A COMPARISON OF THE PERCEPTION OF BODY IMAGE IN
PSYCHIATRIC AND NON-PSYCHIATRIC ADOLESCENTS

by

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LOIS ELIZABETH PROSSER
Associate Professor of Nursing
DEDICATION

This volume is lovingly dedicated to my husband, Richard. Without his support and understanding this thesis could never have been completed.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>viii</td>
</tr>
</tbody>
</table>

## CHAPTERS

1. **INTRODUCTION** ............................................. 1
   - Statement of the Problem .................................. 3
   - Significance of the Problem ............................ 3
   - Conceptual Framework ..................................... 4
   - Definition of Terms ...................................... 5
     - Adolescence ............................................. 5
     - Adolescent ............................................. 5
     - Body Image ............................................ 6
     - Non-Psychiatric Adolescent ........................... 6
     - Psychiatric Adolescent .............................. 6
   - Assumptions .................................................. 6
   - Summary ...................................................... 7

2. **REVIEW OF THE LITERATURE** .............................. 8
   - Summary of the Literature Review ..................... 18

3. **DESIGN AND METHODOLOGY** ................................ 19
   - Design of the Study ..................................... 19
   - The Sample Population ................................ 19
   - The Measurement Instrument ............................ 21
   - Pilot Study ............................................... 21
   - Validity and Reliability ................................ 21
   - The Method of Data Collection .......................... 22
   - Protection of Human Subjects ........................... 23
   - Summary ...................................................... 23

4. **PRESENTATION OF THE DATA** ............................. 25
   - Profile of the Subjects ................................ 25
   - The Method of Data Analysis ............................ 27
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS—Continued</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis of Total Scores</td>
<td>27</td>
</tr>
<tr>
<td>Non-Psychiatric Adolescents</td>
<td>30</td>
</tr>
<tr>
<td>Psychiatric Adolescents</td>
<td>32</td>
</tr>
<tr>
<td>Analysis of Scores on Individual Items</td>
<td>32</td>
</tr>
<tr>
<td>Limitations of the Measurement Instrument</td>
<td>33</td>
</tr>
<tr>
<td>Summary</td>
<td>34</td>
</tr>
<tr>
<td>5. INTERPRETATIONS AND IMPLICATIONS</td>
<td>35</td>
</tr>
<tr>
<td>Relationship to Conceptual Framework</td>
<td>35</td>
</tr>
<tr>
<td>Similarity to Selected Research Studies</td>
<td>36</td>
</tr>
<tr>
<td>Interpretation of the Findings</td>
<td>37</td>
</tr>
<tr>
<td>Implications for Nursing</td>
<td>38</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>39</td>
</tr>
<tr>
<td>Recommendations for Further Study</td>
<td>39</td>
</tr>
<tr>
<td>Summary</td>
<td>40</td>
</tr>
<tr>
<td>APPENDIX A: THE MEASUREMENT TOOL</td>
<td>42</td>
</tr>
<tr>
<td>APPENDIX B: RAW SCORE RESPONSES TO THE &quot;HOW I FEEL ABOUT MY BODY&quot; INVENTORY</td>
<td>43</td>
</tr>
<tr>
<td>APPENDIX C: PROTECTION OF HUMAN SUBJECTS</td>
<td>46</td>
</tr>
<tr>
<td>LIST OF REFERENCES</td>
<td>53</td>
</tr>
</tbody>
</table>
### LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Profile of Psychiatric and Non-Psychiatric Adolescents Responding to &quot;How I Feel About My Body&quot; Questionnaire</td>
<td>26</td>
</tr>
<tr>
<td>2</td>
<td>Scores (Summated Positive Responses) of Psychiatric and Non-Psychiatric Adolescents Responding to the &quot;How I Feel About My Body&quot; Inventory</td>
<td>28</td>
</tr>
<tr>
<td>3</td>
<td>Mean Scores of Positive Responses of Male and Female Psychiatric and Non-Psychiatric Adolescents Responding to the &quot;How I Feel About My Body&quot; Inventory</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>Percentage Responses of Psychiatric and Non-Psychiatric Adolescents Responding to the &quot;How I Feel About My Body&quot; Inventory</td>
<td>31</td>
</tr>
</tbody>
</table>
ABSTRACT

Body image is part of an individual's identity. Body image develops gradually from infancy throughout life. The most important task an adolescent undertakes is that of developing his identity. In this study the body image perceptions of psychiatric adolescent patients were compared to the body image perceptions of non-psychiatric adolescents.

Nine psychiatric adolescents and 16 non-psychiatric adolescents completed a body image inventory developed for this study. No statistically significant difference was found between the two groups. Non-psychiatric female adolescents indicated more negative body image concerns than non-psychiatric males, psychiatric males and psychiatric females combined.

The literature review suggests that there is inadequate knowledge of body image, both normal and pathological. Nurses should be sensitive to the body image concerns of their clients. Nurses need skills in assessing body image disturbance, eliciting the client's concern and assisting the adolescent to cope and to plan realistically.
CHAPTER 1

INTRODUCTION

Adolescence is described as a critical stage of normal human development, a time of physical and emotional metamorphosis. During the adolescent years the individual emerges from the dependency of childhood to the independence of being a responsible individual with his own personality. During this transition the adolescent must accomplish a number of specific tasks appropriate to this developmental period. The physiological changes of adolescence include spurts of body growth, hormonal changes, and the development of secondary sexual characteristics. The psycho-sociological changes of adolescence include conflicting emotions, formation and termination of relationships with others and searching for an answer to the question, "Who am I?" The adolescent must respond to the parental expectations, peer pressures and his own internal drives for independence (Lidz 1976).

The period of adolescence generally refers to the teenage years. The characteristics marking the beginning of adolescence usually occur between the ages of ten and twelve years for girls and twelve and fourteen years for boys. Although the growth spurt occurs later in boys, it is greater and occurs over a longer period of time. It is during this period of rapid growth that body contour becomes important to the adolescent and the typical sexual characteristics become obvious.
Another characteristic of adolescence is the phenomenon of rapidly changing body image. The concept of body image can aid in understanding the problems of the adolescent. The physical changes of height, weight, and body build are rapid and often disconcerting to the teenager. Erikson (1963) refers to this growth spurt and its accompanying stresses as a "normative crisis." According to Schonfeld (1969) the adolescent must assimilate a totally new body image in a very short span of time. Sutterly and Donnelly (1973) explain the situation this way: "Because of the growth spurt and its ensuing dramatic bodily changes, previous trust in the body is shaken" (p. 80). It is during late adolescence that the body parts attain their final size and shape. Adolescents, having experienced these rapid changes, are unsure how to manage their changed bodies and so become preoccupied with social and cultural norms.

Adolescents as a group present certain characteristic traits and problems of adjustment, merely because they are adolescents. An understanding of body image and its profound changes during adolescence can aid in helping teenagers, in guiding them and in assisting them to help themselves.

Behavioral scientists have been studying body image since at least the turn of the century. According to Brown (1977) nursing science is uniquely dedicated to the study of the holistic nature of man in health and disease. Since body image is a concept central to the human experience it has recently become a topic of interest in nursing literature.
Through a review of nursing literature on body image this researcher developed a desire to investigate the application of the theoretical concepts of body image in clinical practice. As a psychiatric nurse in a private psychiatric hospital this led to a personal interest in the body image of adolescent patients. Through professional observations and interactions with these adolescents, it was noticed that each of them had concerns about his/her body and its appearance. Although these adolescents were receiving ongoing psychotherapeutic care, their body image concerns did not seem to deviate dramatically from those of adolescents who were not undergoing psychiatric care. These observations generated the idea of performing a comparative analysis of the body image perceptions of these two groups. Such an analysis will add to the knowledge base for nurses and other health care providers. The major hypothesis of this investigation is that there is no difference between body image perceptions of the psychiatric adolescent and the body image perceptions of the non-psychiatric adolescent.

Statement of the Problem

The specific problem identified for investigation is: In what ways are the perceptions of body image by the psychiatric adolescent patient different from or similar to the perceptions of body image by the non-psychiatric adolescent?

Significance of the Problem

The problem is worthy of study because body image is a very basic part of the human experience. According to Norris (1970),
"We live life as human beings with bodies. It is . . . fairly well agreed that body image is developed slowly and is learned in the process of growth and development" (p. 42). Blaesing and Brockhaus (1972) explain that nurses need to have a clear understanding of the factors that determine the development of body image and its dynamic nature to enable an appropriate intervention in matters involving body image. As a means of identifying problem areas, the use of a tool to inventory the individual adolescent's perception of his body image would be of value in assisting nurses and other health care professionals to assess and intervene in situations which involve problems with body image.

Conceptual Framework

Body image begins to develop early in life. It evolves in an orderly fashion paralleling maturational processes. As the individual grows and develops he integrates his experiences and constantly resynthesizes his body image (Blaesing and Brockhaus 1972). Dr. Paul Schilder (1935), a research psychiatrist, was one of the first to investigate the interaction of the psychological with the physiological aspects of body image development. He stated that body image does not develop alone but concurrently with an individual's sensorimotor, psychosexual and psychosocial development.

Body image is an important component of many adolescent activities. The adolescent devotes much time to inspecting his body and attempting to alter its appearance. Hair, clothing, jewelry, make-up, diet and exercise are all topics of concern to the adolescent.
Erikson (1963) labels the developmental task of adolescence as identity versus role confusion. The most important task the adolescent undertakes is that of developing his identity. Body image is part of an individual's identity.

The purpose of this study is to investigate adolescent perceptions of body images by comparing the body image perceptions of a group of psychiatric adolescents with the body image perceptions of a group of non-psychiatric adolescents.

**Definition of Terms**

**Adolescence**

A developmental period covering the ages of ten through nineteen years and coinciding with the stages of sexual maturation and evolution of independence from parents or parental surrogates.

**Adolescent**

An adolescent is one who is experiencing adolescence. In this study the adolescent is also referred to as a teenager. For the purpose of this study an adolescent will be a teenager who is fourteen years of age or older. Under Arizona Mental Health Law, fourteen is the age at which an individual can legally sign into or out of a psychiatric facility. The assumption is made that since the adolescent has signed into the facility he can also give informed consent to participate in this study.
Body Image

The mental image one has of one's body. For the purpose of this study the perception of one's body as measured by the tool developed for this investigation.

Non-Psychiatric Adolescent

An adolescent having attended school regularly in a class appropriate to his age and having no history of behavioral problems that required intervention by counselors or law enforcement officials. The non-psychiatric adolescent is also referred to as a normal adolescent.

Psychiatric Adolescent

An adolescent currently enrolled in one or more programs using psychotherapeutic and/or behavior modification techniques the goal of which is correction of emotional disturbances or socially unacceptable behavior.

Assumptions

The following assumptions form the basis for this investigation.

1. That every human being has a body image.
2. That body image plays a significant role as the individual develops his/her identity.
3. That individuals will report accurately their perceptions of their bodies when given an opportunity to do so in a confidential, anonymous and non-threatening situation.
4. That the individual's perception of his body image may be accurate or inaccurate.

**Summary**

That body image is developed gradually from infancy throughout the human life span is supported by many researchers. Body image, as a central part of the human experience, is of interest to nurses. Nurses and other professionals working with adolescents need to be especially aware of the importance to the adolescent of his perception of his body image.
CHAPTER 2

REVIEW OF THE LITERATURE

Chapter 2 presents a historical review of the literature on body image from its beginnings in the 17th century to the present. This review will trace the concept of body image from its first mention as a 'disturbance' to the in-depth studies conducted today that attempt to define accurately the concept of body image and its relationship to mental and physical health.

The literature on body image reveals scant mention of the subject prior to the early 1900's. Brown writes that Ambroise Paré, a sixteenth century surgeon, was the first to note and record a disturbance in body image (Brown 1964). According to Bychowski, in 1888 Jean-Martin Charcot, a French neurologist, observed the phenomenon of phantom limb pain (Bychowski 1943). Gerstmann records that around the turn of the century, another physician investigator, Carl Wernicke, became interested in body image. Based on his studies and observations of patients he described what he called somatopsyche. Today the concept is known to us as body image (Gerstmann 1958).

Kolb (1959) and Traub and Orbach (1964) report the following about Henry Head, a British neurologist. Head became interested in the influence of neurological lesions on the perceptions his patients had of their bodies. Head's theoretical model said that past sensory experiences and current sensations synthesized in the individual and created
a body image. He concluded that body image is present in everyone but becomes distorted in those who develop certain neurological lesions (Kolb 1959; Traub and Orbach 1964).

In 1935 Paul Schilder, a research psychiatrist, published the book, The Image and Appearance of the Human Body, in which he built on the research done by Head and integrated Head's observations with those of earlier and contemporary researchers. Schilder, like Charcot, suggested that body image is a result of the interaction of psychological and physiological functions within the individual. Schilder defined body image as the picture one has of one's body. The process by which an individual develops and maintains this internal mental representation of his body was of major interest to Schilder. Schilder mentioned that body image is one of the central problems in the study of the human mind and probably includes more than the individual consciously knows about his body (Schilder 1935; Horowitz 1966; Kolb 1959).

From the time of Schilder's book until the early 1950's, little was written about body image. Secord and Jourard (1953), clinical psychologists, attempted to develop a method of appraising the feelings of an individual toward his body. Secord and Jourard identified these feelings as body cathexis, the degree of feeling satisfied or dissatisfied with the various parts or processes of the body. Secord and Jourard generated a body cathexis scale which has since been used by many researchers. Using 88 college students they concluded that an individual's satisfaction with himself as a person is congruent with his satisfaction with his body.
Fisher and Cleveland (1955) did some preliminary work involving body image, experimenting with a number of different methods to elicit body image perceptions from their subjects. Fisher and Cleveland defined body image as, "The total pattern of feelings the individual has about his own body" (pg. 2). The techniques used included interviews, responses to projective tests and human figure drawing. The purpose of the study was to determine the role of the individual's unconscious concept of his body image in psychosomatic symptom choice. Using 115 subjects and five major diagnostic categories they concluded that body image characteristics play a significant role in the choice of interior versus exterior symptoms in the psychosomatic individuals. The results indicated that subjects with exterior symptoms conceived of their bodies as surrounded by an impermeable defensive boundary and that the converse was true for those with interior body symptoms. Further, Fisher and Cleveland suggested that body image itself played a determining role in choice of symptom sites.

Fisher and Cleveland (1957) mention the relative importance of body parts to the individual. It is imperative to recognize that body parts may have different meanings for different people. Any individual, within his own frame of reference, may place more significance on a body part, surgical procedure or illness than another person would.

Fisher and Cleveland (1958) mention body image in our society specifically: "The importance of body image to our culture as a whole
is obvious in terms of the wide-spread expenditure of time and effort that is given to altering the body's appearance" (pg. 23).

Gerstmann (1958) shared with Schilder an interest in investigating the interactions between psychopathology and brain pathology. Gerstmann, also a physician, defined body image as the inner model of one's physical self formed in one's mind in the course of a lifetime, operating, usually, outside of central consciousness.

Gerstmann (1958) and Gorman (1969) point out that body image has been extended to include devices attached to the body as well as walking aids, tattooing, jewelry or whatever comes into regular, intimate contact with the body and causes a change in its appearance. All of these things are incorporated into the individual's body image.

Fink and Shontz (1960) reported on body image disturbances in the chronically ill. They used two groups of 24 subjects each. The 12 normal males and 12 normal females did not demonstrate any measurable disturbance in body image. The disturbance manifested in the study was an inability to judge the size of and the distance between body parts.

Fisher and Seidner (1963) conducted an investigation using 83 female subjects. The two primary intents were to distinguish if there are body image disturbances which differentiate psychiatric patients from normal persons and to determine whether there are differences in body perceptions between neurotic and schizophrenic individuals.

Fisher and Seidner's (1963) study had two other interesting objectives. One was to determine the existence of significant
relationships between conscious reports of body image disturbances and incidences of body concern derived from projective responses. Fisher and Seidner hypothesized that concern at the less conscious level is tapped by projective responses. A second objective was to use, as normals, subjects known to be experiencing anxiety producing situations. The rationale for this was: "When one compares normal subjects and psychiatric patients without introducing such a control, one is dealing not only with the dimension normality versus psychopathology but also the dimension anxious versus non-anxious" (Fisher and Seidner 1963:253).

Compared to normal women, the schizophrenic and neurotic women perceived their bodies to be too small. There was, however, no evidence to suggest that body image, as measured by projective responses, would differentiate neurotic from psychotic patients.

Traub and Orbach (1964), clinical psychologists, made an additional attempt to define and clarify the concept of body image. Traub and Orbach mention the interaction of the individual's direct perception of his physical appearance with his affects and attitudes regarding his body. According to Traub and Orbach, "In modern psychiatric parlance, body image appears to include both the surface, depth and postural picture on the one hand, and on the other the attitude, emotions and personality reactions of the individual in relation to his body" (Traub and Orbach 1964:53).

Traub and Orbach (1964) instituted the use of the adjustable body-distorting mirror as a means of measuring the accuracy of an individual's perception of his body. Their initial sample population
consisted of 30 persons, 20 hospital personnel and 10 psychiatric patients. They found clear indication that psychiatric patients had much more difficulty adjusting the mirror to represent their actual body image than did the hospital personnel controls.

Fisher (1964) used hospitalized psychiatric patients to investigate the concept of body image. Fisher concluded that an individual's perception of himself as large or small reflected his body image, his style of interpersonal interactions or a combination of both of these.

Saxvik (1965), a psychiatrist, studied a group of 11 individuals, each of whom had experienced an accident, surgery or severe illness. Using the project technique, Draw-A-Person, Saxvik elicited the alien body sensations and distortions of body image experienced by these individuals. Some of the subjects manifested overt symptoms such as anxiety, hostility, depression or fear. Saxvik suggested that the responsibility rests with health care providers to help the patient reorganize his body image.

Anthony (1968), a psychiatrist, in an article that appeared in a journal for physical therapists, described body image in some detail. Body image, according to Anthony, was not entirely perceptual in nature, nor was it accurate in its representation of the body. Rather, it involved knowledge of the structure and function of the body, internally and externally. We have created for ourselves, according to Anthony, an image of ourselves which is constantly undergoing reorganization on the basis of constitutional factors, impressions, attitudes and
interpersonal influences. In addition, body image is constantly being revised on the basis of the individual's interpretation and integration of all these factors.

Orbach, Traub and Olson (1966) and Shontz (1969) pointed out the need to collect more data on the incidence of body image disturbances in non-clinical populations. For the most part body image studies have focused on the distortions or disturbances of body image in the presence of pathology, trauma, surgery or obesity. Not much has been done in the area of investigating body image disturbance in normal persons or even defining what constitutes normal body image characteristics.

As research into body image emerged in the 1970's more attention was directed at the development of body image. Investigators now seemed to be trying to answer the question, "What are the factors that influence the development of body image?"

Clifford (1971) conducted an investigation using 340 adolescents. Clifford compared body satisfaction with body dissatisfaction in a non-clinical population. The significant finding of this study was that both males and females expressed dissatisfaction with the body parts most associated with growth: height, weight, chest size and hip size. Clifford hypothesized that height, weight and physique may be of concern to all adolescents, regardless of where they are in the growth process.
Murray (1972) mentioned the influence of society on the developing body image. She said that each individual is a product of his times and his society.

Fujita (1972) speaks of the tremendous influence that parents had on the body image development of their children. The emotional attitude of the child toward his body will parallel closely the positive or negative attitudes of his parents toward his body. Parents who were proud of the child's body, his sex, color of hair, eyes of skin transmitted this information to the child who will incorporate these values into his body image. The later work of M. Brown (1977) supported Fujita's findings.

Riddle (1972) and Murray (1972) addressed another aspect of body image development. Riddle said that tactile, kinesthetic and visual perceptions as well as self generated actions were the means by which an individual came to know his body. Murray (1972) contended that a mature body image was possible only if the individual had successfully completed the psychosexual developmental tasks.

Dempsey (1972), a psychiatric nurse, had this to say with respect to the adolescent and his body image, "Each phase of development inherits all that has happened in the previous stages of development. Therefore the adolescent cannot be studied without recognizing that his earlier as well as his current experiences have impact on him" (Dempsey 1972:609).

Olgas (1974), a nurse, designed a study to investigate the relationship between parents' health status and the development of
body image in their children. The sample included 124 children with visibly disabled parents and 60 children with normal parents. Body image distortion was significantly greater in girls with disabled mothers when compared to girls with disabled fathers. Body image distortion was also significantly greater in girls with disabled mothers than in boys with disabled mothers. However, Olgas suggested that identification with parents may play a minimal role in body image development, a role which is outweighed by other influences such as the child's experiences with his own body during the process of body image development.

According to Roberts (1976) an individual's body image may be accurate or inaccurate. Regardless of accuracy Roberts (1976) emphasized the significant role of body image in determining an individual's sense of self-esteem.

Gray (1977) investigated body image disturbances in normal college students. This study included 179 male and female undergraduates and utilized a ten statement questionnaire to correlate subjects' attitudes toward their body and weight with current life insurance standards for body weight. Gray's data confirmed the findings of previous researchers that a substantial portion of the population at large experiences some amount of body image dissatisfaction.

According to Smith, Liviskie, Nelson and McNemar (1977) and to Erikson (1963) the initial task of body image development is accomplished in infancy when the infant distinguishes "me" from "non-me."
From this early beginning body image development continues throughout life although it is not consciously known to us in all stages of its development.

Belfer, Harrison and Murray (1979) noted that body image is developed over time and is influenced by the following four factors: 1) cognitive function, 2) perception of body stimuli, 3) stimuli from the environment in the form of comparison with others, and 4) response from others.

Cvetkovic (1979), whose sample group was 70 hospitalized schizophrenics and 71 normals, used human figure drawings and found that body image differences were peculiar to sex, rather than to diagnostic category. He speculated that mental images of the human figure are acquired before the onset of any significant psychopathology. He also recommended that one of the focuses of therapy should be re-inforcement and utilization of the normality of the patient.

Brantley and Clifford (1979) compared 100 normal adolescents, 22 obese adolescents and 51 cleft palate adolescents. They used a combination of testing modalities that required a total of six contact hours for each subject. They concluded that adolescents with cleft palates were psychologically like physically normal adolescents in terms of body image. The obese adolescents response pattern was consistent with body image distortions and dissatisfactions.
Summary of the Literature Review

As a result of synthesizing the research done in the area of body image one can conclude that the emerging body image concept means four specific things to the adolescent. First, he must accept the physical changes occurring in his body. Second, he must react to the response of others to the changes in his body. Third, he must assess the usefulness of his new body, physically and psychologically. Fourth, he must revise his body image and assimilate the new body image into his psyche.

Body image is both physical and psychological in nature. It is part of our relationship with our environment as well as with our inner self. The nature of our experience with our body is unique because we experience it both internally and externally. Body image functions mostly at the unconscious level, occasionally emerging into one's conscious thought process. An individual's ability to articulate his body image concept does not imply adequate adjustment. Since our body image is largely influenced by the responses of others to us, we are what other people tell us we are. In short, body image is the whole of what one feels one's self to be.
CHAPTER 3

DESIGN AND METHODOLOGY

This chapter presents the design of the study, the sample population and the measurement instrument. It also presents the pilot study, validity and reliability factors, the method of data collection, and protection of human subjects.

**Design of the Study**

This descriptive study was designed to ask the question: In what ways are the perceptions of body image by the psychiatric adolescent patient different from or similar to the perceptions of body image by the non-psychiatric adolescent?

This study was designed to: 1) Identify perceptions of psychiatric adolescent patients toward their bodies; 2) Identify perceptions of non-psychiatric adolescents toward their bodies; 3) Compare the two groups.

**The Sample Population**

The population for this study was two groups of adolescents, one group of psychiatric adolescents and one group of non-psychiatric adolescents. The sample population was a convenience sample consisting of adolescents 14 years of age or older, who were able to speak and read English and who were willing to participate in the study. The
demographic data collected included the age and sex of each participant. This study did not control for ethnic background, physical handicap or other variables that might have influenced body image perceptions. There was no control for the clinical diagnosis of the psychiatric adolescents.

A non-psychiatric adolescent was defined as a teenager, 14 years or older, having attended school regularly in a class appropriate to his age and having no history of behavioral problems that would have required intervention by counselors or law enforcement officials. A non-psychiatric adolescent was also referred to as a normal adolescent. The non-psychiatric adolescents who participated in this study were teenagers whose parents were friends of the researcher and teenagers from a church group.

A psychiatric adolescent was defined as a teenager, 14 years of age or older, who was currently enrolled in one or more programs using psychotherapeutic techniques whose goal was correction of emotional disturbance or socially unacceptable behavior. The psychiatric adolescent subjects were those known to this researcher through her employment at a private psychiatric hospital. These teenagers were currently at this facility as inpatients or were recently discharged from this facility and currently undergoing outpatient therapy with a private therapist.
The Measurement Instrument

A measurement tool was constructed for use in this study. The measurement tool was entitled, "How I Feel About My Body." (see Appendix A). "How I Feel About My Body" was a 25 item forced choice inventory of physical characteristics and internal functions of the human body which also inquired about age, clothing and sexual identity. The response categories, "OK" and "not-OK" were selected to avoid the obvious confrontation with negative feelings necessitated by the use of good/bad dichotomy.

Pilot Study

A pilot study was conducted using six non-psychiatric adolescents to determine the length of time necessary to complete the questionnaire and to assure that the vocabulary and instructions were understood by teenagers. No revisions were necessary on the basis of this pretesting. The inventory took 3 to 5 minutes to complete.

Validity and Reliability

This inventory has face validity. The inventory could be proven to have additional validity if tested over time with different populations. Since this inventory closely parallels Secord and Jourard's (1953) Body Cathexis Scale, correlations between the two scales could serve as an increased measure of validity.

The instrument also has consensus validity. Initially 35 items were considered for inclusion in the tool. The 35 items were then presented to three professionals as a card sort. The three
professionals consulted were a Psychiatric/Mental Health nurse working in an outpatient clinic with adolescents, a member of the Graduate Nursing Faculty at the University of Arizona and a Clinical Psychologist who works with teenagers in both the inpatient and the outpatient setting. Consensus was unanimous for the 25 selected items.

The reliability of this tool was not established. Reliability could have been determined using the test-retest method. The constraints which prevented retesting of the subjects were time, distance and unavailability of subjects to be retested.

The Method of Data Collection

The body image inventory, "How I Feel About My Body," was given to both groups of adolescents. For the non-psychiatric group each adolescent received a copy of the Disclaimer/Instructions I. (See appendix C.) A disclaimer letter was also given to the parent to assure parental approval. A stamped envelope addressed to the researcher was provided as well. The name of the investigator and phone numbers where she could be reached were included to provide a means for the parent or teenager to ask questions if necessary. No questions were received.

The body image inventory, "How I Feel About My Body," was administered to the psychiatric adolescents on an individual basis in a quiet hospital setting. A brief explanation of the study and specific instructions for the use of the tool were given prior to the administration of the questionnaire. In addition the adolescent was given a
copy of the Disclaimer/Instructions II. (See appendix C.) He was asked to indicate understanding of the instructions prior to beginning the inventory. The adolescent was asked to return the completed tool in a plain envelope. The investigator was available to answer questions and observe for signs of increased anxiety. No questions were asked and no indications of increased anxiety occurred.

Protection of Human Subjects

Every effort was made to protect the adolescent subjects who participated in this study. The design and methodology conformed to the standards established by the University of Arizona College of Nursing. The approval of the University of Arizona Human Subjects Committee was obtained prior to data collection. The approval of the psychiatric patients' doctor was secured. The hospital administrator and director of nursing approved the participation of the teenage patients. Parental approval was obtained by disclaimer letter. Consent of the individual adolescent was by disclaimer. (See appendix C.)

Summary

This chapter has presented the design of the study, the sample population, the measurement instrument, the pilot study, validity and reliability factors and the method of data collection. Consent from the adolescents, psychiatric and non-psychiatric, was obtained by means of a disclaimer. The psychiatric adolescents were presumed capable of giving informed consent since they were permitted to sign themselves into or out of the psychiatric facility and could enter into or
withdraw from therapy at their own discretion. The non-psychiatric adolescents were also presumed capable of giving informed consent. However, parental approval was secured by means of a disclaimer letter. There were minor differences in approach to each group. The non-psychiatric adolescents were given a questionnaire to complete at home and return in a stamped envelope provided by the investigator. The psychiatric adolescents were given the questionnaire to complete on an individual basis in a quiet hospital setting.
CHAPTER 4

PRESENTATION OF THE DATA

This study asked the question: In what ways are the perceptions of body image by the psychiatric adolescent patient different from or similar to the perceptions of body image by the non-psychiatric adolescent? The comparison was made on the basis of a 25 item body image inventory designed for this study. In this chapter a profile of the subjects, the method of data analysis and analysis of scores are presented. Limitations of the measurement tool and an overview of the findings are also presented.

Profile of the Subjects

The total sample was composed of 25 adolescents 14 years through 18 years of age who were able to speak, read and understand English. The age range and mean ages for all subjects are presented in Table 1. The mean age for all subjects was 15.56 years.

Sixteen adolescents, 3 males and 13 females, met the criteria for classification as non-psychiatric adolescents. The age range for non-psychiatric adolescents was 15.69 years.

Nine adolescents, 4 male and 5 female, met the criteria for classification as psychiatric adolescents. The age range for psychiatric adolescents was 14 to 17 years. The mean age for psychiatric adolescents was 15.33 years.
Table 1. Profile of Psychiatric and Non-Psychiatric Adolescents Responding to "How I Feel About My Body" Questionnaire — N = 25

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Non-Psychiatric Adolescents</th>
<th>Psychiatric Adolescents</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

N = 3  N = 13  N = 4  N = 5  7  18

Mean Age (years) 14.3  16.0  14.2  16.2  14.2  16.0
Mean Age (years) by Category 15.69  15.33  15.56
The Method of Data Analysis

Following data collection positive responses were summed. Each "OK," considered a positive response, was given a score of one. Each "not-OK," considered a negative response, was given a score of zero. The maximum possible score was 25. After scoring the results were analyzed. The sample size, 25 subjects, the unequal distribution of subjects, 16 normal and 9 psychiatric adolescents, and the nominal nature of the data collected prohibited statistical correlations of any kind. Simple arithmetic means and percentages were used as a mechanism for comparing scores.

Analysis of Total Scores

The individual scores on the 25 item "How I Feel About My Body" inventory were determined by summing the positive responses on each questionnaire. This resulted in a total score for that respondent. The scores were analyzed by group, psychiatric and non-psychiatric. Within each group the scores were analyzed by comparing the responses of male subjects with the responses of female subjects.

Table 2 presents the scores of all respondents by psychiatric and non-psychiatric subjects divided into male and female categories. The range of scores for the entire group (N = 25) of respondents was 14-24.

Table 3 presents the mean scores of positive responses by psychiatric and non-psychiatric respondents divided into male and
Table 2. Scores (Summated Positive Responses) of Psychiatric and Non-Psychiatric Adolescents Responding to the "How I Feel About My Body" Inventory — N = 25

| Scores | Non-Psychiatric Adolescents | | Psychiatric Adolescents | | Total Sample Adolescents | |
|---|---|---|---|---|
| | Males | Females | Males | Females | Males | Females |
| 0-13* | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | 0 | 1 | 0 | 0 | 0 | 1 |
| 15 | 0 | 2 | 0 | 0 | 0 | 2 |
| 16 | 0 | 0 | 1 | 0 | 1 | 0 |
| 17 | 0 | 1 | 0 | 1 | 0 | 2 |
| 18 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | 0 | 2 | 0 | 0 | 0 | 2 |
| 20 | 0 | 1 | 0 | 1 | 0 | 2 |
| 21 | 0 | 3 | 2 | 1 | 2 | 4 |
| 22 | 1 | 1 | 0 | 1 | 1 | 2 |
| 23 | 1 | 2 | 0 | 0 | 1 | 2 |
| 24 | 1 | 0 | 1 | 1 | 2 | 1 |
| 25 | 0 | 0 | 0 | 0 | 0 | 0 |

N = 3 | N = 13 | N = 4 | N = 5 | N = 7 | N = 18

*Scores 0-13 are truncated as there were no respondents with scores below 14.
Table 3. Mean Scores of Positive Responses of Male and Female Psychiatric and Non-Psychiatric Adolescents Responding to the "How I Feel About My Body" Inventory -- Possible Positive Responses = 25; N = 25.

<table>
<thead>
<tr>
<th></th>
<th>Non-Psychiatric Adolescents</th>
<th>Psychiatric Adolescents</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>23.00</td>
<td>20.50</td>
<td>21.75</td>
</tr>
<tr>
<td>Females</td>
<td>19.23</td>
<td>20.80</td>
<td>20.02</td>
</tr>
<tr>
<td>Average</td>
<td>21.12</td>
<td>20.65</td>
<td>20.88</td>
</tr>
</tbody>
</table>
female categories. The average mean score for the non-psychiatric adolescents was 21.12. The average mean score for the psychiatric adolescent was 20.65.

Table 4 presents the responses of psychiatric and non-psychiatric adolescents divided into male and female categories and converted to percentages. When compared by means of percentage of positive and negative responses the small differences that separated the groups disappeared. The identical 83% positive and 17% negative percentage for both groups gave added support to the hypothesis that there was no difference in body image perceptions between the psychiatric and non-psychiatric adolescents as measured by the 25 item "How I Feel About My Body" inventory.

Non-Psychiatric Adolescents

The range of scores for the non-psychiatric males was 22 to 24. The non-psychiatric adolescent males ranked higher of all respondents with a mean score of 23.00. These normal male teenagers responded positively to 89% of the items inventoried.

The range of scores for the non-psychiatric females was 14 to 23. The non-psychiatric adolescent females ranked lowest of all respondents with a mean score of 19.23. These normal female teenagers responded positively to 77% of the items inventoried.

The non-psychiatric adolescent group, males and females, had scores ranging from 14 to 24. The mean score of the non-psychiatric
Table 4. Percentage Responses of Psychiatric and Non-Psychiatric Adolescents Responding to the "How I Feel About My Body" Inventory — N = 25.

<table>
<thead>
<tr>
<th></th>
<th>Non-Psychiatric Adolescents</th>
<th>Psychiatric Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 16</td>
<td>N = 9</td>
</tr>
<tr>
<td>Positive Percentage</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Male</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>Female</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>Average Percentage</td>
<td>83%</td>
<td>17%</td>
</tr>
</tbody>
</table>
adolescent group was 21.15. As a group the non-psychiatric adolescents responded positively to 81% of the items inventoried.

Psychiatric Adolescents

The range of scores for the psychiatric males was 16 to 24. The psychiatric adolescent males had a mean score of 20.50. The psychiatric male teenagers responded positively to 82% of the items inventoried.

The range of scores for the psychiatric females was 17 to 24. The psychiatric adolescent females had a mean score of 20.80. The psychiatric female teenagers responded positively to 84% of the items inventoried.

The psychiatric adolescent group, males and females, had scores ranging from 16 to 24. The mean score of the psychiatric adolescent group was 20.65. As a group the psychiatric adolescents responded positively to 80% of the items inventoried.

Analysis of Scores on Individual Items

No subject responded positively to all 25 body image items inventoried. The highest scores were obtained by psychiatric adolescents. Only one male psychiatric teenager said his age was "not-OK" and one female psychiatric teenager said her hair was "not-OK." Each scored 24.

One non-psychiatric male indicated "OK" responses to each item except hair. For the category hair he placed a check mark mid-way between the "OK" and "not-OK." Since the instrument was scored by
summing positive responses this subject's uncertainty was recorded as negative. He scored 24.

Of the 25 categories inventoried only one received a positive rating by all 25 respondents. That category was "Sex: being male or being female." One can conclude that, in the population studied, there were no sexual identity problems.

The items receiving the highest positive, "OK," totals across all four groups of respondents were Teeth with 24 positive responses and Health, Face and Arms, each with 23 positive responses.

The items receiving the highest negative "not-OK," totals across all four groups of respondents were Hips and Profile, each with nine negative responses. These were followed by Ears, Feet and Weight, each with eight negative responses (Appendix B).

Limitations of the Measurement Instrument

As with all studies utilizing self reporting as a technique one can only obtain the information the subject is willing to provide. This can be a major limiting factor. In addition the tool devised for use in this study inventories only 25 items related to body image perception. In reality the number of relevant considerations is very large. Although the measurement instrument has face validity and consensus validity it needs additional testing to verify the extent of actual validity. There was no measurement of reliability in the use of this instrument or in the design of this study. Body image can be a topic which adolescents are reluctant to discuss because of its profound impact and because of possible negative feelings. In
addition, the teenager will reveal his thoughts on body image perceptions only if he is sure they will be held in confidence or shared in anonymity.

Summary

The following is a summary of the findings:

1. Body image scores for adolescents undergoing psychiatric care were not significantly different from body image scores for normal adolescents.

2. Body image concerns of normal females were greater than body image concerns of psychiatric females.

3. Body image concerns of normal females were greater than body image concerns of normal males.

4. Male and female psychiatric adolescents indicate positive body image perceptions over an equal percentage (83%) of items when compared to male and female non-psychiatric adolescents' indications of positive body image perceptions (83%). (See Table 4.)
CHAPTER 5

INTERPRETATIONS AND IMPLICATIONS

This chapter includes the relationship of the findings to the conceptual framework and similarity to selected research studies. Interpretations of the study and recommendations for further study are also presented.

**Relationship to Conceptual Framework**

The conceptual framework for this research envisions body image as part of an individual's identity which originates in infancy, develops gradually over time, in conjunction with physical and psychosocial maturation. The awareness of body image is poignant during adolescence as the teenager attempts to define and delineate his identity. Although the two groups studied differed on the dimension of receiving or not receiving psychiatric care the responses were remarkably alike. (See Table 4.) One could postulate a variety of reasons for the similarity in scores. However, based on the data collected it is obvious that the items inventoried using the tool, "How I Feel About My Body," did not discriminate between the two groups of adolescents in any significant way. While there can be no doubt that body image perceptions are of concern to teenagers in establishing identity it will take additional studies, at a higher level of sophistication, to determine more about
the nature and extent of body image concerns in adolescents and to isolate any factors which might significantly differentiate psychiatric from non-psychiatric adolescents.

**Similarity to Selected Research Studies**

Secord and Jourard (1953) were the first to attempt to inventory the feelings of individuals toward their own bodies. Secord and Jourard's (1953) original group consisted of 88 college students and found that persons satisfied with themselves were satisfied with their bodies. The Secord and Jourard (1953) Body Cathexis Scale has been used by many researchers. The scores obtained by these many researchers have been similar to the scores obtained on the original Secord and Jourard (1953) Body Cathexis inventory. This is consistent with the findings of the present research that teenagers as a group have relatively positive feelings toward their bodies.

Fink and Schontz (1960) compared chronically ill persons with normal persons and found the chronically ill patients showed a measurable disturbance in body image as manifested by an inability to judge the size of and distance between body parts. In the present study comparing psychiatric adolescents with non-psychiatric adolescents no significant disturbance in body image perception was manifested. Since other studies have shown significant differences between the chronically physically ill and normal subjects perhaps there is a greater impact on body image perception from physical illness than from emotional disturbance.
Clifford (1971), using a non-clinical population of male and female adolescents (N = 340) found the greatest dissatisfaction with body parts most associated with growth. He hypothesized that these characteristics may be of concern to all adolescents regardless of where they are in the growth process. The data collected in the present research tend to support Clifford's findings.

**Interpretation of the Findings**

Although this study utilized a paper and pencil measurement instrument with the inherent measurement errors it should be noted that the teenagers in this study participated enthusiastically. This researcher interpreted the willingness to participate and the spontaneity of the subjects (some wrote additional comments on the investigative tool) as a positive indicator that the responses were genuine.

The purpose of this study was to contribute to the knowledge base about the body image perceptions of adolescents. Two groups of adolescents, 16 considered normal and 9 receiving psychiatric care were surveyed using a tool of 25 items developed by this researcher. The hypothesis that there is no significant difference in body image perceptions between psychiatric adolescents and non-psychiatric adolescents was supported. (See Table 4.) Out of a possible score of 25 the mean score for the psychiatric adolescent (20.65) was lower than the mean score for the non-psychiatric adolescent (21.11). However the difference between the two groups is only 0.46. One can conclude that all respondents felt positively about the body image items inventoried.
The literature suggests that body image is of vital importance to the adolescent. In addition some studies indicate that there may be significant differences between certain groups of adolescents. This study neither confirms nor denies such theories. However the enthusiastic response of the individuals who participated in this study suggests a strong interest in body image.

- Implications for Nursing

Our society places much emphasis on physical appearance. The media devote time and space to the subject of the human body: how it looks, how to improve its looks, how it functions, how to remedy malfunctions and even influencing how people interpret whether their body is looking or feeling well. In light of this national pastime nurses should be aware of the importance of body image and the individual's perception of his or her body image. The need for this sensitivity is increased when the nurse deals with adolescents. Therefore, it is recommended that nursing education prepare nurses who are sensitive to the importance of body image and able to utilize this knowledge in caring for the adolescent client. It is also recommended that health care facilities offering services to the adolescent client require that their professional employees possess a knowledge of the importance of body image perception to the adolescent and demonstrate on an ongoing basis the application of that knowledge. Implications of this study were made cautiously because of the small sample size and the inability to establish reliability of the measurement instrument.
Limitations of the Study

1. The problems which may be inherent in the use of this tool have not been identified.
2. The forced choice, paper and pencil technique used probably incurs some measurement errors.
3. The sample population was small, consisting of 25 individuals.
4. The measurement instrument was not tested for reliability.
5. Random selection was not utilized in obtaining the sample population.
6. The psychiatric adolescents were known to the investigator; the non-psychiatric adolescents were not.

Recommendations for Further Study

1. Replicate the study with a larger sample size using a test/retest design.
2. Replicate the study with adolescents matched by age and sex.
3. Replicate the study with controls for other variables known to impact on body image perception: ethnicity, physical disability, level of education, marriage, venereal disease, pregnancy, employment, diagnostic category.
4. Test the reliability of the measurement tool used in this study.
5. Design a study to correlate this measurement tool with other tools that measure body image perceptions.
6. Conduct an investigation to discover and validate parameters of normal body image.
7. Explore the impact of available support systems and peer relationships on body image perception.

Summary

The data collected show there is no statistically significant difference between psychiatric and non-psychiatric adolescents with respect to body image perceptions as measured by the "How I Feel About My Body," inventory. Therefore the hypothesis that there is no difference between the two groups on measures of body image perception is accepted. Although there is no consistency of response patterns it is clear that the normal female has more areas of body image that concern her as indicated by the large number of negative responses made by the normal female group. In the population studied females have more body image concerns than males. Body image is an important topic to teenagers. Just how significant body image is must be the question of future research.

The study described in the preceding chapters was an attempt to further the knowledge about adolescent perceptions of body image. Body image is a basic human perception of which one is more intensely aware during adolescence. The study question was: In what ways are the perceptions of body image by psychiatric adolescent patients different from or similar to the perceptions of body image by the non-psychiatric adolescent. Based on the data collected in this investigation the
conclusion must be that there is no significant difference between the two groups with respect to body image. Recommendations for further study were presented.
## APPENDIX A

### THE MEASUREMENT TOOL

#### HOW I FEEL ABOUT MY BODY

<table>
<thead>
<tr>
<th>AGE: ______</th>
<th>CIRCLE: MALE</th>
<th>FEMALE</th>
<th>OK</th>
<th>NOT-OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BODY BUILD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRAINS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOTHING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EARS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EYES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEET</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HANDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NERVES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROFILE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKIN: COMPLEXION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEX: BEING MALE OR BEING FEMALE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLEEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEETH</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>WAIST</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>WEIGHT</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX B

RAW SCORE RESPONSES TO THE "HOW I FEEL ABOUT MY BODY" INVENTORY
Table B.1 Raw Responses by 9 Psychiatric Adolescents to the 25 Item "How I Feel About My Body" Inventory

<table>
<thead>
<tr>
<th>Item</th>
<th>Males (N = 4)</th>
<th>Females (N = 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ok</td>
<td>Not-Ok</td>
</tr>
<tr>
<td>Age</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Arms</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Body Build</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Brains</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Chin</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Clothing</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Ears</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Eyes</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Face</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Feet</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Hair</td>
<td>3</td>
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<td>Hands</td>
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<td>Health</td>
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<td>0</td>
</tr>
<tr>
<td>Height</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Hips</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Legs</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Nerves</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Nose</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Profile</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Skin: Complexion</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Sex: Being Male or Being Female</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Sleep</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Teeth</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Waist</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Weight</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Total N = 9 psychiatric adolescent respondents. Totals by row do not always = 9 as some respondents did not answer all questions.
Table B.2 Raw Responses by 16 Non-Psychiatric Adolescents to the 25 Item "How I Feel About My Body" Inventory

<table>
<thead>
<tr>
<th></th>
<th>Males (N = 3)</th>
<th>Females (N = 13)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ok</td>
<td>Not-Ok</td>
</tr>
<tr>
<td>Age</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Arms</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Body Build</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Brains</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Chin</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Clothing</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Ears</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Eyes</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Face</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Feet</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Hands</td>
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<tr>
<td>Health</td>
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<td>0</td>
</tr>
<tr>
<td>Height</td>
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<td>1</td>
</tr>
<tr>
<td>Hips</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Legs</td>
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</tr>
<tr>
<td>Nerves</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Nose</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Profile</td>
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</tr>
<tr>
<td>Skin: Complexion</td>
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</tr>
<tr>
<td>Sex: Being Male or Being Female</td>
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<td>0</td>
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<td>Sleep</td>
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<tr>
<td>Teeth</td>
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<tr>
<td>Weight</td>
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<td>1</td>
</tr>
</tbody>
</table>

Total N = 16 non-psychiatric adolescent respondents. Totals by row do not always = 16 as some respondents did not answer all questions.
Rita A. Bauman, R.N.
2034 South Amalia Avenue
Tucson, Arizona  85713

Dear Ms. Bauman:

We are in receipt of your project entitled, "Perception of Body Image in Psychiatric vs. Non-Psychiatric Adolescents", which was submitted to the Human Subjects Committee for review. We concur with the opinion of your College Review Committee that this is a minimal risk project. Therefore, approval is granted effective 14 July 1980.

Approval is granted with the understanding that no changes will be made in either the procedures followed or in the questionnaire used (copies of which we have on file) without the knowledge and approval of the Human Subjects Committee and the College Review Committee. Any physical or psychological harm to any subject must also be reported to each committee.

Sincerely yours,

Milan Novak, M.D., Ph.D.
Chairman
Human Subjects Committee

cc: Ada Sue Hinshaw, R.N., Ph.D.
    College Review Committee
Dear Doctor:

As part of my thesis work toward a Masters degree in Nursing, I am conducting a study of adolescent body image. The investigation will require teenagers to answer a series of questions concerning how they feel about their body. The questions are of the forced choice variety and will be administered as a questionnaire requiring written responses by placing a check mark in the appropriate column.

The purpose of this study is to determine whether adolescents who are receiving psychotherapeutic care differ from adolescents who are not involved in such care in their perceptions of their bodies.

Patient confidentiality will be maintained. Consent of the individual adolescent will be obtained prior to administration of the questionnaire. In addition, the questionnaire will be administered at a time that does not interfere with therapeutic activities.

There is no reason to anticipate that answering these questions will have any adverse effect on the patient. However, should the adolescent exhibit any signs of anxiety, acting-out behavior or any other unexpected response, I will immediately terminate the questioning and notify you of the patient's condition.

If you are willing to allow your patients to participate in this study, please sign the enclosed Physician Consent form and return it to me. I will be happy to answer any questions you have about my study.

Thank you.
PHYSICIAN'S CONSENT

I, ____________________________, M.D. have given Rita A. Bauman, R.N. permission to utilize my adolescent patients in a study of adolescent body image. This study has been explained to me and I understand that patient participation is limited to answering a questionnaire. Consent and confidentiality have been assured.

This study is being done under the direction of the University of Arizona, College of Nursing, Graduate Faculty.

_________________________________, 19___
Date
HOSPITAL CONSENT

Permission is given to Rita A. Bauman, R.N., to utilize the adolescent patients in this facility for data collection for a research study being conducted through the University of Arizona, College of Nursing, Graduate College. This permission is given with the understanding that Physician approval and individual adolescent consent must also be obtained.

________________________________________
Hospital Administrator

________________________________________
Director of Nursing
Dear Parent:

I, Rita A. Bauman, R.N., am conducting a study of how teenagers feel about their bodies. The purpose of this study is to see whether there are differences or similarities in how two selected groups of teenagers view their bodies.

There are no costs, risks or benefits to you or your teenager(s). The information gathered from this study may help professionals who work with teenagers.

Enclosed is a questionnaire to be answered by your teenager. Also enclosed is a stamped envelope with my address in which to return the questionnaire. Completion and return of this questionnaire by your teenager will indicate your consent for his/her participation.

All data will be treated with anonymity and confidentiality.

My phone numbers are given below. Should you or your teenager have any questions about this study please feel free to call me.

Thank you for your cooperation.

Rita A. Bauman

HOME - 458-4623
WORK - 458-4641
DISCLAIMER/INSTRUCTIONS

I am asking your voluntary participation in a study about teenagers. The purpose of this study is to find out how teenagers feel about their bodies. There are no costs, risks or benefits to you. About ten minutes of your time will be required for completion of this questionnaire and will indicate your consent as a willing participant in this study. All data received will be treated with anonymity and confidentiality. The information that will result from this study will help professional people who work with teenagers.

On the following page is a questionnaire, "How I Feel About My Body." If you decide to participate, please respond to the 25 items by checking either, "OK," or "not-OK" across from each item you are able to respond to with confidence. Please mark how you feel right now. You may refuse to answer any item by leaving it blank. You may withdraw from the study at any time without incurring ill will.

Do NOT put your name on the paper. At the bottom of the page please put your age in years. Also, please circle either male or female, as appropriate.

Thank you for your help.

Rita A. Bauman, R.N.
I am asking you to take part in a study about teenagers. The title is, "How I Feel About My Body." Your doctor knows about this study. It is all right with him if you answer these questions.

On the next page are 25 things about your body. Please say how you feel about them by marking, "OK," or, "not-OK." Please mark how you feel right now. You may refuse to answer any item by leaving it blank. You may withdraw from the study at any time. If you decide to withdraw, it will not affect your relationship with your doctors or with the staff.

Do NOT put your name on the paper. At the bottom of the page please put your age in years. Circle male or female.

Thank you for your help.

Rita, R.N.

(To protect hospital staff from being disturbed at home by patients or former patients, it was institutional policy not to use last names.)
LIST OF REFERENCES


