eating disorders experienced by women when compared to men.

Feminist authors argue that it is impossible to escape societal messages that beauty is a central to a woman's identity and self-worth (Worell & Remer, 2003). However, beauty may be defined differently in different cultures, and that is why we can observe variations of rates of eating disorders and body image dissatisfaction depending on the culture. For example, in the African American culture adolescent girls have been found to experience less pressure to be thin and therefore show higher levels of self-esteem and body image satisfaction when compared to their White counterparts (Eccles, Barber, Jozefowicz, Malenchck, & Vida, 1999). However, as African American girls are exposed to mainstream culture, they experience more pressure to be thin and therefore develop body image dissatisfaction and engage in dieting and other weight changing behaviors (Osvold & Sodowsky, 1993; Root, 1990).

Sociocultural Theory

The central tenet of sociocultural theory is that exposure to unrealistic body ideals leads to the development of eating disorders and body image dissatisfaction (Thompson et al., 1998). Under this view, individuals feel pressure from their environment to achieve sociocultural standards of beauty; this pressure is transmitted through the media, family, and peer group (Levine & Harrison, 2004; Thompson et al., 1999).

Over the years, not only has there been a trend for the ideal of beauty to become thinner (Thompson, 1992), but there are also pressures for women to achieve other physical qualities which are oftentimes contradictory to the thin ideal. For example, women are not only expected to be thin, but also have large breasts (Thompson & Tantleff, 1992) and be more muscular (Striegel-Moore, Silberstein, & Rodin, 1986). These society-sanctioned ideas of beauty are portrayed and communicated through the media (Mazur, 1986). Although historically beauty depicted through art was conceptualized as unattainable and romanticized (Freedman, 1986), today's images are seen as realistic depictions of what a woman should look like even though many of these images are manipulated and altered and are not real (Lakoff & Scherr, 1984). As women compare themselves to these images, their body image is impacted negatively (Heinberg & Thompson, 1992a, 1992b).

Awareness of Sociocultural Factors

Numerous studies have found support for a sociocultural theory. For example, one meta-analysis examined 25 studies and found that after being exposed to images of the thin ideal, women felt worse about themselves than when exposed to other types of images (Groez et al., 2002). The relationship between exposure to thin images and body image dissatisfaction has been established through both correlational and experimental studies on women in the United States (for reviews, see Groesz et al., 2002; Levine & Harrison, 2004; Thompson et al., 1999).

Posavac & Posavac (2002) found that White women in the United States are likely to develop a negative body image of themselves if they encounter discrepancies between their perceived selves and the ideal images portrayed by the media. Goodman (2002) looked at the impact of media and advertisement on Latinas living in the United States. He found that media images of thin women influences Latinas' body image and can lead to high levels of body image dissatisfaction and the development of eating disorders in this population. Goodman (2002)

found that because most of the media images that Latinas in the United States see are of White women, the standard of beauty that they perceive is that of a White woman. Because of the body figure differences inherent in different ethnic groups, Latinas find themselves far from the White ideal represented in the media; this leads women to feel dissatisfied with their bodies (Goodman, 2002).

Internalization of Sociocultural Factors

Studies have found that it is not just exposure to these images that can lead to body image dissatisfaction, but rather the extent to which an individual internalizes those thin ideals and applies them to herself (e.g., Joshi, Herman & Polivy, 2004; Dittmar & Howard, 2004). A meta-analysis examined the role of three constructs that have been linked to the development of body image dissatisfaction: awareness of the thin ideal, internalization of the thin ideal, and perceived pressures to achieve this ideal (e.g., Stice 2002; Thompson & Stice, 2001). Through this meta-analysis the authors discovered that all three constructs were significantly related to body image dissatisfaction. However, of the three factors, internalization and perceived pressure to be thin were found to be the most strongly related to body image dissatisfaction. This meta-analysis also showed that this was true for all ages and cultural groups.

Internalization of the thin beauty ideal has been found to be a mediating factor between exposure to media images and the development of body image dissatisfaction. For example, one study by Stice, Schupak-Neuberg, Shaw, and Stein (1994) used structural equation modeling to examine the complex role that internalization plays. These authors found that the relationship between exposure to media images and the development of body image dissatisfaction was mediated by internalization of sociocultural standards of beauty (i.e. the thin ideal). In a similar study, Cusumano and Thompson (1997) found that of three factors, exposure to media,

awareness of media and internalization of media, exposure was the least related to body image dissatisfaction while internalization was the most closely linked to body image dissatisfaction.

Fear of Negative Evaluation of Appearance

Sensitivity or a heightened awareness to the feelings and actions of others has been shown to be a significant predictor of body image dissatisfaction and eating disorders (Boyce & Parker, 1989; Steiger, Gauvin, Jabalpurwala, Seguin, & Stotland, 1999; Striegel-Moore, Silberstein, & Rodin, 1993). Girls who are sensitive to criticism, that is who are aware and who experience negative feelings in reaction to criticism, are more likely to develop negative feelings about themselves (body image dissatisfaction) (Atlas, 1994; Vander Wal & Thelen, 2000). Vander Wal & Thomas (2004) conducted a study with 139 African American and Latina girls in 4th and 5th grade and found that fear of negative evaluation was a significant predictor of body image dissatisfaction and disturbed eating behaviors. In a longitudinal study, Cattarin & Thompson (1994) found that girls' perception of being teased, which shows sensitivity to others, predicted the development of body image dissatisfaction at the three year follow up. Similarly, children's perceptions of peer influence have been found to be predictors of body image dissatisfaction (Oliver and Thelen, 1996). However, some researchers have found that it is not the act of being teased that leads to the development of body image dissatisfaction but rather the negative emotional impact that teasing can have on some children (Taylor et al., 1998)

Influence of Mothers

Studies exploring the link between maternal identification and body image have produced mixed results. For example, Robinson and colleagues (1996) examined the impact of mothers on their daughters. This study found that for Latina girls, the impact of the mother on the daughter's body image was mediated by the mother-daughter relationship. For daughters who were close to their mothers, the mother's body shape was associated with the daughter's body dissatisfaction.

This relationship was not found for daughters who were not close to their mothers. Hanh-Smith & Smith (2000) conducted a similar study, looking at body image and maternal identification. They also measured the daughter's and the mother's self-esteem. They found that the daughter's level of self esteem was a regulating factor that determined whether or not she adopted her mother's body image and weight related concerns. They discovered that even if the mother has a negative body image and the daughter identifies with her, only if the daughter has low-self esteem will she adopt her mother's body image (Hanh-Smith & Smith, 2000). A study conducted in Spain looked at 16 families, including the father, mothers and daughters. The daughters had an eating disorder and were of mean age 21.6 years old. The authors were interested in the family environment, attitudes toward body shape, and eating patterns. They determined that there was a strong similarity in family perceptions and eating patterns between mothers and daughters (Arevalo & Escursell, 1997).

Studies examining the modeling behavior of mothers toward their daughters have produced mixed results. Some have found similarities in mother-daughter dieting behaviors (Benedikt et al., 1998; Hill & Franklin, 1998; Pike & Rodin, 1991; Ruther & Richman, 1993; Wertheim et al., 1999) while others have found no such relationship (Baker, Whisman, & Brownell, 2000, Ogden & Steward, 2000; Thelen & Cornier, 1995). On the other hand, most studies have shown that there is no significant relationship between father-daughter dieting or body concerns (Baker et al., 2000; Wertheim et al., 1999).

Limited research has been conducted on the influence of parent's weight related feedback on daughter's body image. Studies examining parental encouragement to lose weight have found that these parents have daughters who are more likely to diet (Benedikt, Wertheim, & Love, 1998; Keel, Heatherton, Harnden, & Hornig, 1997; Moreno & Thelen, 1993; Pike & Rodin,

1991; Thelen & Cormier, 1995; Wertheim, Mee, & Paxton, 1999). However, these studies have been correlational in nature. In a study of adolescent girls, Levine, Smolak & Hayden (1994) found that weight related teasing from family (parents and siblings combined) was a significant predictor of body image dissatisfaction and eating disorders. A study by Schwartz, Phares, Tantleff-Dunn and Thompson (1999) looked at a sample of 114 males and 139 female college students (mean age=20.26). They sought to find if parental appearance-related commentaries had an impact on body image and psychological functioning. They found that for women, feedback from mothers and fathers were significantly correlated with body image. Furthermore, this feedback was predictive of psychological functioning for both male and female participants. A study of early adolescent boys and girls found that encouragement from any parent to diet was related to daughter and son body image dissatisfaction. Although both parents were influential, they found in general mothers were more influential than fathers (Wertheim, Martin, Prior, Sanson & Smart, 2002). A study by McCabe and Ricciardelli looked at 1266 adolescents (boys and girls) and sociocultural influences on body image and body change strategies. This study found that adolescent girls are more likely to perceive their mothers as encouraging them to fulfill sociocultural standards of beauty (McCabe & Ricciardelli, 2001).

Research on Femininity

Due to the disproportionate gender differences in body image dissatisfaction and related disorders, researchers have focused on examining the role of gender role identification and its relation to body image disturbances. Gender role identification refers how much a person adheres to stereotypically masculine or feminine characteristics. Pioneers have theorized a strong link between adherence to traditional gender roles and body image dissatisfaction. For example, researcher Boskind-Lodahl (1976) suggested that women who developed eating disorders often display traditional feminine qualities, such as dependence, need for social approval, and

passivity. She argued that attempting to conform to societal norms of femininity, which include an investment in appearance, causes women to adopt measures to control their weight in order to fit unrealistic standards of thinness. This leads to body image dissatisfaction and in turn eating disorders. Conceptualizations such as this one have led to numerous research efforts aimed at investigating the relationship between gender role identification and body image dissatisfaction and related disorders. However, these studies have yielded mixed results.

Some studies have found a link between femininity and body image dissatisfaction. For example, in one study by Kimlicka, Cross, and Tarnar (1983), 204 unmarried female undergraduates completed questionnaires measuring their gender role identification, their level of body image satisfaction, and their self-esteem. Analyses of the results showed that adherence to feminine gender roles was found to be associated with low body image satisfaction, low self esteem, and less sexual satisfaction. Another study by Jackson, Sullivan and Rostker (1988) examined the interactions between gender, gender role and body image in males and females living in the United States. Results indicated a relationship between gender role and body image satisfaction. While both feminine and androgynous females rated their physical appearance as important, feminine females evaluated their physical appearance less favorably. Interestingly, feminine males also evaluated their appearance less favorably when compared to masculine and androgynous males (Jackson et al.). Similarly, Hawins, Turell, & Jackson (1983) found positive correlations between dieting concerns and restrictive eating and trait femininity. A significant connection between overeating or emotional eating and femininity was also found by VanStrien & Berges (1988). A more recent study of 830 females, between the ages of 11 and 20, looked at relationship between body image dissatisfaction, personal power and femininity. The authors found that body image dissatisfaction increased as age and femininity increased. Results from

this study showed that femininity was one predictor of body image dissatisfaction (Johnston, 1995). Another study examined the relationship between embodied femininity (that is, ascribing to traditional gender roles related to appearance), weight concern, and depressive symptomatology among White, Black and Latina women (Bay-Cheng et al., 2002). Results showed that these three factors were positively correlated for Latina participants.

On the other hand, some studies have failed to prove that a relationship between body image dissatisfaction and femininity exists. For example, Srikameswaren, Honours, Leichner, and Harper (1984) examined eating disordered patients and found no differences in their gender role identification. In a survey research of 49 adolescent females, author Pasquale (2007) examined relationships among gender role identity, body image and depressive symptoms. This author found that femininity scores were not linked to body satisfaction or to investment and focus on body. Another study looked at gender role identity as a potential mediator for body image dissatisfaction (Colburn, 2006). This author hypothesized that females with traditionally feminine gender roles would report higher levels of body image dissatisfaction. However, evidence to support this hypothesis was not found.

Other studies have shown that the relationship between body image and gender role identity is a complex one. For example, a study examined the relationship between self-esteem, gender role identity and body image among 113 mother-daughter pairs (Usmiani & Daniluk, 1997). These authors found that greater femininity was correlated with positive body image for premenstrual girls, but for girls who had begun menstruating, greater femininity was associated with negative body image. Another study by Cash, Ancis, and Strachan (1997) examined the influence of gender role norms and body image satisfaction in 122 college women. Results demonstrated that for this sample body image dissatisfaction was related to traditional gender

attitudes but only as they relate to male-female social interactions. Thus women who adhered to traditional views about male-female relations were greatly invested in their looks and had internalized societal standards of beauty. Based on this literature, for the present study the relationship between body image dissatisfaction and two aspects of femininity (investment in appearance and involvement in romantic relationships) was studied.

Summary and Conclusion

Body image dissatisfaction has been found to be linked to more serious mental health issues, including eating disorders as well as depression and self-esteem. Although much research has been done on body image dissatisfaction, for the most part, this research has been based on dominant United States culture. Recent studies have shown that eating disorders and body image disturbances are prevalent worldwide and across all cultures. This means that existing assessment and treatment tools may not be sensitive enough to be used with diverse populations since they have been developed using the dominant culture as a model. Thus, there is a need to expand on multicultural research that is culturally sensitive and specific and moves toward the creation of culturally appropriate models of assessment and intervention.

Sociocultural theory has been used as a way to explain how body dissatisfaction develops. According to this theory, body image dissatisfaction results from sociocultural pressure from interpersonal (family and peers) and media influences which transmit and reinforce societal ideals of beauty. Research on this theory has shown that it is not exposure to sociocultural pressures that which affects body image, but rather the combination of awareness and internalization of sociocultural standards as well as perceived pressure to be thin. An important source of pressure is pressure from parents. More specifically, perceived pressure from mothers to be thin has been shown to have an impact on the level of body image dissatisfaction that a person has. Sensitivity to other people's evaluation of their appearance also plays a role in

making the person more vulnerable to be impacted by sociocultural pressures to achieve thin beauty ideals. Based on sociocultural theory and results of previous findings, the role of awareness and internalization of sociocultural pressures, as well as pressure from mothers and peers were examined in the current study.

Feminist theorists have also attempted to explain the role of sociocultural factors on the development of body image dissatisfaction. Feminist theory explains that women learn through society to equate physical appearance with self-esteem (Frank, 1986; Nagel & Jones, 1992). Thus, a woman's sense of worth is based on her adherence to sociocultural standards of beauty. Research has shown that adherence to certain feminist values can have a protective effect on women. Studies have shown that women who hold traditional gender role views about male-female social relations and about physical appearance are more likely to internalize sociocultural standards and in turn develop body image dissatisfaction. Thus, for the current study, the relationship between body image dissatisfaction and adherence to traditional gender roles (as measured by investment in appearance and involvement in romantic relationships) was also examined.

Much of the body image research conducted with Latinas has produced mixed findings. In part, this due to the fact that this culture has been viewed as monolithic, disregarding the cultural diversity that exists among the different Latin American countries. One way to expand on the multicultural competence of the counseling field is to conduct research based on samples from specific Latin American countries where body image dissatisfaction seems to be of concern. One such country is Venezuela, where tremendous pressure is placed on women to achieve cultural standards of beauty and to invest in their appearances.

As a result of its history, Venezuelan culture is in many ways unique and different from that of other Latin American countries. Unfortunately, research examining body image in Venezuelan women is scarce, thus making existing literature of little relevance to Venezuelan culture. This study provides a step toward expanding our knowledge about this specific country and its culture. By learning about societal and cultural factors affecting women in Venezuela, culturally sensitive assessment and intervention tools can be developed for women in this country. Results from this research can be used to create culturally sensitive models which can then be applied to immigrants and culturally diverse populations living in the United States.

CHAPTER 3 METHODOLOGY

Statement of Purpose

This study was designed to investigate five sociocultural factors hypothesized to influence body image satisfaction in women from Venezuela. These five factors are: (1) awareness of sociocultural factors, (2) internalization of sociocultural factors, (3) perceived pressure from mother to conform to beauty standards, (4) fear of negative appearance evaluation and (5) conformity to feminine norms. This research investigated if these five factors are related to Venezuelan females' body image dissatisfaction. This chapter includes a description of the study design, sample, instrumentation, data collection procedures, and data analyses.

Research Design

For this study, a survey research design was used, thus it is a non-experimental design. The dependent variable in this study was (a) body image dissatisfaction. The independent variables included (a) awareness of sociocultural factors (b) internalization of sociocultural factors, (c) perceived pressure from mother to conform to beauty standards, (d) fear of negative appearance evaluation, and (e) conformity to feminine norms.

Operational Definitions

Body Image

This variable refers to a person's perception of her body or the internal view that a person has about her external features. This view can result in different emotions and behaviors. In this study, body image is conceptualized as the degree of satisfaction or dissatisfaction with one's body. This variable was measured through the use of the Body-Esteem Scale for Adolescent and Adults (BESAA) developed by Mendelson, Mendelson & White (2001). This measure provides a general indication of a person's feelings and attitudes toward her appearance.

Awareness of Sociocultural Factors

This construct refers to the awareness or recognition of societal influences which might have an impact on women's idea of beauty and gender role standards. These factors refer to social sources such as mass media, family and peer group which promote the thin ideal. This variable was measured by use of the Awareness Subscale of the Sociocultural Attitudes Toward Appearance Questionnaire – Revised (SATAQ-R) developed by Cusumano & Thomson (1997). This scale was designed to measure a woman's recognition of societal standards of appearance.

Internalization of Sociocultural Factors

This variable refers to women's acceptance and endorsement of thin beauty ideals which are propagated through influence of the media, family and peer group. This was measured by use of the Internalization Subscale Sociocultural Attitudes Toward Appearance Questionnaire – Revised (SATAQ-R). This scale was designed to measure a woman's acceptance of society standards of appearance.

Perceived Pressure from Mother to Conform to Beauty Standards

This refers to the messages that a participant's mother conveys that suggest how important her daughter's weight and appearance are to her. These expectations, conveyed via verbal or nonverbal messages and cues, are measured in terms of participant's perception of her mothers' expectations. This variable was assessed through the Mother Scale of the Perceived Sociocultural Influences on Body Image and Body Change Questionnaire (McCabe & Ricciardelli, 2001). This scale was developed to measure perceived pressure from mother to lose weight, gain weight, and to increase muscle tone. The scale assesses participants' perceptions of their mother's feedback including direct encouragement, modeling or teasing.

Fear of Negative Appearance Evaluation

This variable refers to a person's level of worry and fear about other people's assessment of their appearance. This construct was measured by using the Fear of Negative Appearance Evaluation Scale (FNAES) (Lundgren, Anderson, and Thompson 2004). The FNAES is designed to measure a person's level of apprehension about evaluation about their appearance.

Compliance with Feminine Norms

In this study, feminine norms refer to standards placed by society of how women should think, feel, look and behave to be considered feminine. In particular, this study examined participant's level of compliance with two feminine norms: (1) women should place a strong emphasis on interpersonal relationships and (2) women should keep up their physical appearance. To measure conformity to feminine norms found in the dominant United States culture, two subscales of the Conformity to Feminine Norms Inventory (CFNI), developed by Mahalik, Morray, Coonerty-Femiano, Ludlow, Slattery & Smiler (2005), were used.

Population

The population from which the participants for this study were selected was comprised of college-aged women who were attending a university in Venezuela. This age group was selected based on convenience for sampling. Eight universities were sampled, including (a) Universidad de Carabobo, (b) Universidad Jose Antonio Paez, (c) Instituto Universitario de Tecnologia de Valencia, (d) Instituto Universitario de Tecnologia Industrial, (e) Universidad Alejandro de Humboldt, (f) Universidad Central de Venezuela, (g) Universidad Bolivariana de Venezuela, and (h) Universidad Catolica Andres Bello. These universities were located in Caracas and Valencia. These cities are metropolitan cities and comparable in terms of their importance and size. Participants were limited to women who were between the ages of 18 and 21 and who were

attending college. To be eligible to participate, the person must have been born in Venezuela and have a mother who was still alive.

Sample

A total of 348 women participated in the study. Of this sample, seven were eliminated due to the fact that their mothers were not alive, and five others were eliminated because they failed to complete more than half of the questions in one or more of the assessments. Thus, the final sample was comprised of 336 women. Participants ranged in age from 18 to 21 years. The average age of respondents was 19.33 years old (SD=1.16), with 33.9% of women being 18 years of age, 21.7% of women being 19 years of age, 21.7% of women being 20 years of age, and 22.6% of women being 21 years of age (see Table 3-1). All participants were women living in Venezuela. Participants lived in two major cities in Venezuela, with 137 women (40.8%) living in Caracas, and 199 women (59.2%) living in Valencia.

Participants were asked about their marital status, living arrangements and finances. The majority of study participants (331 participants, 98.5%) were single, with only five (1.5%) of the participants reporting being married. Most participants (79.8%) lived with their parents, 17.6% of participants lived on their own off campus location, and 2.7% of participants lived in a college dormitory (Table 3-2). Monthly household income was divided into four categories based on categories reported used in previous research studies (Datanalisis, 2007). These categories were based on the national currency, Bolívares (Bs.), which at the time that the research was conducted had an exchange rate of 1US\$ = Bs. 3,400. These categories were (a) below Bs. 600,000, (b) between Bs. 600,000 and Bs. 1,500,000, (c) between Bs. 1,500,000 and Bs. 4,000,000, and (d) above Bs. 4,000,000. These categories were a close estimation of social strata, where category 'a' represents poverty level, 'b' represents lower middle to middle class, 'c' represents middle to upper middle class, and 'd' represents affluent or upper class. The monthly

household income for most participants (41.4%) was between Bs. 600,000 and Bs. 1,500,000, lower middle to middle class, whereas 28.9% of participants were in category 'c' (upper middle class), 14.3% were in category 'a' (poverty level) and 13.1% were in category 'd' (affluent or upper class) (see Table 3-3). Nine participants did not report their monthly household income.

Data was also collected regarding participants' college status. All participants were currently enrolled in a college or university, with 64.3% enrolled in public university, 26.8% enrolled in a private university, 2.4% enrolled in a public technical school, and 6.5% enrolled in a private technical school (Table 3-4). Participants were at various stages of their educational careers, with 43.5% of them in their first year of their studies, 41.1% in their second year, 4.8% in their third year, and 10.7% in their fourth year or beyond (Table 3-5). Multiple academic majors were represented in the sample. The researcher grouped the majors into six categories. Table 3-6 presents the categories, frequencies, and percentages of the participants' academic majors.

Instrumentation

The survey consisted of five instruments and a demographic questionnaire. The five instruments include: (1) the Body-Esteem Scale for Adolescent and Adults (BESAA), (2) the Sociocultural Attitudes Toward Appearance Questionnaire – Revised (SATAQ-R), (3) the Fear of Negative Appearance Evaluation Scale (FNAES), (4) the Conformity to Feminine Norms Inventory (CFNI), and (5) the Mother Scale of the Perceived Sociocultural Influences on Body Image and Body Change Questionnaire. All five of these questionnaires had been developed in English. For this study, these questionnaires were translated into Spanish with permission from their authors. A limited pilot study was conducted with ten participants to assess the comprehensibility of use of the Spanish versions of the questionnaire. For this pilot study a group

of ten Venezuelan women read and completed the questionnaire to ensure that it was readable and understandable to a Venezuelan population.

Body-Esteem Scale for Adolescent and Adults (BESAA) - Awareness

To measure body image, the BESAA was administered. This scale is composed of 23 items that are formatted in a 5-point Likert scale and was created by Mendelson, Mendelson & White (2001). The scale measures body esteem or self-evaluation of one's body or appearance (which is referred to as body image in this study), and it is composed of three subscales: Appearance, Weight and Attribution. For this study, only the Appearance subscale was used. The Appearance subscale looks at general feelings about appearance. Reliability and validity measures were established for the BESAA. The study sampled 1334 male and female participants in the United States between the ages of 12 and 25. The study found that this scale has high validity and reliability measures, with internal consistencies ranging from .81 to .95 and a 3-month test-retest reliability ranging from .83 to .92 for the subscales (Mendelson et al., 2001).

Sociocultural Attitudes Toward Appearance Questionnaire - Revised (SATAQ)

To measure awareness and internalization of sociocultural factors the Sociocultural Attitudes Toward Appearance Questionnaire - Revised (SATAQ-R) written by Cusumano & Thomson (1997) were administered. This questionnaire was designed to measure two separate constructs, a person's level of recognition and awareness of societal influence on beauty standards as well as their acceptance or endorsement of these standards. The questionnaire is composed of 21 items in a 5-point Likert-scale format that make up two subscales: the internalization and the awareness subscales. The questionnaire was standardized using a sample of 175 female college students living in the United States. The internal consistency measure for

this questionnaire was found to be that of .83 for the awareness subscale and .89 for the internalization subscale (Cusumano & Thomson, 1997).

The Fear of Negative Appearance Evaluation Scale (FNAES)

The Fear of Negative Appearance Evaluation Scale (FNAES) measures a person's apprehension about appearance evaluation from others (Thomas, Keery, Williams & Thompson, 1998). The instrument is composed of eight questions in a 5-point Likert-scale format. Psychometric properties for this scale have been calculated from studies with college women in the United States. The instrument was normed on a sample of 165 undergraduate students in the United States with a mean age of 19.6 years (Thomas et al., 1998). These authors reported that the scale has high internal consistency (IC .94) as well as high item-item correlations.

Conformity to Feminine Norms Inventory (CFNI)

To measure women's adherence to feminine norms, two subscales of the Conformity to Feminine Norms Inventory (CFNI) were used: the Involvement in Romantic Relationships and the Invest in Appearance subscales (Mahalik, Morray, Coonerty-Femiano, Ludlow, Slattery & Smiler, 2005). The Involvement in Romantic Relationship subscale, which was composed of nine items, was used to determine the importance that the participant places on romantic relationships. The Invest in Appearance subscale, which was composed of seven items, was used to determine the importance the participant places on physical appearance as part of being feminine. Reliability and validity measures were obtained through a series of four studies conducted by the authors. The instrument was normed on 733 women (average age of 19.72 years) and 98 men (average age of 18.81 years) living in the United States. Internal consistency scores were .77 in Involvement in Romantic Relationships and .82 in Invest in Appearance (Mahalik et al. 2005).

Perceived Sociocultural Influences on Body Image and Body Change Questionnaire-- Mother Scale

Two subscales of the Perceived Sociocultural Influences on Body Image and Body Change Questionnaire-Mother were used to measure perceived pressure from mother to lose weight (three questions) and perceived appearance related feedback from mothers (three questions). The scale assessed perceptions of feedback including direct encouragement, modeling or teasing. This scale was normed on a sample of 240 adolescent boys (mean age = 13.83 years) and 204 adolescent girls (mean age = 13.70 years) in Australia. All of the scales in the questionnaire have been reported to have high internal consistency ($r > .84$) (McCabe & Ricciardelli, 2001).

Data Collection Procedures

To recruit participants, IRB permission was requested from the University of Florida to obtain permission to contact the registrars of the Venezuelan universities where participants were recruited. The registrars were informed of the purpose of the study and permission to carry out the study was obtained from those registrars. Professors at the different Venezuelan universities were informed of the purpose of the study and were asked for permission to make an announcement at the end of their classes to recruit participants for the study. Student groups and organizations were also contacted to recruit participants. Women who agreed to participate were given an informed consent form and were asked to sign prior to enrollment in the study. Participants were then asked to complete the survey previously described. The survey was administered in paper and pencil format which participants completed while in the presence of the researcher. To provide an incentive, at the end of the study four prizes (electronics of \$30 value) were given to randomly selected participants.

Hypotheses

- Ho1. There is no significant relationship between Venezuelan women’s awareness of sociocultural influences and their level of body satisfaction.
- Ho2. There is no significant relationship between Venezuelan women’s internalization of sociocultural influences and their level of body satisfaction.
- Ho3. There is no significant relationship between Venezuelan women’s perceived feedback about body shape from their mothers and their level of body satisfaction.
- Ho4. There is no significant relationship between Venezuelan women’s perceived encouragement to lose weight from their mothers and their level of body satisfaction.
- Ho5. There is no significant relationship between Venezuelan women’s fear of negative appearance evaluation and their level of body satisfaction.
- Ho6. There is no significant relationship between Venezuelan women’s compliance with the feminine standard of involvement in romantic relationships and their level of satisfaction in body image.
- Ho7. There is no significant relationship between Venezuelan women’s compliance with the feminine standard of investment in appearance and their level of satisfaction in body image.
- Ho8. There are no significant contributions of awareness of sociocultural influences, internalization of sociocultural influences, perceived feedback about body shape from their mothers, perceived encouragement to lose weight from their mothers, fear of negative appearance evaluation, involvement in romantic relationships and investment in appearance to the prediction of Venezuelan women’s level of body satisfaction.

Table 3-1. Participants’ Age (Frequencies and Percentages)

Age	Frequency	Percent
18	114	33.9
19	73	21.7
20	73	21.7
21	76	22.6
Total	336	100.0

Table 3-2. Participants’ Living Arrangements

Living arrangement	Frequency	Percent
With parents or relatives	268	79.8
In dorm	59	17.6
In own place	9	2.7
Total	336	100.0

Table 3-3. Participants' Monthly Household Income

Monthly income	Frequency	Percent
Below Bs. 600000	48	14.3
Between Bs.600000 and Bs. 1500000	139	41.4
Between Bs.1500000 and Bs. 4000000	97	28.9
Bs. 4000000 and above	44	13.1
Did not report	8	2.4
Total	336	100.0

Table 3-4. Participants' Type of University Currently Attending

Type of university	Frequency	Percent
Public university	216	64.3
Private university	90	26.8
Public tech school	8	2.4
Private tech school	22	6.5
Total	336	100.0

Table 3-5. Participants' Year in College

Year in college	Frequency	Percent
1	146	43.5
2	138	41.1
3	16	4.8
4	36	10.7
Total	336	100.0

Table 3-6. Participants' Academic Major

Academic major	Frequency	Percent
Math, science and engineering careers	126	37.5
Health related careers	86	25.6
Social sciences	61	18.2
Communications	32	9.5
Design and Architecture	5	1.5
Business related careers	26	7.7
Total	336	100.0

CHAPTER 4 DATA ANALYSIS AND RESULTS

The purpose of this study was to explore the relationships between Venezuelan women's level of body image dissatisfaction and five sociocultural variables, including (a) the level of awareness of sociocultural influences presented through the media, (b) the extent of internalization of these sociocultural influences, (c) the influence of perceived pressure from their mothers to conform to beauty standards, (d) fear of negative appearance evaluation and (e) the level of conformity to feminine norms. In this chapter, results from a study of 348 women are presented. The demographics of the sample are presented. The analyses of the instruments used for this study are reported. Next, descriptive statistics for the study's variables are given. Finally, the results of the data analysis for each of the study's hypotheses are addressed.

Analysis of Instruments

Prior to conducting the analyses necessary to test the hypotheses posed for this study, the five questionnaires used in this study (BES, SATAQ-R, FNAE, SIQ, and CFNI) were submitted to a reliability analysis to confirm that each subscale consistently measured a particular construct. While previous studies have confirmed that these scales and subscales were reliable and measured the identified constructs, it was also acknowledged that validity and reliability are situation and person specific and a scale might be valid and reliable for one group of subjects but might not be valid and reliable for another. Furthermore, it was also noted that the validity and reliability had been established only for the English versions of these instruments. For this study, the instruments were translated to Spanish and applied to a rather unique group of participants who were college-aged women living in Venezuela. Thus, a confirmatory factor analysis was undertaken to establish the instrument validity and reliability for this unique group of subjects and for the Spanish version of the instruments.

Cronbach's alpha was used to determine internal consistency of the five instruments administered to participating students. Considering all students in this study, the Appearance Subscale of the Body Esteem Scale (BES), which was used to measure participant's body image dissatisfaction, had a total alpha coefficient of .804. Regarding the measurement of awareness and internalization of sociocultural influences, the Sociocultural Attitudes Toward Appearance Questionnaire-Revised (SATAQ-R) had an alpha coefficient of .845, which comprised of two subscales measuring two constructs: awareness of sociocultural pressures ($\alpha=.813$), and internalization of sociocultural pressures ($\alpha=.773$). The Fear of Negative Appearance Evaluation scale had an alpha coefficient of .825. In this study, perceived pressure from mothers to conform to beauty standards was measured with the Mother Scale of the Sociocultural Influences Questionnaire (SIQ), which included the constructs: perceived feedback from mother ($\alpha=.566$), and perceived encouragement to lose weight from mother ($\alpha=.422$). Finally, two subscales of the Conformity to Feminine Norms Inventory (CFNI) were used to measure how much women followed rules of femininity. The subscales used for this assessment included the Involvement in Romantic Relationships ($\alpha=.566$) and Investment in Appearance ($\alpha=.623$) subscales.

Reliability coefficients at a level above .70 are considered acceptable (Schmitt, 1996). As can be seen from these results, alpha coefficients for the perceived feedback from mother scale (Mom Feed), the perceived encouragement from mother to lose weight scale (WLM), the involvement in relationship scale (IRR), and the investment in appearance scale (IA) were below the .70 level. For the original English versions of these scales, the authors obtained alpha coefficients above the .70 level (Mom Feed: $\alpha=.89$; WLM: $\alpha=.77$; IRR: $\alpha=.77$; IA: $\alpha=.82$) (Mahalik et al., 2005; McCabe & Ricciardelli, 2001). The low levels of internal consistency

obtained for the present study were perhaps due to the fact that these scales were translated into Spanish and applied to a different population.

Descriptive Statistics

The survey used in this study consisted of five previously-established measures and a demographic questionnaire. The results of the demographic questionnaire were presented in Chapter 3, where the sample was described. The means, ranges, and standard deviations for each of the study variables are presented in Table 4-1. In a few cases, participants gave more than one response to an item or did not provide a response to an item. In these instances, these items were considered missing values and were replaced with the average response that all other participants provided for that item.

Body image dissatisfaction scores could range from 0 to 4. The authors of this scale (Mendelson et al., 2001) do not provide any guidelines for interpretation of scores other than the lower the score, the more dissatisfied the participant is with her appearance. The average level of body image dissatisfaction by the participants in this study was $M=2.83$, with a standard deviation of $SD=0.61$. The scale's authors reported the mean and standard deviations attained in a random sample survey of 761 females between the ages of 12 and 25 who were attending school in Canada. The authors report that for the total sample, the mean score for the appearance subscale was $M = 2.2$. However, when only participants between the ages of 18 and 25 are considered ($N=336$), then the mean score obtained by these authors is that of $M=2.38$, with standard deviations between 0.7 and 0.9.

The descriptive statistics for the Fear of Negative Appearance Evaluation Questionnaire cannot be compared to findings from previous research because the questionnaire's authors (Thomas et al., 1998) have not provided descriptive statistics for their instrument. The mean score obtained from this study sample was $M=1.94$ and $SD=0.82$, within a possible range of 1 to

5. For this scale, higher scores indicate greater apprehension about being evaluated in a negative manner.

Within a possible range of 1 to 5, the average score obtained with this sample for the Awareness subscale of the SATAQ-R, measuring participant's awareness of sociocultural factors, was 3.238 (SD.789). In this subscale, the higher the score indicates the higher the level of awareness of sociocultural factors. For the Internalization subscale of the same instrument, the average participant score was 2.454 (SD .762), where the higher the score, the higher the level of internalization of sociocultural factors. Although the authors of SATAQ-R (Cusumano & Thomson, 1997) do not report scores obtained for their sample, scores are available from other studies that have used this assessment with similar populations. For example, a study of women, 16 to 18 years old, living in Spain showed that for a sample of 505 women, the mean score was 3.45 (SD=0.76) for the Awareness subscale and 2.77 (SD=0.80) for the Internalization subscale (Fernandez, Otero & Castro, 2005).

The average score for appearance related feedback from mother for the present sample was found to be 2.761 (SD=1.005). Scores for this scale could range between 1 and 6, where lower scores indicate positive feedback about body shape from mothers and higher scores indicate negative comments. Comparison scores were not provided by authors (McCabe & Ricciardelli, 2001).

For the present study, scores for the encouragement from mother to lose weight averaged 4.156 (SD=0.811). These scores could range between 1 and 5, where lower scores indicate high levels of encouragement from mothers to lose weight. Unfortunately, the authors of this scale (McCabe & Ricciardelli, 2001) do not report scores they obtained. Although other authors who

have used this scale have reported their results, these cannot be compared to the present study due to the lack of consensus on scoring this scale.

Finally, average scores for two subscales of the CFNI used in the present study were obtained. For the IRR subscale, measuring involvement in romantic relationships, the average score was 11.837(SD=3.801). Possible scores for this scale ranged between 0 and 27, and the higher the score the stronger the person ascribes to the belief that it is important for women to maintain romantic relationships as a way to be feminine. The authors of this scale (Mahalik et al., 2005) reported an average score of 13.420 (SD=3.73) for this subscale when applied to a sample of 733 women, age M=19.72, attending college in the United States.

For the IA subscale, measuring investment in appearance, the average score was 20.420 (SD= 3.565). Possible scores for this scale ranged between 0 and 21, and the higher the score the stronger the person ascribes to the belief that it is important for women to be invested in their appearance as a way to be feminine. The authors of this scale (Mahalik et al., 2005) reported average score of 12.01 (SD=3.75) for this subscale when applied to a sample of 733 women, age M=19.72, attending college in the United States.

Results

The study's first seven hypotheses were tested using Pearson correlations (Table 4-2). The study's eighth hypothesis was tested using a stepwise multiple linear regression technique (Tables 4-3 and 4-4).

Hypothesis 1: There is no significant relationship between Venezuelan women's awareness of sociocultural influences and their level of body satisfaction.

To test this hypothesis a Pearson correlation was calculated for scores on the BES and the scores for the Awareness subscale from the SATAQ-R. Table 4-2 presents the results of this analysis. There was significant, inverse association ($r = -.278$, $p < .001$) between Venezuelan

women's awareness of sociocultural influences and level of body image dissatisfaction. This means that for most participants, the higher the level of awareness of sociocultural factors the lower the level of satisfaction with her body. Hence the null hypothesis is rejected for Hypothesis 1, therefore concluding that there is a significant relationship between Venezuelan women's awareness of sociocultural influences and their level of body image dissatisfaction.

Hypothesis 2: There is no significant relationship between Venezuelan women's internalization of sociocultural influences and their level of body satisfaction.

To address this question a Pearson correlation was calculated for scores on the BES and the scores on the Internalization subscale from the SATAQ-R. Table 4-2 presents the results of this analysis. There was a significant, inverse association ($r = -.430, p < .001$) between Venezuelan women's internalization of sociocultural influences and level of body image dissatisfaction, indicating that, for most participants, the higher the level of internalization of sociocultural factors the lower the level of satisfaction with her body. Hence the null hypothesis is rejected for Hypothesis 2, therefore concluding that there is a significant relationship between Venezuelan women's internalization of sociocultural influences and their level of body image dissatisfaction.

Hypothesis 3: There is no significant relationship between Venezuelan women's perceived feedback about body shape from their mothers and their level of body satisfaction.

To address this question a Pearson correlation was calculated for scores on the BES and scores on the feedback from mother subscale of the Sociocultural Influences Questionnaire (SIQ)., Table 4-2 presents the results of this analysis. There was a non-significant association between Venezuelan women's perceived feedback from mothers related to appearance and level of body image dissatisfaction ($r = -.068, p = .214$). Hence the null hypothesis is not rejected for

Hypothesis 3, as there was no association between Venezuelan women's perceived feedback about body shape from their mothers and of their level of body satisfaction.

Hypothesis 4: There is no significant relationship between Venezuelan women's perceived encouragement to lose weight from their mothers and their level of body satisfaction.

To address this question a Pearson correlation was calculated for scores on the BES and scores the encouragement to lose weight subscale of the SIQ. Table 4-2 presents the results of this analysis. There was significant, positive association between Venezuelan women's perceived encouragement from mothers to lose weight and level of body image dissatisfaction ($r = .143$, $p = .009$). This means that for most participants, the higher the level of encouragement from their mother to lose weight the higher the body dissatisfaction. Hence the null hypothesis is rejected for Hypothesis 4, therefore concluding that there is a significant relationship between Venezuelan women's perceived encouragement to lose weight from their mothers and their level of body image dissatisfaction.

Hypothesis 5: There is no significant relationship between Venezuelan women's fear of negative appearance evaluation and their level of body satisfaction.

To address this question a Pearson correlation was calculated for scores on the BES and scores on the Fear of Negative Appearance Evaluation Scale (FNAES). Table 4 -2 presents the results of this analysis. There was a significant, inverse association between Venezuelan women's score on the FNAES and level of body image dissatisfaction ($r = -.557$, $p < .001$), meaning that for participants, the higher the level of apprehension about negative appearance related feedback the lower her level of body satisfaction. Hence the null hypothesis is rejected for Hypothesis 5, as there was an association between Venezuelan women's fear of negative appearance evaluation and their level of body image dissatisfaction.

Hypothesis 6: There is no significant relationship between Venezuelan women's compliance with the feminine standard of involvement in romantic relationships and their level of satisfaction in body image.

To address this question a Pearson correlation was calculated for scores on the BES and scores on the Involvement in Romantic Relationships subscale (IRR) of the Conformity to Feminine Norms Inventory (CFNAI). Table 4 -2 presents the results of this analysis. There was no significant association between Venezuelan women's score in the IRR and scores on the BES ($r = -.061$, $p=.268$). Hence the null hypothesis is retained for Hypothesis 6, as there was no significant association between Venezuelan women's compliance with the feminine standard of involvement in romantic relationships and their level of satisfaction in body image.

Hypothesis 7: There is no significant relationship between Venezuelan women's compliance with the feminine standard of investment in appearance and their level of satisfaction in body image.

To address this question a Pearson correlation was calculated for scores on the BES and scores on the Investment in Appearance subscale (IA) of the CFNI. Table 4 -2 presents the results of this analysis. There was no significant association between Venezuelan women's score in the IA and scores on the BES ($r = -.082$, $p=.133$). Hence the null hypothesis is retained for Hypothesis 7, as there was no significant association between Venezuelan women's compliance with the feminine standard of investment in appearance and their level of satisfaction in body image.

Hypothesis 8: There are no significant contributions of awareness of sociocultural influences, internalization of sociocultural influences, perceived feedback about body shape from their mothers, perceived encouragement to lose weight from their mothers, fear of negative

appearance evaluation, involvement in romantic relationships and investment in appearance to the prediction of Venezuelan women's level of body satisfaction.

To test this hypothesis, a stepwise multiple linear regression analysis was conducted to determine each variable's contribution to the variance of the outcome measure (body image dissatisfaction) as well as the combined effect. In a stepwise multiple regression analysis, the predictive quality of numerous independent variables is assessed to explain the variation of a given dependent variable. In this procedure, each of the independent variables is added in sequence to the model to determine the amount of variation in the dependent variable which can be accounted for by these variables. Only variables which have a significant contribution to the predictive quality of the model are retained.

The participant's level of body image dissatisfaction was designated as the dependent variable, and the other variables (awareness of awareness of sociocultural factors, internalization of sociocultural factors, perception of pressure from her mother, fear of negative appearance evaluation, and conformity to feminine norms) were used as the independent variable or predictor variable. There were two steps in the stepwise regression analysis, producing a final model explaining the variance in body image dissatisfaction with an R^2 of .347. The first step in the analysis identified fear of negative appearance evaluation as a significant predictor variable ($\beta = -.557$, $t = -12.249$, $p < .001$). The fear of negative appearance evaluation variable had an R^2 of .310 and was a significant predictor in the initial model ($F(1, 334) = 150.048$, $p < .001$). The second step added internalization of sociocultural standards as a predictor in the second model ($R^2 = .347$, $F(1, 333) = 19.079$, $p < .001$), resulting in an R^2 change of .037. The final model accounted for 34.7% of the variance in body image dissatisfaction. The results of the stepwise

regression analysis are presented in Table 4-3 and the model's coefficients are found in Table 4-4. Hence the null hypothesis is rejected for Hypothesis 8.

Summary

In this chapter, the results of a survey of Venezuelan college-aged women were presented. Descriptive statistics for the study's research variables and correlations between the variables were explained and discussed. Reliability measures and factor analysis for the instruments were presented. The study's research questions were answered by detailing the results of the data analyses. In chapter 5, the results will be discussed along with the study limitations and implications for theory, counseling practice and policy, In addition, recommendations for future research will be presented.

In this chapter, findings specific to the objectives of the study were presented. The objectives of the study were to examine the individual and collective impact of five societal and cultural factors on body image dissatisfaction in college-aged Venezuelan women. The five factors included: (a) the level of awareness of sociocultural influences presented through the media, (b) the extent of internalization of these sociocultural influences, (c) the influence of perceived feedback about body shape from their mother, (d) fear of negative appearance evaluation and (e) the level of conformity to feminine norms. Chapter 5 will summarize the findings presented in this chapter and provide conclusions and implications based on these results. Recommendations will also be provided.

Table 4-1. Descriptive Statistics for the Study's Variables

Variable	Mean	Range		Std. Deviation
		Low	High	
Body image dissatisfaction (BES)	2.832	.30	4.00	.614
Fear of appearance evaluation (FNAE)	1.936	1.00	4.83	.820
Awareness of sociocultural pressures (AWA)	3.238	1.00	5.00	.789
Internalization of sociocultural pressures (INT)	2.454	1.00	4.90	.762
Appearance feedback from mother	2.761	1.00	6.00	1.005
Encouragement to lose weight from mother (WLM)	4.156	1.00	5.00	.811
Involvement in romantic relationships (IRR)	11.837	.00	27.00	3.801
Investment in appearance (IA)	13.420	1.00	21.00	3.565

Table 4-2. Correlations among the Study's Variables

	BES	FNAE	AWA	INT	Mom Feed	MWL	IRR	IA
BES								
FNAE	-.557(**)							
AWA	-.278(**)	.277(**)						
INT	-.430(**)	.465(**)	.440(**)					
Mom Feed	-.068	-.013	.035	-.016				
WLM	.143(**)	-.104	-.042	-.134(*)	.058			
IRR	-.061	.157(**)	.096	.174(**)	-.027	-.141(**)		
IA	-.082	.163(**)	.188(**)	.281(**)	-.008	-.128(*)	.180(**)	

Note: * $p \leq .05$ (two-tailed), ** $p \leq .01$ (two-tailed), $N = 336$; BES = body image dissatisfaction; FNAE = fear of negative appearance evaluation; AWA = awareness of sociocultural pressures; INT = internalization of sociocultural pressures; Mom Feed = appearance related feedback from mother; MWL = encouragement from mother to lose weight; IRR = involvement in romantic relationships; IA = investment in appearance.

Table 4-3. Body Image Dissatisfaction Stepwise Regression Model Summary

Step	Variable	R	R ²	R ² _{adj}	R ² _{chg}	F _{chg}	p	Df1	df2
1	FNAE	.557	.310	.308	.310	150.048	.000	1	334
2	INT	.589	.347	.343	.037	19.079	.000	1	333

Table 4-4. Body Image Dissatisfaction Model Coefficients

Model	B	B	T	Significance
Constant	3.639		50.881	.000
FNAE	-.417	-.557	-12.249	.000
Constant	3.924		41.128	.000
FNAE	-.341	-.455	-9.106	.000
INT	-.176	-.218	-4.368	.000

CHAPTER 5 DISCUSSION

Although there is a plethora of research on body image and eating disturbances, there has been little examination focused specifically on subgroups of the Latino culture. Moreover, few studies have examined specific factors that may influence the levels body image dissatisfaction among young women from a specific cultural group. Therefore, the goal of the present study was to explore the sociocultural factors associated with body image dissatisfaction among the college-aged Venezuelan women.

In this chapter, the study variables and design are reviewed, and the findings are discussed. Limitations of the study are also detailed. Finally, implications for policy, counseling practice, theory, and future research are presented.

Overview of the Study

This study of Venezuelan college-aged women included 336 women who ranged in age from 18 to 21 years. The women in the sample attended colleges in the cities of Caracas and Valencia. Each participant completed a survey composed of instruments measuring (a) body image dissatisfaction, (b) awareness of sociocultural influences (c) internalization of sociocultural influences, (d) apprehension about negative appearance evaluation, (e) perceived pressure from mothers to conform to beauty standards, and (f) conformity to standards of femininity. Scores were computed for each of the study's variables, allowing investigation of the relationship among these variables.

Discussion of Findings

Awareness of Sociocultural Factors

The first hypothesis explored the association between Venezuelan women's awareness of sociocultural influences and their level of body satisfaction. The data analysis revealed an

inverse relationship between scores on the Body Esteem Scale and the Awareness of Sociocultural Factors subscale, meaning that those women who reported more awareness or recognition of pressures from media, peers and family promoting a thin ideal of beauty reported more body image dissatisfaction as well.

This result supports previous findings examining the relationship between awareness of societal standards of beauty and body satisfaction. In one such study, Heinberg, Thompson and Stormer (1995) surveyed 162 college female students, between the ages of 17 and 30, living in the United States. These authors found that awareness of sociocultural factors accounted for unique variance associated with body image dissatisfaction and eating dysfunction. Similarly, Cusumano and Thompson (1997) conducted a study with 175 female students between the ages of 18 and 49 (mean age 24) who were living in the United States. They found that awareness of sociocultural factors was a significant predictor of body satisfaction, eating disturbance and self-esteem.

Studies that have been conducted outside of the United States have also confirmed these findings. For example, one study conducted in Spain included 568 female participants between the ages of 13 and 18 (Fernandez et al., 2005). Results of this study showed that awareness of sociocultural factors was related to body image dissatisfaction. Likewise, authors Forbes, Doroszewicz, Card and Adams-Curtis (2004) examined the relationship between awareness of sociocultural pressures and body image in a sample of 112 college women (ages 18 to 29) from Poland and 105 college women (ages 18 to 45) from the United States. These researchers found that increased awareness of the thin body ideal was associated with decreased body acceptance.

Internalization of Sociocultural Factors

The second hypothesis explored the association between Venezuelan women's internalization of sociocultural influences and their level of body satisfaction. The Pearson

correlation revealed that there is strong, inverse relationship between scores on the Body Esteem Scale and the Internalization of Sociocultural Factors subscale, meaning that those women who reported more internalization or acceptance of thin beauty ideals which are propagated through influence of the media, family and peer group reported more body image dissatisfaction.

This finding is in line with results from previous studies. In one study of 112 Latina women living in the United States (mean age 23), author Montes de Oca (2005) found that internalization of cultural beauty standards was directly and positively related to self-objectification, body shame, and eating disorder symptomatology. Similarly, the previously mentioned studies by Heinberg, Thompson and Stormer (1995) and Cusumano and Thompson (1997) which surveyed college-aged women living in the United States also examined factors linked to body image satisfaction. In both studies, the researchers found that although awareness of sociocultural pressures was related to body dissatisfaction, internalization of these pressures was a stronger predictor. Along these same lines, research conducted outside of the United States also supports these findings. In the previously mentioned study of females living in Spain (Fernandez, Otero & Castro, 2005), the authors once again found that internalization of sociocultural pressures predicted variance in body image dissatisfaction beyond that explained by awareness of these pressures. These findings show that mere exposure or even awareness of pressures from media, family and peer group might not be sufficient to explain body image dissatisfaction. Rather it is a person's level of acceptance or "buying into" these ideals which may be detrimental to their body image.

Perceived Pressures from Mother to Conform to Beauty Standards

The third and fourth hypotheses of this study examined whether there was an association between a daughter's perception of pressure from her mother to conform to beauty standards and levels of body image dissatisfaction. The third hypothesis investigated the role that perceived

feedback about body shape from mother plays in body image satisfaction. The data analysis showed that there was no significant relationship between mother's feedback and body image dissatisfaction. The fourth hypothesis explored the association between Venezuelan women's perceived encouragement to lose weight from their mothers and of their level of body satisfaction. Although it was found that there was a significant relationship between perceived encouragement to lose weight from mother and body image dissatisfaction, this correlation was weak ($r = .143$).

Similar to the results of this study, previous findings on the influence of mothers on body image have been mixed. One study of 94 indigenous and non-indigenous Australian adolescent boys and girls, between the ages 12 and 16, examined the relationships between perceived sociocultural influences, body image concerns, and body change strategies (Ricciardelli, McCabe, Ball & Mellor, 2004). These researchers reported no significant association between perceived pressure from mother to lose weight and body dissatisfaction. However, they authors did find a strong association between the child's weight loss strategies and perceived pressure to lose weight from mothers. Yet, McCabe and Ricciardelli (2005) conducted a longitudinal study of 443 children aged between 8 and 12 years and reported that one of the major factors that contributed to body image and body change strategies over time for both boys and girls was messages from the child's mother. Similarly, a study of 385 females in grades 6 through 8 by Levine, Smolak & Hayden (1994), reported that weight related teasing from mothers was a significant predictor of body image dissatisfaction and eating disorders. A study of 114 males and 139 female college students (mean age=20.26) by Schwartz, Phares, Tantleff-Dunn and Thompson (1999) sought to determine whether parental appearance-related commentaries had an impact on body image and psychological functioning. They reported that feedback from mothers

was significantly correlated with body image among the women but not for the men. However, mother's feedback was predictive of psychological functioning for both male and female participants (Schwartz, Phares, Tantleff-Dunn & Thompson, 1999). It should be noted that most of these studies have been conducted with adolescent and pre-adolescent aged females. Yet studies examining mother's impact on college-aged women is limited. Furthermore, research on this topic as it relates to members of the Latino culture is quite limited.

Upon examining the results for the present study, consideration should be given to the fact that the scales used to measure the perceived pressure from mothers focused on feedback about weight and size, which is only one aspect of body image. In addition, it should be noted that the internal consistency of the translated version of the instruments assessing perceived pressure from mothers was low. This could have impacted the results. Cultural values could also have influenced the results. Due to the emphasis that Venezuelan culture places on family, participants might not have reported pressure from their mothers due to fear of disrespecting or speaking negatively about their mothers. It could also be that because pressures to conform to standards of beauty are so widespread, these women might not recognize this pressure from their mothers and they might even view this behavior as standard for what a good mother is expected to do. Regardless of the reasoning, these results do not imply that there are no differences in the level of body image dissatisfaction based on perceived pressure from mothers, rather that the assessment of this pressure was not strongly correlated with body image satisfaction in this sample.

Fear of Negative Appearance Evaluation

The fifth hypothesis explored the association between Venezuelan women's fear of negative appearance evaluation and their level of body satisfaction. The data analysis showed that there is a strong, inverse relationship between the scores on the Body Esteem Scale and the

Fear of Negative Appearance Evaluation Scale, meaning that those women who reported more apprehension about having her appearance evaluated unfavorably by others reported more body image dissatisfaction as well.

This outcome is consistent with findings reported in previous research demonstrating a link between levels of body image dissatisfaction and apprehension about negative evaluation. For example, Vander Wal and Thomas (2004) conducted a study of 139 African American and Latina girls in Grades 4 and 5 in the United States, and found that the level of distress generated by anticipations of negative evaluation was a significant predictor of body image dissatisfaction and disturbed eating attitudes and behaviors. Similarly, Lundgren, Anderson, & Thompson (2004) found in 160 male and female college students, ages 17-45 (mean 19), from the United States, that the fear of negative appearance evaluation predicted levels of body image dissatisfaction and negative eating attitudes.

Although no research has been conducted on the impact of fear of negative evaluation among Venezuelan women, these findings may reflect the strong emphasis on collectivism in Venezuelan culture. Because collectivism implies a group orientation (Sue & Sue, 2003), an awareness and preoccupation with others' views may be an inherent feature of the culture. Thus it follows that women in a Venezuelan culture would place a high value on the views that others have about them, and the fear of being negatively evaluated might compel these women to strive to fulfill societal standards of beauty.

Conformity to Standards of Femininity

The sixth and seventh hypotheses of this study examined whether there is a link between conformity to traditional gender roles and levels of body image dissatisfaction. The sixth hypothesis investigated the role that Venezuelan women's involvement in romantic relationships plays in body image satisfaction. The data analysis showed that there was not a significant

relationship between the two. The seventh hypothesis investigated the role Venezuelan women's investment in appearance plays in body image satisfaction. The data analysis showed that there was also not a significant relationship between these two variables.

These results are inconsistent with previous findings which show that higher levels of femininity have been linked to lower levels of body image satisfaction (Bekker & Boselie, 2002). For example, research evidence shows that for boys and men, being masculine is positively correlated with body image satisfaction, while for women and girls being feminine was correlated with body image dissatisfaction (Hawkins et al., 1983; Jackson et al. 1988). The discrepancy of the results for the present study when compared to the extant literature could be due to the instruments used. In addition, for this research only a narrow aspect of femininity was assessed, including involvement in romantic relationships and investment in appearance. It should also be noted that the instrument primarily assessed the use of make up and a mirror as a way to measure investment in appearance. This may have been too narrow a view of standards of femininity.

Predictors of Body Image Dissatisfaction

The eighth hypothesis investigated the prediction of Venezuelan women's satisfaction with body image based on several variables (including awareness of sociocultural influences, internalization of sociocultural influences, perceived feedback about body shape from their mothers, perceived encouragement to lose weight from their mothers, fear of negative appearance evaluation, involvement in romantic relationships and investment in appearance). The stepwise multiple regression analysis revealed two significant predictors of body image dissatisfaction. The most significant predictor was fear of negative appearance evaluation, followed by internalization of sociocultural influences. Together these two variables accounted for 34.7% of the variance in body image dissatisfaction. It should be noted, however, that fear of

negative appearance evaluation accounted for the majority of this variance (31.0%) whereas internalization of sociocultural factors accounted for only 3.7% of the variance. Thus it can be concluded that fear of negative appearance evaluation was by far the strongest predictor of body image dissatisfaction for women in this sample. As previously mentioned, previous studies have also found a link between fear of negative evaluation and body image dissatisfaction (Lundgren et al., 2004; Vander Wal & Thomas, 2004) thus supporting these results.

It may be that the collective nature of Venezuelan culture is of great importance and should be taken into account, especially when it comes to fear of being viewed negatively and its possible consequences. Some of these consequences include being shunned from the social network, being viewed as having a character flaw (such as by being labeled as *abandonada* which means abandoned, or *descuidada* which means careless), and having limited job and career opportunities. This is different than United States society, where the negative consequences of not conforming to standards of beauty could simply mean not getting attention in certain social situations.

It could also be that fear of negative evaluation could act as a moderator between awareness and internalization of sociocultural beauty standards. This is supported by Kehoe (2003) in a study of 279 female adolescents in 7th and 10th grades living in the United States. The need for peer approval was examined as a possible moderating factor between the internalization of the thin ideal and body image dissatisfaction. Moderating effects were found for fear of negative evaluation and popularity. The strength of the relationship between body image and internalization of the thin ideal was found to be moderated in part by fear of negative evaluation. Based on these findings, a future study in Venezuela could examine whether fear of negative evaluation moderates the relationship between internalization of sociocultural standards

of beauty and body image dissatisfaction in Venezuelan women, with the hypothesis that women who have higher apprehension about being evaluated negatively would also be more likely to internalize standards of beauty.

Limitations of the Study

Although the overall results of this study offer insight about factors affecting body image dissatisfaction in Venezuelan college-aged women, generalizability is limited and results should be interpreted within the context of this study. Limitations to the study include the sampling procedures, the use of self-report measures, the nature of the study, and the instruments used.

A major limitation concerns the sampling procedure. Convenience sampling was used therefore the representativeness of this sample and the generalizability of results might have been compromised. It should be noted that participation in this study was voluntary, which could imply that participants were more aware of body image issues and more forthcoming to talking about them than those women who chose not to participate. This could have had an impact on the results. Furthermore, the sample was composed of women who attended institutions of higher learning. Although both private and public institutions were sampled, working class women who never attended college were not represented in this study. This is an important consideration based on the fact that the majority of Venezuelans live in poverty, and therefore might have been underrepresented in this sample. A second limitation to this study which must be addressed is participant self-reporting bias. Due to the self-report format of the questionnaires, findings may be influenced by social desirability. There is no way of knowing whether participants' responses accurately represented their attitudes and experiences concerning appearance and body image.

The nature of the research should also be considered as a limitation. This study is correlational in nature, therefore causation cannot be implied. As such, the relationships that were found between the variables could potentially be moderated by other variables not

measured in this study. Furthermore, this study relied on extant theories in order to identify variables to be studied. Because these theories have been developed based mostly on White and European populations, important variables may not have been included. A qualitative study based on a Venezuelan population might help identify some of these variables. This study is also non-longitudinal and only measures women at one point in time. Thus, the study is based on the assumption that the variables examined are stable throughout time. If these variables are seen as constantly changing (for example, if body image satisfaction is seen as a situational or fluid concept), then a longitudinal study would be needed in order to obtain a more accurate picture of these constructs over time.

Finally, results of this study might also be limited by the instruments used to measure variables. As previously stated, the scales employed in this research were developed for an English speaking population and were translated into Spanish for this study. It appears that, the internal consistency of some of the scales was compromised. This may mean that some of these measures might not be culturally sensitive to be used with this population. In addition, some of the instruments included in the survey focus only on one aspect of body image, such as weight or the use of makeup, rather than focusing on a more inclusive definition where all aspects of appearance and beauty are covered. This narrow view of body image could also have affected the results.

Recommendations for Future Research

An extensive search of local and main stream literature revealed that the topic of body image and the broader topic of eating disorders have not received much attention as they relate to Venezuelan women. In fact, only one article (Quintero-Parraga et al., 2003) was found directly related to eating disorders and mental health, and about five other studies were found in which body image was examined from a medical perspective (e.g., focusing on the effects of

mastectomy or palate reconstruction on patient's body image). This is surprising due to the great emphasis placed on appearance within this culture. The lack of literature on the topic can be attributed to several factors. First of all, it could be that the terms used in the Venezuelan literature to refer to phenomena of body image dissatisfaction or eating disorders were unknown to the researcher. Although this is possible, it is unlikely due to the fact that the help of local librarians was solicited, and some literature on body image was found, but this literature deals with this phenomena from a medical point of view.

A second possibility is that because Venezuela is a patriarchal society, the majority of the research is conducted by males and based on male ideals. Because body image dissatisfaction is more predominant in females, male researchers might not be providing adequate attention to the topic. Furthermore, female researchers might not want to address the topic and identify it as a problem for fear of what that might do to their own social status. These women could potentially be labeled as feminists, viewed as radicals or shunned to some extent from society. In addition, by standing up against societal standards of beauty and rejecting beauty ideals, these women might be labeled as *abandonadas* (abandoned) or *descuidadas* (careless), labels that are often placed on women in Venezuelan culture who do not conform to beauty ideals and do not invest in their appearance.

Another potential explanation to the lack of literature on the subject could be that both male and female researchers do not identify body image dissatisfaction as problematic. Because the standards of beauty are so ingrained in Venezuelan culture, many people might fail to recognize them as a problem, without realizing the emotional and physical hazards that preoccupation with appearance can cause in both men and women. Regardless of the explanation for the lack for available studies, it is evident that there is a need for further research on the topic.

More research on body image dissatisfaction in Venezuelan women is clearly needed. Research in Venezuela needs to explore the impact of beauty standards and obsession with physical appearance on the individual's and community's mental health and physical well-being. This research needs to be systemic in nature, looking at how various influences (individual, family, peer group, societal and cultural) impact body image satisfaction.

Research needs to be conducted for both Venezuelan women living in Venezuela as well as Venezuelan women migrating to the United States, taking into account the impact of acculturation for the latter group. Qualitative studies are needed in order to identify further aspects affecting Venezuelan women's body image dissatisfaction. Also there is a need for quantitative research based on Venezuelan culture so that baseline rates can be established and U.S. literature is not used as the standard against which Venezuelan women are measured. Finally, researchers need to create and validate assessment tools that can be used when studying this population.

Researchers in general, both in the United States and in Venezuela, need to expand their conceptualization of body image dissatisfaction. Most current research on this topic has focused on body image as it relates to size and weight. However, as is the case in Venezuela, standards of beauty encompass much more than prescriptions about weight, including aspects about overall appearance such as the use of make up, fashionable clothing and jewelry, as well as other beauty rituals related to hair, nails, facial and body hair. This narrow view of body image is apparent in the literature from Venezuela and the United States and disregards the negative consequences that non-weight related beauty standards can have on women.

Implications

Implications for Theory

The results of the current investigation have numerous implications for the theoretical frameworks used. Results of the regression analysis support sociocultural theory, which states

that pressures from media, family and peers play a major role in the development of body image dissatisfaction (Thompson et al., 1999). These results demonstrate that internalization or acceptance of sociocultural standards of beauty plays a role in the development of body image. Furthermore, these results show that peers are also a form of pressure to conform to these beauty standards and the fear of receiving a negative evaluation from these peers could contribute to body image dissatisfaction.

Results from this study showing that maternal pressures were not strongly correlated with Venezuelan women's body image do not support sociocultural theory. Based on sociocultural theory, mothers serve as a form of pressure to conform to standards of beauty. However, it could be that there are moderating factors, such as age or quality of mother-daughter relationship, that regulate the impact that maternal influences have on body image that are not examined in this research.

Similarly, results from this study showing that conformity to standards of femininity were not highly correlated with Venezuelan women's body image contradict feminist theory. Based on feminist theory, women who accept traditional gender roles are more likely to develop body image dissatisfaction. The lack of support for this theory based on this study could be attributed to several factors. First, it should be noted that this study only looked at two feminine norms (investment in appearance and involvement in romantic relationships), which are only two of several aspects of traditional gender roles. Second, the instruments used to measure conformity to standards of femininity might not have been appropriate to use with this cultural group since they were originally developed with a different cultural group. Finally, it could be that the relationship between body image and conformity to standards of femininity may be regulated by a mediating factor that was not examined in this study. For example, results from a study by

Usmiani & Daniluk (1997) showed that greater femininity was correlated with positive body image for premenstrual girls, but for girls who had begun menstruating, femininity was correlated with negative body image. Based on these results it could be hypothesized that age acts as a mediating variable between femininity and body image dissatisfaction. For the present study, only a small age range (18 to 21) of Venezuelan women was represented. Obtaining a sample of Venezuelan women representing a wider age range would allow researchers to determine whether age mediates the relationship between femininity and body image dissatisfaction. Other studies have linked femininity to depressive symptomatology (Bay-Cheng et al., 2002) and to self-esteem (Kimlicka et al., 1983) in women living in the United States. Future investigations might examine whether Venezuelan women's self-esteem or depressive symptoms mediate the relationship between their levels of femininity and body image dissatisfaction.

Implications for Practice

The results from the present study have numerous implications for counseling practice. Counselors need to develop specific assessment and intervention tools for particular cultural groups. These tools need to be specifically designed to meet the cultural needs of individuals, taking into account individual, family and societal influences. First, it should be noted that in Venezuela there is some stigma surrounding mental health services. As such, counselors should focus on psychoeducation which can be perceived as less threatening than other therapy approaches. Other adequate forms of therapy would include group counseling and family therapy which can be perceived as less intimidating.

Based on the collaborative nature of the Venezuelan culture, systemic interventions should be applied. One important aspect that should be addressed is the role of the family. Because Venezuelans maintain close ties with family members, their family becomes the primary source

from which they receive cultural and societal messages. As such, family therapy can be an appropriate approach to be used with Venezuelan women. The counselor can include psychoeducation for both the client and the family and use genograms and other techniques to educate the family members on how they may influence one another's levels of body image satisfaction. As part of a systemic intervention, counselors can also target schools where pressure from peers is most salient. Counselors can lead psychoeducational groups at school in which girls are educated about the negative consequences of body image dissatisfaction, are exposed to the idea of diverse beauty, and can learn to focus on other positive attributes about themselves and others that are not related to physical appearance.

Based on the lack of literature on the topic of body image in Venezuela, it becomes evident that many women and possibly men lack an awareness of how problematic cultural standards of beauty can be. As such, counselors can raise awareness by helping their clients identify the pressures embedded in the culture and recognize how these might have negatively impacted their body image. To help women deal with the fear of being negatively labeled, counselors should provide a safe environment for their clients to speak. For example, the counselor can encourage clients to talk more openly about these pressures and about their body image dissatisfaction through the use of groups. As such, women can start to speak of this subject without fear of being labeled negatively. This can help women identify with others and realize that they can speak about societal pressures as having a negative impact without them being shunned from society for doing so.

Counselors should also help women develop their own voices in a male-dominated culture. In doing so, the counselor should encourage the client to think about what defines her as a woman, with the goal of helping her create a rich definition of herself that is not based solely on

physical attributes. In addition, the counselor can encourage women to recognize diverse beauty and move away from the White, European standards and other traditional standards of feminine beauty.

Implications for Policy

The results of the current investigation have implications for public policy as well. Government funded campaigns could be used to educate the Venezuelan population about the negative effects that unrealistic beauty ideals can have, such as depression, anxiety, and low self-concept. In addition, these campaigns can provide role models and images of diverse beauty to create awareness and acceptance of diversity and deemphasize the importance of physical appearance. The advertisement industry can also be regulated, such as by requiring that advertisers include more images of women who are representative of the larger population.

Conclusion

The findings of this study emphasize the importance of sociocultural factors on levels of body image dissatisfaction in Venezuelan women. Like other research before it, the present investigation revealed that the more a person internalizes standards of beauty and the more she fears negative evaluation, the lower her level of body image satisfaction. This study's findings also call for future research broadening the knowledge base about Venezuelan women and focusing on cultural differences.

The 336 women who participated in this study comprise a small portion of the millions of women who live in Venezuela and are affected by sociocultural pressures related to standards of beauty. Yet the information they provided in this study illustrates the importance of this topic. It appears that the internalization of standards of beauty is closely linked to dissatisfaction in body image, and that social desirability plays a major role in body image dissatisfaction. By looking at a subculture of the larger Latin American population, this study contributes to the advancement

of cultural competency in the counseling profession. Yet, much work is needed to further understand body image in these different cultural contexts.

APPENDIX A
INFORMED CONSENT LETTER

Spanish Version

Título del estudio: Una examinación de las influencias socioculturales que afectan la imagen corporal en la mujer venezolana

Por favor, lee el documento cuidadosamente antes de decidir tu participación en este estudio.

Propósito de la investigación:

El propósito de esta investigación es examinar factores sociales y culturales que puedan influenciar la imagen corporal en las mujeres venezolanas.

Que tendrás que hacer para el estudio?

Para este estudio, te vamos a pedir que completes un cuestionario en el cual tendrás que incluir información básica sobre ti (incluyendo edad, nacionalidad, año de estudio en la universidad). Luego te pediremos que completes una pequeña encuesta, la cual te tomará de 10 a 15 minutos en completar. No tienes que responder ninguna pregunta que no desees contestar.

Tiempo requerido:

10 a 15 minutos.

Riesgos y beneficios:

No se anticipa que la participación en este estudio te cause algún riesgo. Tu participación en este estudio tampoco te proveerá directamente de ningún beneficio.

Compensación:

Como compensación, se sortearán 4 premios (artículos electrónicos, tales como mp3's) de un valor aproximado de US\$30. Si desees participar en este sorteo, se te dará un boleto con el cual podrás reclamar tu premio si eres una de las ganadoras.

Confidencialidad:

Tu identidad en este estudio será confidencial. Para proteger tu identidad, no se te pedirá que escribas tu nombre en ninguno de los cuestionarios de este estudio.

Participación voluntaria:

Tu participación en este estudio es completamente voluntaria. Si no desees participar, no serás penalizada de ninguna manera.

Derecho a retirarte del estudio:

Si en cualquier momento desees retirarte del estudio, puedes hacerlo sin sufrir ninguna consecuencia.

A quien puedes contactar si tienes alguna pregunta sobre el estudio:

Adriana Baratelli, Ed.S., M.Ed., Estudiante de Doctorado
1313C Norman Hall, PO Box 117046, Gainesville FL 32611, USA
abaratelli@gmail.com
001(352) 359-7726

Dr. Ellen Amatea, Supervisora
1215 Norman Hall, PO Box 117046, Gainesville FL 32611
eamatea@coe.ufl.edu
(352) 392-0731 x 232

A quien puedes contactar si tienes alguna pregunta sobre tus derechos en este estudio:

UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; ph 392-0433.

Contrato:

He leído la descripción de los procedimientos a seguir en este estudio. Estoy de acuerdo en participar en este estudio y entiendo que mi participación es voluntaria. He recibido una copia de este documento.

Firma del participante: _____ Fecha: _____

Firma del investigador: _____ Fecha : _____

Adriana Baratelli, Ed.S., M.Ed., Estudiante de Doctorado

Título del estudio: Examinando las influencias socioculturales que afectan la imagen corporal en la mujer venezolana

English Version

Protocol Title: Examining Sociocultural Influences Leading to Body Image Dissatisfaction in Venezuelan Women

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study:

The purpose of this study is to examine societal and cultural factors that influence body image in Venezuelan women.

What you will be asked to do in the study:

For this study, you will be asked to fill out a brief questionnaire which asks for basic background information. You will then be given a survey that takes about 10 to 15 minutes to complete. You do not have to answer any question you do not wish to answer.

Time required:

10-15 minutes

Risks and Benefits:

There are no anticipated risks, and no direct benefits for participating in this study.

Compensation:

As a form of compensation, four participants will be randomly selected to obtain \$30 gift certificates or small electronic items, (worth \$30 each). If you chose to participate in this raffle, you will be given a ticket with which you can collect your prize if you are one of the winners.

Confidentiality:

Your identity will be kept confidential to the extent provided by law. In order to protect your confidentiality, you will not be asked to provide your name in any of the questionnaires.

Voluntary participation:

Your participation in this study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study:

You have the right to withdraw from the study at anytime without consequence.

Whom to contact if you have questions about the study:

Adriana Baratelli, Doctoral candidate
1313C Norman Hall, PO Box 117046, Gainesville FL 32611
abaratelli@gmail.com
(352) 359-7726

Ellen Amatea, Supervisor
1215 Norman Hall, PO Box 117046, Gainesville FL 32611

eamatea@coe.ufl.edu
(352) 392-0731 x 232

Whom to contact about your rights as a research participant in the study:

UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; ph 392-0433.

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: _____ Date: _____

Principal Investigator: _____ Date : _____

Adriana Baratelli, Doctoral candidate

Protocol Title: Examining Sociocultural Influences Leading to Body Image Dissatisfaction in Venezuelan Women

APPENDIX B
DEMOGRAPHIC QUESTIONNAIRE

Spanish Version

Por favor, indica la respuesta que corresponda:

¿Cuántos años tienes?

- a. 18 años
- b. 19 años
- c. 20 años
- d. 21 años

¿Qué carrera estudias? _____

¿Qué año o semestre cursas actualmente? _____

Actualmente vives:

- a. Con tus padres
- b. En residencia
- c. En vivienda propia

¿Cuál es tu estado civil?

- a. Casada
- b. Soltera
- c. Viuda
- d. Divorciada

¿Tu madre se encuentra viva?

- a. sí
- b. no

¿Cuál es ingreso mensual de tu grupo familiar?

- a. Hasta Bs. 600.000
- b. Entre Bs. 600.000 y Bs. 1.500.000
- c. Entre Bs. 1.500.000 y Bs. 4.000.000
- d. Entre Bs. 4.000.000 y Bs. 12.000.000

English Version

Please indicate your response to the following items:

How old are you?

- e. 18 years
- f. 19 years
- g. 20 years
- h. 21 years

What is your major? _____

In what year of your studies are you? _____

Currently you live:

- d. With your parents
- e. In a dorm
- f. On your own in an off-campus location

What is your marital status?

- e. Married
- f. Single
- g. Widowed
- h. Divorced

Is your mother currently living?

- c. yes
- d. no

What is your family's monthly household income?

- e. Bs. 600.000 or less
- f. Between Bs. 600.000 and Bs. 1.500.000
- g. Between Bs. 1.500.000 and Bs. 4.000.000
- h. Between Bs. 4.000.000 and Bs. 12.000.000

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BIOGRAPHICAL SKETCH

Adriana Baratelli was born and raised in Caracas, Venezuela. The daughter of Hector Baratelli and Diana Laviery, she has an older sister, Roxana Baratelli, and a younger brother, Diego Baratelli. In 1992 she moved with her mother and siblings to the United States.

Adriana graduated with honors from the University of Florida in 2003, with a Bachelor of Science in psychology. In August of that same year she received the University of Florida Alumni Fellowship and began her graduate studies in the Department of Counselor Education at the University of Florida. She received Master of Education and Specialist in Education degrees in 2005, specializing in marriage and family counseling. During her graduate studies, Adriana had the opportunity to work with children, couples and families through her internships at Shands at Vista, PACE Center for Girls, the Alachua County Crisis Center, and Corner Drugstore–Family Action Unit. As a doctoral student, Adriana taught two undergraduate courses, Stress and Anxiety Management for five semesters and Family and Community Involvement for one semester.