

An Exploratory Analysis of Global Self-Esteem, Body Esteem, and Sexual Self-Esteem
Measures

Lauren Elizabeth Anker

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology

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Abstract

An Exploratory Factor Analysis of Global Self-Esteem

Lauren Elizabeth Anker

There has been limited success in developing a single quality self-esteem measure. This study hopes to define three self-perception constructs: Global Self-esteem, Body Esteem, and Sexual Self-Esteem, including how to use their respective measures purposefully and effectively. One hundred women aged 21 to 35 from graduate classes at a professional psychology school completed three self-report measures. In order to determine if these three constructs overlap, an exploratory factor analysis using a principal component extraction method and a varimax rotation of the 80 total items was conducted. Using the Kaiser-Guttman retention criterion of eigenvalues greater than 1.0, an initial 21-factor solution provided the clearest extraction. These factors accounted for 77% of the total variance. In addition, a forced component extraction of three factors was completed. These extracted factors accounted for 37% of the total variance. Overall, the data suggests that these instruments may have poor construct validity and should be revised.

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Chapter 1: Introduction

How do we view ourselves? What value do we place on ourselves? How do these values make us feel? These questions have been the focus for hundreds of years, from the ancient Greeks, such as Aristotle and his treatise, *De Anima* (On the Soul), through the philosophers behind the theories mentalism and behaviorism, up to the psychologists of today. From the earliest philosophical and scientific recordings, it appears humans have always been interested in the internal structure of the psyche. How an individual perceives him- or herself, his or her *self-evaluation*, can have positive and negative consequences for his or her psychological health and overall well-being (Bernichon, Cook, & Brown, 2003; Pelham & Swann, Jr., 1989; Vohs & Heatherton, 2001). Understanding this perception, this self-evaluation, however, has been a challenging endeavor. Numerous measures have been developed to capture this elusive construct (Cash & Henry, 1995; Finkenber, DiNucci, McCune, & McCune, 1993; Pelham & Swann, Jr., 1989; Shavelson & Bolus, 1982). However, they have not always been successful. The constructs purportedly being measured are often confusing or contradictory. Often, terms are used interchangeably without an empirical examination of their relationship. For instance, global self-esteem might be measured by one instrument and self-concept by another, but then referred to as if they were the same. It then becomes difficult to differentiate and accurately define such constructs as self-esteem, body esteem, and sexual self-esteem.

The present study will help to define these constructs and will focus on unraveling some of the confusion to help the field gain a better grasp on self-evaluations and their measures, including how to use them purposefully and effectively. To do this, the present

study examined global self-esteem, body-esteem, and sexual self-esteem in a sample of young adult women. Participants were administered three self-evaluative measures, and that data was analyzed to determine where the similarities and differences lie. Before the analysis, and to help better understand these three specific self constructs, the origin of each must be examined.

Definitions of Concepts

In order to clarify the constructs of the present study, it is important to define the concepts that will be discussed and how they are both similar yet distinct. *Self-esteem* is defined as the value one places on the self (Rosenberg, 1965). *Self-concept* is more general than self-esteem and is defined as a collection of beliefs about oneself or the picture one has of one's self (Shavelson & Bolus, 1982). Although frequently defined as separate, these terms often serve similar functions in the literature, which is to estimate how one generally views the self. Additionally, *self-worth* is used interchangeably with self-esteem. In fact, The American Heritage Dictionary of the English Language (2011) defines *self-worth* as synonymous with self-esteem and self-respect. For some, however, self-worth has been separated from and defined instead as a component of self-esteem. For example, self-worth is included with other self-evaluations to make up self-esteem, but this use of the term is rare (Pelham & Swann, Jr., 1989). In one study, Marsh (1986) found that a measure of people's specific self-views correlated positively with global self-esteem, or rather, this measure accounted for about half of the variance in an individual's self-esteem. From this, Pelham and Swann, Jr. argue that self-views are separate from, but may be related to, global self-esteem. However, the definition provided, which states that *self-view* is simply the negative or positive evaluation of the

self, is similar to Rosenberg's definition of self-esteem due to the emphasis on placing value on the self (Pelham & Swann, Jr., 1989). In the same vain, *self-compassion*, a more mindful and holistic self-evaluation, is identified as a different construct than self-esteem (Neff & Vonk, 2009). However, these constructs appear to be more similar to self-esteem than the above authors would suggest. Thus, any general *self-* construct (self-worth, self-concept, and even self-compassion) should henceforth be assumed to be interchangeable with self-esteem throughout this document, but further explanation of these concepts will come later in this review.

The other constructs that are used in this study also have alternate terms in the literature. For example, body esteem is very similar to body image. *Body image* is defined as an individual's perception of the attractiveness of his or her own body (Cash & Henry, 1995), whereas *body esteem* includes the aesthetics as well as the abilities of one's body (Franzoi & Shields, 1984). *Social physique anxiety* is another similar construct to body esteem that is defined as one's worry or concern over the physical self in situations in which others may be evaluating them (Hart, Leary, & Rejeski, 1989). Causing even further confusion is the term *physical self-esteem*, which is a general evaluation of the physical self in terms of physical appearance and body attractiveness (Fox, 1990; Marsh & Redmayne, 1994). Overall, these constructs are viewed as evaluations of the body. Although they are distinct constructs, for purposes of this study, it should be assumed that the terms are interchangeable due to their seemingly close relation.

Like the previous constructs, sexual self-esteem can be confused with other sexually related self-evaluations. *Sexual self-esteem* is defined as one's evaluation of his or her sexual thoughts, feelings, and behaviors (Zeahnah & Schwartz, 1996). This is

similar to, but different from *sexual self-efficacy*, which is referred to as reflecting an individual's confidence in his or her ability to make and implement healthy and generally positive sexual choices (Seal, Minichiello, & Omodei, 1997). Another similar construct is *sexual well-being*, which consists of sexual self-esteem, sexual self-efficacy, and sexual satisfaction (Hucker, Mussap, & McCabe, 2010). Thus, sexual well-being, like self-concept, is a more global term that includes specific sexually related self-evaluations. These terms will be considered synonymous for the present study, but should be considered different from sexual identity, which is the sexuality with which one identifies (i.e., heterosexual, homosexual, bisexual), sexual functioning, and sexual behavior. These are considered distinct concepts because they refer to the behavior in which one engages, rather than the way in which one evaluates his or her performance, abilities, feelings, or efficacy while engaging in that behavior.

Chapter 2: Global Self-Esteem

Global self-esteem emerged as an important construct of study in the field of psychology as early as the 1960s, with Rosenberg (1965) providing the most common definition, the value one places on the self. Within the literature, his is the most commonly cited. In fact, he created the field's current gold standard of measurement: The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965). His theory developed from his work with adolescents, the age he believes is most crucial for self-esteem development due to the congruent identity forming that occurs for individuals during this time. What set him apart from others was that he focused on global self-esteem, rather than self-concept, which had been the focus of his contemporaries.

Self-Esteem and Psychological Health

Since then, global self-esteem has been linked to an overall sense of psychological well-being (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). For instance, low self-esteem has been connected to several mental health disorders, including depression, suicidal ideation, and suicide attempts (Mann, Hosman, Schaalma, & deVries, 2004). Similarly, high self-esteem has been negatively correlated with indicators of anxiety and positively correlated with coping skills and overall physical health (Arndt, Greenberg, Schimel, Pyszczynski, & Solomon, 2002; Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). In fact, Pyzczynski et al. (argue that self-esteem can act as a buffer or protection against anxiety due to an individual being able to utilize the appropriate cognitive defenses that can inhibit one's stress reactions. This hypothesis stems from Greenberg et al. (1992) who developed Terror Management Theory (TMT).

TMT addresses the psychological function self-esteem serves and how it relates to other aspects of the self (Greenberg et al., 1992). From this perspective, people need self-esteem primarily for this protection from anxiety that stems from awareness of his or her vulnerability and mortality. It is believed that much anxiety stems from early interactions with parents in terms of standards and expectations, which eventually expands to other aspects of life, including societal expectations and relationships one builds with friends, lovers, and or peers. Ultimately, according to this theory, if one has a high level of self-esteem, he or she will feel safe, secure, and loved, which are primary factors in removing general life anxiety. Furthermore, the authors relate this anxiety to feelings of mortality, which is what the authors' claim to be life's greatest threat (Greenberg et al., 1992). In general, this theory provides a theoretical basis and empirical support for the influence of self-esteem on one's ability to protect the self by diminishing one's response to anxiety. The full underlying aspects of Terror Management Theory is beyond the scope of this paper (see Greenberg et al., 1992 for a full explanation of TMT), but its basic understanding gives insight into the argument of Pyzczynski et al. (2004) and how self-esteem has an important effect on an individual's overall well-being.

Additional attempts have been made to understand self-esteem's importance as a construct, including studies that separated it from a similar construct: self-compassion (Neff, 2003; Neff & Vonk, 2009). *Self-compassion* is defined as consisting of three components: self-kindness, a sense of common humanity, and mindfulness when considering personal weakness or hardships. Compared to Rosenberg's definition, it is an alternative way to understanding how a person views him- or herself. Neff and Vonk differ from Rosenberg, believing that self-esteem is related to ego inflation and leads to

narcissistic features. These authors feel that those who are self-compassionate are better able to accept both good and bad qualities about themselves and are therefore less affected by negative external evaluations. For example, those who rate themselves higher in self-compassion were not as affected by negative self-evaluations as those who rate themselves highly on self-esteem. The authors assume, however, that the two constructs are mutually exclusive, that both cannot exist in one person at the same time. Although their results were interesting, this assumption appears to be lacking support. For example, *self-kindness* is defined as being understanding toward the self in times of failure rather than overly critical (Neff, 2003). However, nowhere in its definition is self-esteem described as necessarily critical. *Self-esteem* is the value one places on the self, positive or negative. Therefore, the assumption that self-esteem is definitely negative, leaves out a significant portion of the construct's intended meaning. Thus, although there are some semantic differences, this investigation further clarifies the fact that these concepts are not necessarily mutually exclusive. In fact, the results reveal that self-compassion may actually be something that is a facet of global self-esteem, rather than entirely distinct (Neff & Vonk, 2009). Although the positive connotations associated with self-compassion offer a more congenial approach to self-evaluation, it is still just that – an evaluation of the self, which is Rosenberg's (1965) basic definition for self-esteem. Therefore, Neff and Vonk's study can be considered another example of the importance of self-esteem on psychological well-being, despite the attempt to associate self-esteem with a negative connotation.

Likewise, Baumeister, Campbell, Krueger, and Vohs (2003) were skeptical of self-esteem's relationship with positive outcomes. The investigators conducted an

intensive literature review to examine if high self-esteem contributed to better academic performance, interpersonal success, happiness, and healthier lifestyles. In this review, the authors were unable to find any strong causal evidence between self-esteem and academic achievement. However, some significant relationships among self-esteem and various positive outcomes did emerge. For example, higher rates of self-esteem did appear to be linked to academic strivings and persistence. Correspondingly, Baumeister et al. hypothesized that good academic performance may influence self-esteem, as opposed to the reverse, bringing question to the directionality of the relationship established by the results under the review. Similarly, when looking at job and task performance, the direction of the relationship was not clearly defined. Consequently, Baumeister brings attention to the lack of causal evidence in the literature he and his colleagues reviewed. If causal evidence had been included and supported, directionality could be determined. Importantly, however, the authors suggest there is some correlational evidence that is hard to discount, such as self-esteem being linked to persistence in the face of failure, to knowing when to quit, and to encouraging better use of self-regulation techniques on performance tasks. In terms of interpersonal relationships, high levels of self-esteem were linked to higher levels of social initiative, which involves initiating interpersonal contacts and relationships, as well as speaking up when in group-settings. Most importantly, perhaps, is their conclusion that self-esteem is strongly linked to ratings of happiness. Those with high levels of self-esteem are also less likely to be depressed in general, especially in response to stressful or traumatic events (Baumeister et al., 2003). Furthermore, it appears that high self-esteem has been linked to reduction of sexual inhibitions and body dissatisfaction (Matz, Foster, Faith, & Waden,

2002; Vohs, Bardone, Joiner, Abramson, & Heatherton, 1999; Vohs & Heatherton, 2001). Despite this correlational evidence, Baumeister and colleagues still assert that self-esteem does not have a causational relationship to positive outcomes, (Baumeister et al., 2003).

Self-Esteem Development

Once the importance of self-esteem was established, theorists attempted to describe the process by which self-esteem develops. Rosenberg (1965) has suggested that self-esteem develops in adolescence because that is when an individual's physical and emotional self is going through the most changes. As this is a time of rapid and instrumental change, self-esteem's development can be hindered, be nurtured, or fluctuate depending on the individual. More recent investigations of the longitudinal effects of self-esteem have suggested that self-esteem follows a general pattern in most individuals, with it being significantly lower in adolescence and young adulthood, but eventually reaching stability by age 30 (Mendelson, White, & Mendelson, 1995; 1996). It has been proposed that this stability in middle adulthood occurs due to what is considered a natural healing process that occurs when an individual in his or her 20s, which involves mending the hurt that was caused during the stress of adolescence. Thus, the individual's identity begins to be solidified, making self-esteem difficult to enhance or change once that individual reaches a certain age (Friestad & Rise, 2004; Huang, 2010).

Global self-esteem also appears to be less stable over time when an individual places a sizeable amount of importance on his or her level of competence because the more competent a person feels in their abilities, either physically or mentally, the person will lose those competencies as her or she ages (Johnson, 1998). Furthermore, Johnson

argues that global self-esteem levels are temporary due to the self-evaluative nature of the items on scales such as Rosenberg's (1965). This may be true because when a person's self-esteem is still forming, he or she is relying heavily on external factors for the development of his or her self-concept. Conversely, as an individual grows older, he or she may increase or decrease their level of self-esteem depending on the amount of external factors used in their self-evaluation. Thus, while Johnson (1998) is using the lack of stability in global self-esteem as a criticism of the construct, it appears that this criticism is unnecessary because it has been made evident that self-esteem is rather instable until reaching a certain age and is important when measured at any time over the lifespan (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). Consequently, using undergraduate participants in studies on self-esteem would reflect an overall unstable self-esteem, because most of the participants have yet to reach the age of stability, which is around the age of 30. Granted, there is still some debate over whether global self-esteem can be described as a stable or unstable trait, but overall, it appears the fluctuation declines as one reaches middle adulthood.

Adding to this debate, Robins et al. (2002) attempted to describe the path self-esteem levels may follow. They conducted a cross-sectional investigation of self-esteem in individuals from age 9 to 90 and found a distinct pattern of levels of self-esteem across the lifespan. Despite demographic differences, including gender, socio-economic status, ethnicity, and nationality, the patterns were found to be consistent. Interestingly, the investigation led to significant results despite using a single-item scale, the Single-Item Self-Esteem scale, which asks participants to rate their level of agreement with the statement "I see myself as someone who has high self-esteem" (SISE, 2001; Robins,

Hendin, & Trzesniewski, 2001). From this single-item assessment, the investigators were able to determine a path in which self-esteem was at its highest in childhood, dropped during adolescence, then gradually rising through middle adulthood, but again declining once an individual reached old age. This suggests that children tend to have an inflated sense of self-esteem that begins to decline once they begin to interact with and experience evaluations from others. This decline continues into adolescence and is exacerbated by physical changes and the increased importance placed on appearance and social standing, supporting the previous findings of Rosenberg (1965). Increases in self-esteem in adulthood are likely due to general increases in psychological maturity and increased competence in chosen roles. The decline of self-esteem in older adulthood is not yet understood, but may be due to this life period being accompanied with role transitions and health deterioration (Robins et al., 2002). Although these implications appear valid, further empirical investigations should be done to support their theoretical bases, especially those involving late adulthood, as that is a population that is frequently overlooked in the literature.

Self-Esteem and Gender

There is little debate in the field over the gender differences related to self-esteem. Along with the previously mentioned findings of Robins et al. (2002), it has become clearly supported throughout the literature that men tend to rate themselves more positively on self-esteem than women. Additionally, there have been attempts to understand how masculine and feminine traits account for differing levels of self-esteem. As constructed by society, traditionally *masculine* traits can be possessed by men or women and include things like being assertive, analytical and independent (Bem, 1972).

Traditionally *feminine* characteristics include being cheerful, affectionate, and gentle. If a person is relatively high in both of these traits, then he or she is believed to be androgynous. Orlofsky and O'Heron's (1987) study of sex role traits and behavior orientation revealed that masculine traits were consistently related to measurements of self-esteem in both women and men. In fact, the only feminine trait that related to self-esteem in both sexes was congeniality/sociability. This study's results were similar to those of a previous study, which also examined gender and self-esteem (Spence, Helmreich, & Stapp, 1975). Both studies indicate that androgynous individuals, or those with high levels of both masculine and feminine traits, rated themselves as possessing higher levels of self-esteem. Further, it appears that those possessing more masculine traits will most likely have higher self-esteem, while the amount of feminine traits one possesses in relation to its effects on self-esteem remains inconclusive. This is supported by Bailey, Hendrick, and Hendrick (1987), whose results revealed only masculine traits as being associated with a higher self-esteem, spurring further debate over what gender-specific traits are associated with high levels of self-esteem. Some studies provide evidence that androgynous individuals rate highest, whereas other studies suggest masculine individuals rate highest (Bem, 1972; Hendrick, & Hendrick, 1987; Orlofsky & O'Heron, 1987). However, masculine traits do not mean "men" per se, and both men and women can possess these traits. For example, studies have found gender differences when simply comparing males versus females without necessarily measuring masculine and feminine traits (Mendelson et al., 1996).

One reason for these differences may be that society values certain traits over others. These traits tend to be those found in men who possess these traditionally

masculine qualities. O'Neil (1981) defines *gender role socialization* as the process by which an individual acquires and internalizes the values, attitudes, and behaviors associated with masculinity, femininity or both. It is through this socialization that men begin to feel pressured to act in stereotypically masculine ways and reject those traits associated with femininity. O'Neil then emphasizes that *gender role strain*, or the excessive mental or physical tension of these conflicting traits, has become evident and encouraged in today's society. Others have also explained why society may value masculine traits using evolutionary theory (Buss & Schmitt, 1993; Wade & Cooper, 1999). According to evolutionary theory, body image and feminine traits, such as nurturing, are important for women's self-esteem for reproductive reasons (i.e., women who fit this stereotypically feminine role will be more likely to reproduce; Avsec, 2006; Buss & Schmitt, 1993). Conversely, the qualities women seek in their mates of the opposite sex usually include stereotypically male attributes (i.e., power and assertiveness) (Wade & Cooper, 1999). Therefore, the traits that are typically considered to be masculine are those that not only serve a social purpose but have served an evolutionary purpose, as well. Consequently, masculine traits are of higher value and are, in turn, linked to higher levels of self-esteem due to their social origins.

Another study examined how global self-esteem is linked to gender and the stereotypes one makes about the self. Oswald and Chapleau (2010) investigated self-stereotyping in women and what this implies. For example, Asian American women perform more poorly in math when their female identity was made prominent but perform better when their Asian identity was salient. In his earlier work, Oswald (2008) found that activating traditional female stereotypes in women resulted in reported greater

perceptions of their abilities in and perceived liking for traditionally feminine jobs and tasks. Accordingly, Oswald and Chapleau suggested that activation of these gender-based stereotypes ultimately result in stereotyped tasks, performance, and preferences. The authors further suggested that physical traits have a central importance in women's self-esteem, specifically college-aged women, because positive self-esteem and positive physical self-ratings were significantly correlated for this population. This supports the idea that young adult women tend to assume traditional female roles when made aware of stereotypically feminine characteristics, and that their self-esteem is then affected by this behavior (Oswald & Chapleau, 2010).

Global self-esteem has also been linked to disordered eating behavior and body dissatisfaction (Bailey & Ricciardelli, 2010; Furnham, Badmin, & Sneade, 2002). Some studies have suggested that low self-esteem is associated with poor general health, and that it, along with other predictors, such as stress, poor coping skills, and maladaptive perfectionism, can be a secondary predictor of disordered eating, such as purging and diet constriction (Shea & Pritchard, 2006). However, the way these predictors are intertwined is yet to be determined (Gilbert & Meyer, 2005; Peck & Lightsey, Jr., 2008; Shea & Pritchard, 2006).

Self-Esteem and the Self

Like the relationship between global self-esteem and features of mental health, researchers have attempted to investigate the interaction between global self-esteem and self-views (Bernichon et al., 2003; Pelham & Swann, 1989). *Self-views* are what Pelham and Swann, Jr. (refer to as the underlying components of global self-esteem. These components can be either negative or positive self-views, and the underlying importance

placed on them is predictive of general self-esteem. The investigators proposed that individuals who have positive self-views may actually place less importance on positively viewed abilities than those that may be lacking. For example, someone could have the self-view that he or she is highly intelligent but may place more importance on things like athletic ability; thus, his or her self-esteem may be lower because the abilities he or she finds to be important are less developed. Furthermore, the data suggest that those who are highly certain of their self-views and who consider these views especially important are those most likely to enjoy the benefits of high self-esteem. For instance, an individual's physical appearance only influences self-esteem if a high level of importance is placed on his or her physical appearance. Thus, self-views interact with self-esteem, but in a complex way (Pelham & Swann, Jr., 1989).

To better understand this complex interaction, Bernichon et al. (2003) provided important information regarding the self-evaluation process. The study asked participants to verify having a negative self-view, with *verify* meaning that an individual admits to, or does not deny, having a negative view of the self. In order to explain this, the investigators provided each participant with either a positive feedback evaluation or a negative feedback evaluation as determined by their randomly selected group. The positive feedback evaluation stated, "This person seems socially self-confident. She appears at ease with people she doesn't know very well. She seems to have little doubt about her social competence. That's pretty much all I can tell about her from her conversation." The negative feedback evaluation stated, "From talking with this person she appears to be ill at ease in social situations. There are probably times when she is around other people and just doesn't know what to do or say. There are times when she

likes being around people, but in some social situations she is uncomfortable and anxious.” According to the data, LSE people did not verify a negative evaluation and sought out positive feedback, which was contrary to the author’s original hypothesis. They believe this is related to these individuals protecting themselves from their apparent negative self-view. Additionally, data from an HSE group that included individuals with both positive and negative self-views revealed those with HSE and positive self-views preferred positive interactions, but those with HSE and negative self-views were more inclined to seek out negative feedback. From this, the investigators suggest that self-views and global self-esteem do appear to interact, and global self-esteem may predict an individual’s emotional reaction to feedback. Furthermore, a person’s self-view tends to also affect his or her cognitive reactions, which includes thoughts and actions in the present moment outside of their emotional state. Therefore, HSE seems to aid in protecting the self from being emotionally affected by negative feedback, once again proving the benefits of possessing a high level of self-esteem (Bernichon et al., 2003).

Chapter 3: Body-Esteem

Body-esteem has been a recurring construct in the psychological literature since the 1980s. Two of the earliest to use the term were Franzoi and Shield (1984), who developed the Body Esteem Scale (BES). Like self-esteem, it is often used interchangeably with other body-related constructs, especially body image. However, as conceived by Franzoi and Shield, it is a different construct entirely. Body-esteem is a self-evaluation focused primarily on one's physical condition, weight concerns, and sexual attractiveness. It is something that has been investigated in men and women, adolescents and adults, athletes and non-athletes, and among various races and ethnicities (Finkenbergs et al., 1993; Hagger & Stevenson, 2010; Koff, Rierdan & Stubbs, 1990). Several aspects of the BES have been explored using male and female participants, but one population that has been frequently studied using this instrument is women with disordered eating behaviors (Ferrand, Champely, & Filaire, 2009; Irving, 1990; Mendelson, McLaren, Gauvin, & Steiger, 2002; Nudelman, Rosen, & Leitenberg, 1988).

Body Esteem and Eating Disorders

In one study examining body image, eating behaviors and the psychological variables of women with bulimic symptoms were compared to those of male runners (Nudelman et al., 1988). It was proposed that male runners, who often have low body weight and body fat percentage, were similar to women who display disordered eating behaviors. However, it was found that the male runners did not have the negative psychological variables that women with bulimic symptoms reported. These negative variables included anxiety about eating, being preoccupied with food, displaying excessive binge-eating or purging behavior, being preoccupied about their weight, being

intent on losing weight, having high personality traits presumed to underlie eating disorders, feeling depressed, and rating low in self-esteem. In general, this means that high-intensity male runners do not possess characteristics of those suffering from eating disorders. In fact, the male runners were quite similar to other male non-runners. Furthermore, male runners did not present in the same way as women with bulimia who tend to display body image distortion. The authors suggest that male runners have a non-pathological level of body image distortion, which may be related to a man's desire to be more athletic or muscular than being smaller or bigger. This means that the intentions behind male runners' workout practices tend to fall under the healthy realm of body distortion rather than dieting and weight loss, which has been associated with females suffering from eating disorders (Nudelman et al., 1988). These findings further support the idea that women place more importance on physical appearance in their self-evaluation than men (Buss & Schmitt, 1993; Hagger & Stevenson, 2010; Wade & Cooper, 1999). However, the study could have been improved had females with bulimic symptoms been compared to female runners, as females have been shown to place more importance on physical appearance (Koff, Rierdan, & Stubbs, 1990; Oswald & Chapleau, 2010). By using males as the comparison, it is difficult to draw conclusions about differences between groups.

Other studies have also found that body esteem is strongly linked to disordered eating (Ferrand et al., 2009; Friestad & Rise, 2004; Mendelson et al., 2002). In samples of women who were athletes, disordered eating symptoms have been specifically associated with feelings of inadequacy toward their bodies or what is referred to as *body attribution* (Ferrand et al., 2009). Similarly, in a general population of women, weight

dissatisfaction and attractiveness were most associated with symptoms of an eating disorder, and in adolescent and young adult sample, body image was reported to be a strong predictor of girls' dieting at all ages (Ferrand et al., 2009; Mendelson et al., 2002). In addition, lowered body image was related to an individual trying to control her weight or appearance (Friestad & Rise, 2004). Therefore, it can be assumed that body esteem is a strong predictor of disordered eating in various female populations, including athletic, clinical, and non-clinical samples.

Body Esteem and Gender

Along with disordered eating behavior, several studies have examined gender differences in body esteem and similar constructs. One such study explains how evaluations regarding an individual's body may be affected by gender, age, social physique anxiety, and physical self-esteem (Hagger & Stevenson, 2010). *Social physique anxiety* refers to a perceived concern or worry with an individual's own physique in situations in which he or she perceives he or she is being evaluated by others. *Physical self-esteem* is an individual's perception of the self in physical contexts and relates to his or her observed appearance and body attractiveness (Hagger & Stevenson, 2010). Overall, the results of the investigation revealed that women tend to have higher social physique anxiety and lower physical self-esteem than men, and that physical self-esteem declines with age in both males and females, with a leveling off in older age groups. Social physique anxiety also appears to peak in early adolescence for both genders, suggesting that this is a point where individuals are most concerned with how others rate their appearance (Hagger & Stevenson, 2010). This provides further evidence for body

esteem being an important construct for both genders, but an especially significant one for women.

Similar studies have looked at gender, body image, and self-concept in early adolescence and have shown that there are gender differences regarding the construction and valuation of body image (Hendry & Gillies, 1978; Koff et al., 1990). One such study by Koff et al. suggested that the relationship between physical appearance and self-esteem for women is at its height during puberty, may lose its association with age, and is a stronger relationship for women than in men, suggesting that adolescent females place higher importance on physical appearance (Koff et al., 1990). The authors state, “If, as he [Erikson] suggested, anatomic and psychological experiences lead the female to believe that a primary function of her body is to provide an attractive interpersonal stimulus to others, most pubescent and post-pubescent females will be hard pressed in a culture such as ours to maintain positive attitudes toward their bodies” (p. 65). This supports the idea that women may be most concerned with their body image because of society’s pressure to fit a certain level of physical attractiveness (Hendry & Gillies, 1978).

Investigators have attempted to explain why these gender differences might exist. Irving (1990) proposed that society’s current standards of beauty have influenced body esteem and, in turn, have influenced an increase in bulimic symptoms. In her study, all participants reported experiencing a great amount of pressure to be thin and linked it to the media. Irving postulated that women exhibiting a high level of bulimic symptoms would report lower self-evaluations after being exposed to pictures of extremely thin fashion models compared to individuals with a low level of bulimic symptoms. Despite this hypothesis not directly being supported by the data, some findings are worth

mentioning. One is that the group with a high level of bulimic symptoms reported the least amount of satisfaction in body parts associated with sexual attractiveness, which include but are not limited to lips, cheekbones, and chest. Thus, self-evaluations related to physical appearance, specifically sexual attractiveness, may be most associated with disordered eating.

A critical limitation of this investigation, however, is that there was no asymptomatic group; all participants exhibited some level of disordered eating (Irving, 1990). Perhaps a control group that reported no bulimic symptoms would have provided a better comparison for the effects of the social media on an individual's self-evaluation. Given the association found between those with bulimic symptoms and dissatisfaction with their body parts associated with sexual attractiveness, it appears some women may be affected by the influence of the current social media. Further examination into the application of *social comparison theory*, which refers to this idea of an individual comparing him- or herself to images in the media, has led to inconclusive results (Dens, De Pelsmacker, & Janssens, 2009). However, previous studies that have linked women's self-evaluations to socially constructed gender norms have shown a connection among societal standards, a woman's pressure to fit those standards, and how highly they rate themselves based on those standards (Avsec, 2006; Buss & Schmitt, 1993; Wade & Cooper, 1999).

Taking the connection between self-evaluations and socially constructed gender norms one step further, Henderson-King and Henderson-King (1997) looked at the effect the media has on women's body esteem. The study highlighted the importance of individual factors, such as high or low *self-monitoring*, which refers to the extent that that

an individual observes the self. Also examined was whether a person is prone to negative or positive self-evaluations after viewing images in the media. Overall, the results suggest that some women are, in fact, very much affected by these ideal images. Some women, specifically those who were considered high self-monitors, were more likely to evaluate themselves positively after viewing ideal images, which contradicts what other studies have asserted, which is that these images can decrease self-esteem (Fernandez & Pritchard, 2012; Jones & Buckingham, 2005). Thus, it may not be images in the media alone that have contributed to the current decline of females' self-images; rather, it may be the role media plays in women's perceptions of what ideal image should be attained along with how much a woman self-monitors. In other words, media has helped perpetuate the norms constructed by society, but the amount of observation focused on the self also plays a key role in how they perceive these images and themselves.

Fortunately, to help further understand these gender differences as they relate to the effects of current societal standards of beauty, McKinley (1998) provided insight into possible underlying explanations. McKinley surveyed 327 undergraduate women in order to test the theory that women's bodies have become objectified through society's current social construction. In other words, women have learned to view their bodies as outside observers rather than observing themselves from within. For example, women may view themselves as things, or body parts, instead of individuals with thoughts, feelings, and opinions. Because women have been conditioned to idealize a lower-than-average ideal body weight and have set rather extreme body standards, they are likely to have lower body-esteem. As predicted by McKinley, when *body-consciousness*, or the heightened awareness of an individual's body, was controlled for in men and women, differences

between genders in levels of body esteem was greatly reduced. Namely, when body consciousness was not taken into account, men and women's ratings on body esteem were similar. This means that when women are not consciously aware of their body, they appear to rate themselves at levels similar to men. Further, when a woman's ideal weight versus her actual weight discrepancy was analyzed, there appeared to be a statistically significant relationship between body consciousness and body esteem. Therefore, when a woman was reminded of the idealized appearance of a woman's body, they were more likely to rate lower on body esteem. As such, it appears women are more conscious of their bodies than men, especially when women compare themselves to the ideal body type, and concerns about weight can perpetuate those differences even further. Again, this reinforces the concept of body esteem being a primary focus in women and helps in understanding why the literature may focus on this specific population when investigating this construct.

Body esteem in women has also been linked to different forms of sexism and cosmetic product use (Franzoi, 2001). One such investigation examined if milder forms of sexism, referred to as *benevolent sexism*, would be linked to increased levels of sexual attractiveness, a subscale on the Body Esteem Scale (BES; Franzoi & Shields, 1984). Benevolent sexism refers to a specific type of sexism in which women are held in high regard but are believed to need a man's protection (Franzoi, 2001). Distinct from benevolent sexism is *hostile sexism*, which refers to overt negative beliefs about women, usually leading women to harshly criticize other women (i.e., calling another woman a slut if she is wearing something revealing), although this form of sexism is not limited to women alone. As the authors explored these two forms of sexism, they predicted a link

between benevolent sexism and an increased use of cosmetic products on the face because cosmetics are used on items most associated with sexual attractiveness, such as lips and eyes. Although the results of this investigation upheld this hypothesis, the additional findings are more relevant. Particularly interesting was that benevolent sexism was positively associated with higher levels of body esteem, whereas hostile sexism had an inverse relationship with this construct. Thus, the author suggests that this harsher form of sexism leads to less positive evaluations of themselves. This finding provides insight on how comparing herself to her peers can have an impact on a woman's body esteem in a different way than does a woman's comparison to pictures in the media.

As portrayed by the previous studies, body esteem in women is closely related to how they compare themselves to other women. Powell et al. (2001) added to these findings by specifically measuring individuals' evaluations of their bodies compared to their evaluations of their peers. For example, participants rated their own bodies then rated how they felt others thought of their own bodies. In addition, a person's evaluation of his or her body in relation to the importance he or she placed on a specific body part or ability was examined. Overall, women and men's ratings on body esteem scales were positively correlated with their perceived importance of these feelings. For instance, if individuals believe possessing positive feelings toward his or her body is important, then they will tend to rate themselves more highly on body esteem scales. Furthermore, women did not rate ambiguous traits, or traits related to a broad area of the body (i.e., face), more favorably than specific traits (i.e., nose, lips, ears). This suggests that the concreteness or specificity of a trait does not assume a higher rating on a body esteem scale, as originally predicted by the investigators. Unexpectedly, however, women did

not rate themselves differently than they rated others. This suggests women believe other women feel similarly toward their own bodies as they do. It follows that women also rated other women as feeling negatively about themselves, suggesting that women suspect all women feel bad about how they look. Interestingly, the biggest source of concern for women appeared to be related to their weight, which the authors believe means that women may be chronically unhappy with their weight (Fallon & Rozin, 1985; Ferrand, Champley, & Filaire, 2009; McKinley, 1998; Mendelson et al., 2002; Powell et al., 2001; Williamson Kelley, Davis, Ruiggiero, & Blovin, 1985). If so, evaluations including feelings towards a woman's body weight may never be improved, which is why body esteem scales include factors other than weight. It may also be why body esteem may be lower in women, because women often attribute appearance to weight.

Similar to the previous study, body image dissatisfaction was linked to gender differences in eating attitudes, self-esteem, and reasons for exercise (Furnam et al., 2002). Women are more likely than men to describe themselves as fat, weigh themselves more often, and to diet frequently, resulting in a tendency to be more dissatisfied with their physical appearance than men. There is also an ideal body type shaped by the media for each gender, with males being based on shape and females being based on size. In accordance with eating attitudes and body image satisfaction, reasons for exercising were explored. The authors believe that negative reasons for working out (e.g., weight control, attractiveness) are related to low self-esteem, whereas positive reasons for working out (e.g., mood, health, enjoyment) are related to high self-esteem. This implies that women's dissatisfaction with body image is related to self-esteem because those with body image dissatisfaction are those who work out for negative reasons, such as trying to fit into a

certain dress size, whereas those with high self-esteem are working out for positive reasons, such as general health benefits, meaning they are not dissatisfied with their body image. Identifying a link between physical concerns such as weight and attractiveness to body esteem and self-esteem helps provide evidence for physical appearance acting as a common thread among these concepts and constructs.

Body Esteem and Exercise

As the previous study has alluded, body esteem has also been linked to physical activity or athleticism (DiNucci, Finkenberg, McCune, McCune, & Mayo, 1994; Finkenberg et al., 1993; Koyuncu, Tok, Canpolat, & Catikkas, 2010). For example, Koyuncu et al. explored body image satisfaction and dissatisfaction, social physique anxiety, and self-esteem in female athletes and non-athletes. It seems that self-esteem was related to social physique anxiety and body image satisfaction in the non-athlete and athlete sample groups. Also, body shape and weight appear to be especially significant predictors of self-esteem in adolescence because of the strong emphasis on physical attractiveness in that cohort. Furthermore, the strongest correlation from this study was among social physique anxiety, self-esteem, and body image satisfaction and dissatisfaction in the female athlete sample compared to the non-athlete sample. This implied that female athletes have a heightened awareness of their physical appearance and these women possibly experience body image disturbances and related emotional states due to their athletic career. In general, however, the athlete sample experienced lower social physique anxiety and more body image satisfaction than the non-athlete sample. Overall, body image satisfaction and self-esteem were seen as important components of female psychological health (Koyuncu et al., 2010).

Koyuncu and colleagues (2010) were not the first to investigate the relationship between body esteem and physical activity. Finkenberg et al. (1993) examined the body esteem of individuals who were enrolled in classes with varying levels of physical activity. Their investigation yielded results that were rather unclear. The investigators evaluated female participants using body esteem measures at the beginning and end of a school semester. After the second evaluation, it appeared that no significant differences were obtained between levels of physical activity from the first evaluation to the second. In other words, the level of activity did not seem to affect women's evaluation of their bodies. However, these findings are important to highlight because all participants were engaged in some level of physical activity. Because there was no presence of a non-physically-active control group, one could possibly assume that results may have been different if the physically active participants evaluations were compared to this proposed group. If it had, based on the more recent findings of Koyuncu et al., those who were physically active would probably rate themselves higher on measures of body esteem than individuals who were inactive. Thus, it may be that any level of physical activity has a positive effect on body esteem that could not be demonstrated by Finkenberg et al. due to the lack of a control group.

As mentioned earlier, female athletes' body esteem has been investigated in association with disordered eating (Ferrand et al., 2009; Irving, 1990; Mendelson et al., 2002; Nudelman et al., 1988), and another study simply analyzed the body esteem of female athletes as a whole, separate from disordered eating (DiNucci et al., 1994). In this particular study, DiNucci and colleagues compared athlete and non-athlete collegiate samples and found a difference in levels of body esteem between the two groups.

Specifically, each group of athletes scored higher on the Weight Concern and Physical Condition subscales of the Body Esteem Scale (BES; Franzoi & Shield, 1984) than groups of non-athletes, suggesting that athletes may be more comfortable about their weight and physical abilities than non-athlete individuals. On the other hand, women with higher body esteem may be more likely to enter the athletic realm, which also may account for these differences, as a causal relationship was not determined by this study (DiNucci et al., 1994). In other words, those who feel more capable and adequate in terms of their body's abilities may be more inclined to participate in athletic activities, which may be why these individuals have higher ratings of body esteem. In considering all the literature on body esteem and physical activity, it becomes apparent that those who are more physically active appear to rate themselves more positively on measurements of body esteem than those who are less active. More importantly, this provides insight into the importance of body esteem in women and suggests that one way to increase women's ratings of body esteem is through exercise and physical activity.

Body Esteem and Personality

Certain personality characteristics have also been connected to body esteem levels (Davis, Claridge, & Brewer, 1996). For instance, Davis and his colleagues explored the influence of neuroticism and narcissism on body esteem in high-level exercising women and non-exercising women, with results that showed a significant interaction between narcissism, neuroticism, and body esteem, but not a significant relationship when the exercise component was included. This means that, for both groups, there was a significant relationship between narcissism, neuroticism, and body esteem, and that amount of exercise did not appear to affect this relationship. Predictably, high narcissism

was associated with higher levels of body esteem when neuroticism levels were low. However, as neuroticism increased, no matter what the level of narcissism, body esteem decreased. In individuals with high levels of both narcissism and neuroticism, body esteem decreased steeply. The authors differentiate between healthy and pathological narcissism with the explanation that individuals with high levels of both neuroticism and narcissism are likely pathological. This was referred to as the *never satisfied syndrome*, in which there is a potential for psychological disorders because pathological levels of these personality traits can be very distressing and conflicting. In other words, having these levels of narcissism and neuroticism may lead an individual to feel as if he or she cannot be satisfied with himself or herself. The authors provide one implication of this association: “In contemporary society self-esteem for women is very much invested in their physical attractiveness. Here maintaining a healthy balance between self-satisfaction and self-doubt is crucial; yet [can be] a chronic dilemma for the highly neurotic [individual] whose body may become a curse as well as a source of pleasure” (Davis et al., 1996, p. 163). Thus, body esteem appears related to identifiable personality characteristics and is also clearly related to both self-esteem and physical attractiveness.

Chapter 4: Sexual Self-Esteem

Unlike the previous constructs, sexual self-esteem was not defined as a concept within the field until the early 1990s (Zeanah & Schwarz, 1996). However, research attempted to explain sexual behavior, sex attitudes, sexual identity, and sexual functioning has existed since the 1970s (Estep, Burt, & Milligan, 1977; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Sexual self-esteem is defined as “[one’s] affective reactions to their subjective appraisals of their sexual thoughts, feelings, and behaviors” (Zeanah & Schwartz, 1996, p. 3). In other words, sexual self-esteem is how an individual perceives and reacts to his or her sexual encounters, thoughts, and desires. In addressing sexual self-esteem, specifically, it is necessary to address its foundations in the understanding of sexual relationships, sexual behavior, and sexual abuse.

Sexual Self-Esteem and Sexual Abuse

An early study focused on *sexual adjustment*, which refers to the way in which individuals may evaluate themselves sexually (Fromuth, 1986). For this study, a sample of collegiate women responded to questions related to self-esteem and measures related to sexual adjustment. Specifically, the study focused primarily on the effects of childhood sexual abuse related to the psychological well-being of those women as adults. Sexual adjustment was measured using items related to dating/relationship status, non-coital sexual behavior (i.e., sexual behavior that excludes actual intercourse), sexual intercourse, consensual partners, masturbation, orgasmic capacity, homosexual experiences, sexual desires, general sexual adjustment, and nonconsensual experiences. The results showed that there was little indication that a history of sexual abuse made a

distinctive contribution in predicting later psychological maladjustment. The author suggests:

The relationship of sexual abuse with later adjustment is not due to the sexual abuse per se, but rather to the confounding of sexual abuse with family background. It may be then, that it is not the sexual abuse itself which is related to later negative adjustment, but rather the lack of parental supportiveness which characterizes the home of the sexually abused. (p.13)

The authors then propose that self-concept may be more affected by sexual abuse than one's overt behavior would indicate, seemingly contradictory to their previous statement. Overall, the results of this study may be inconclusive because the author solely uses sexual behavior as opposed to sexual self-esteem, which assesses for the individual's beliefs about his or her own sexual behavior and sexual efficacy (Fromuth, 1986). These criticisms notwithstanding, the investigation offers a better understanding of the later experiences of those who have been sexually abused and encouraged others in the field to investigate the complicated psychological processes that can be associated with such experience.

A similar study examined the sexual well-being of women who have experienced child sexual abuse (Lemieux & Byers, 2008). The investigators from this study used the term *sexual well-being*, which is similar to, yet distinct from, the construct of sexual self-esteem. In fact, the authors believe that sexual self-esteem is a component of sexual well-being, as sexual well-being refers to an overarching construct related to sexual behavior, or sexual functioning, as well as an individual's evaluation of that behavior. Results of the investigation revealed that childhood sexual abuse involving penetration or attempted penetration was associated with more negative and less positive sexual functioning across a broad range of domains. These domains included more frequent casual sex, more

frequent unprotected sex, periods of sexual withdrawal, few sexual rewards, higher sexual costs, and lower sexual self-esteem. Childhood sexual abuse was not associated with sexual satisfaction, but women with a history of this type of abuse reported that their relationships were less satisfactory than women who did not experience sexual abuse as a child. Sexual satisfaction was determined by a higher or positive amount of reward compared to cost. Importantly, sexual self-esteem was found to be linked to almost all of the sexual functioning outcomes associated with childhood sexual abuse, with the exception being that sexual self-esteem was not linked unprotected sex. Ultimately, the results were consistent with a past investigation that found low sexual self-esteem to be one of the “psychological mechanisms and processes by which sexual abuse experiences in childhood precipitate, magnify, or sustain sexual problems in adulthood” (Meston & Heiman, 2000, p. 399). Furthermore, Lemieux and Byers note, “Poorer self-esteem may lead to increased casual sexual behavior, which in turn may increase the likelihood of sexual re-victimization” (p. 141). The directionality of the results cannot be determined; thus, it is possible that childhood sexual abuse may lead to lower sexual self-esteem instead of low sexual self-esteem affecting an individual’s sexual experiences before or after an incident of abuse. In other words, the effects of CSA, such as being a part of exploitative relationships, may be the cause of lower levels of sexual self-esteem.

Consequences of Low Sexual Self-Esteem

What happens if an individual damages his or her sexual self-esteem? Mayers, Heller, and Heller (2003) argue that harm to one’s sexual self-esteem can be disabling and can significantly diminish the individual’s self-view, overall life satisfaction, capability to experience pleasure, openness to social interaction, and ability to develop

relationships. Each of the five participants in their case study had previously damaged sexual self-esteem, as assessed by an initial questionnaire, and the effects this had on their life were closely examined. The authors believe that sexual aspects of oneself are derived from past experience, are manifested in current experience, are influential in the processing of sexually relevant social information, and hence, guide sexual behavior. Likewise, they believe that sexual self-esteem is made of several components, including, “An inclination to experience passionate-romantic emotions, a behavioral openness to sexual experience, and a negative aspect—embarrassment or conservatism” (p. 270). Damage can occur to sexual self-esteem as a result of self-criticism or receiving criticism from others, and some people are more vulnerable to damage than others. Thus, sexual self-esteem is affected by how others view each other and communicate their own beliefs to each other. For example, they found that verbal insults from a partner appear to be most effective in damaging a woman’s sexual self-esteem. Unfortunately, because these results were based on case studies, their implications are not generalizable, and should thus be interpreted with caution. Additionally, while the term sexual self-esteem is well defined, the methodology of the study does not include an empirically supported measurement of this construct, leaving the reader unclear if the concept being examined is indeed sexual self-esteem.

Other studies have linked sexual self-esteem to sexual victimization, trauma, and sexual risk taking behaviors (Kelly & Erickson, 2007; Seal et al., 1997; Shapiro & Shwarz, 1997). In one such study, Seal and colleagues examined the influence of sexual self-efficacy and sexual self-esteem on young women’s sexual risk taking behaviors. Sexual risk taking behaviors refer to unprotected sexual encounters (i.e., not using a

condom during intercourse), and sexual self-efficacy is how one perceives their performance or abilities during a sexual encounter (Seal et al., 1997). For this investigation, a sample of Australian women who had engaged in some form of sexual activity was asked to fill out questionnaires related to these concepts. It appears that for women engaged in regular sexual relationships, risk-taking behavior is directly and positively associated with sexual self-esteem. However, when examining casual sexual relationships, risk-taking behavior is negatively associated with sexual self-esteem and positively associated with sexual self-efficacy. The study further suggests that the influence of a woman's sexual self-efficacy and sexual self-esteem on her heterosexual risk taking behavior is rather complex. For example, it may be that one's sexual activity may intervene in the relationship between risk-taking behavior and sexual self-esteem. Additionally, the study suggests that sexual self-efficacy and sexual self-esteem are positively related, either directly or indirectly, to greater risk-taking behavior. However, this interpretation is met with caution by the authors. They specify that the type of sexual relationship, either casual or monogamous, may have an association with women's risk-taking behaviors. Further proposed by the authors is the possibility that young women who feel more contented in their sexual relationships engage in greater frequency of sexual activities that may lead to increased rates of unsafe sexual encounters. The authors also suggest that personal characteristics as well as type of partner should probably be taken in to account when assessing this specific behavior (Seal et al., 1997). Ultimately, the work of Seal et al. provides evidence that sexual self-esteem does have an influence on sexual behavior, although the exact type of influence is unclear, and the importance of sexual self-esteem as a construct remains evident.

A different study examined the psychological consequences that an individual may encounter after experiencing date rape (Shapiro & Schwarz, 1997). Women who had been date raped indicated more trauma symptoms and reported lower sexual self-esteem than those who had not been raped. However, these women only reported lower levels of sexual self-esteem on three of the measurement's subscales (moral judgment, adaptiveness, and control), with the other subscales being within normal limits (attractiveness and skill/experience). Shapiro and Schwarz believe that lower ratings on these particular scales indicate that women who have experienced date rape are less likely to be comfortable in what they are doing sexually and feel they have less control over their intimate relationships. The sexual activity of these participants was also examined. It seems that although most women with increased sexual activity will have higher self-esteem, those who had been date raped and had increased levels of sexual activity still reported lower rates of sexual self-esteem (Shapiro & Shwarz, 1997). Therefore, it appears that traumatic sexual experiences can very much shape a woman's sexual self-esteem and future sexual well-being, which can have serious psychological consequences.

Such victimization has been linked to sexual self-esteem and gender role identity, with the introduction of sexual coercion as another concept that can be linked to sexual self-esteem (Kelly & Erickson, 2007). *Sexual coercion* refers to purposeful manipulative acts used to get a potential partner to partake in sexual interaction (Struckman-Johnson, Struckman-Johnson, & Anderson, 2003). Throughout their study, Kelly and Erickson highlight positive aspects of high levels of sexual self-esteem, such as not engaging in coercive behavior with sexual partners. To show this, men's and women's gender role

identities were evaluated, as well as their sexual self-esteem and past sexual behaviors. While the author's original hypotheses were not significant, and therefore not applicable to the field, some gender differences were indicated, with men reporting higher levels of sexual self-esteem than women. Furthermore, scores on masculinity/femininity scales revealed that men obtained higher average femininity scores and women had higher masculinity scores. The authors suggest this may be a reflection in our society's tendency to embrace a more androgynous identity. However, it may actually reflect an error in the authors' data collection or analysis as the measure used to assess levels of masculine or feminine traits appears to include some outdated gender roles, such as "very warm in relationships with others" equaling high femininity and "very independent" equaling high masculinity. Additionally, the sexual self-esteem scale used was the Personal Attributes Questionnaire (PAQ; Spence & Helmreich, 1978) as opposed to the Sexual Self-Esteem Inventory for Women (SSEI-W, Zeanah & Schwarz, 1993), and is less psychometrically established. Therefore, the conclusion that those with high levels of sexual self-esteem will be less likely to engage in sexual-coercion may not be generalizable to all women.

Benefits of High Sexual Self-Esteem

While the previous studies have linked low sexual self-esteem to negative concepts such as trauma, coercion, and risk-taking behavior, a different study provides evidence for the benefits of possessing high levels of sexual self-esteem (Menard & Offman, 2009). Menard and Offman were interested in examining the relationship between sexual self-esteem and sexual satisfaction, with sexual assertiveness (i.e., initiating sexual interaction) acting as a potential mediator between those two variables. In addition, they believe that the ability to be assertive in a sexual interaction may play a

role in whether sexual self-esteem actually has an affect on whether an individual feels satisfied sexually. The results indicated that those with higher sexual self-esteem are more capable of sexual assertiveness, which may be why these individuals report higher levels of sexual satisfaction. However, sexual assertiveness was found to only partially mediate sexual satisfaction, as sexual self-esteem on its own was clearly associated with sexual satisfaction, overall. These results suggest that sexual self-esteem may be a predictor of sexual satisfaction, and that sexual assertiveness may lead to greater sexual satisfaction indirectly due to better sexual communication (Oates & Offman, 2007). Sexual communication was related to sexual self-esteem, as well (Menard & Offman, 2009). Although this investigation provides a better understanding of sexual-specific benefits of sexual self-esteem, it did not link sexual self-esteem to distinct psychological benefits. Therefore, it may be assumed from this study that psychological benefits are associated with high levels of sexual self-esteem given its other benefits, but it is not directly evidenced by the data from this investigation.

Sexual Self-Esteem and Women

Along with examining the benefits of sexual self-esteem, some investigators have examined factors that affect sexual self-esteem in women (Heinrichs, MacKnee, Auton-Cuff, & Domene, 2009). One study interviewed 17 young adult women in long-term heterosexual relationships to identify incidents and factors that had a negative or positive impact on their current levels of sexual self-esteem. Their findings indicate that women's sexual self-esteem is impacted by many biopsychosocial factors, with six themes appearing. These themes are relationships with husbands, boyfriends and other males; women's relation to their bodies; self-empowerment; damaging experiences and learning;

life stressors and sexual scripting; and sexuality and sexual engagement. Most important for the present study, is the theme of women's relationship to their bodies. Categories within this theme that significantly hindered sexual self-esteem included physical changes and sexual development, dissatisfaction with physical appearance, and enhancement of physical appearance. As such, the authors conclude, "Negative feelings about their bodies can lead women to greater degrees of self-monitoring within their relationships and less expression of desire for sexual activity" (p. 196). Unfortunately, a limitation of this study is that it only included women who were married (traditional or common law), which is not representative of the entire female population. This specifically discounts young adult women who may rate themselves differently on sexual self-esteem than the rest of the population (Heinrichs et al., 2009).

Similarly, Calergo and Thompson (2009) looked at self-objectification theory and its relationship with women's sexual well-being. Although self-objectification theory is beyond the scope of this study (see Fredrickson & Roberts, 1997), its basic concept is that when women encounter sexual objectification from external sources, they internalize it and begin to view their bodies from a third-person perspective instead of a first-person perspective, resulting in a self-objectifying approach to their self-view. In other words, they see themselves as legs, buttocks, thighs, or lips, instead of as a whole person. From this understanding the authors predict that this type of self-objectification is highly related to a woman's physical appearance, which is then associated with her sexual well-being. After conducting two investigations, one with American participants and one with British participants, women who rated themselves higher on a scale of self-objectification also reported lower sexual self-esteem. This means that when a woman takes on the

perception that her body belongs more to others, or observers, than to her, it ultimately inhibits her sexual self-evaluation. Therefore, the authors suggest, “A woman’s perception of herself as a sexual object, as a body that exists for the use and pleasure of others, has consequences for the value and worth she places on her own sexuality and sexual qualities” (p.170). Thus, sexual self-esteem has clear implications for overall psychological well-being, as well as a clear association with a woman’s perception of her physical appearance (Calgero & Thompson, 2009).

Chapter 5: Summary and Rationale

In the past, global self-esteem, body esteem, and sexual self-esteem have been examined in pairs, but very few studies have looked at how the three might be interrelated. In fact, sexual self-esteem and body esteem are often seen as components of global self-esteem (Friestad & Rise, 2004; Hucker et al., 2010; Mendelson et al., 1995; Mendelson et al., 1996; Oates & Offman, 2007). Others have established a direct relationship between global self-esteem and body esteem (Mendelson et al., 1995; 1996). Mendleson et al. (1995, 1996) explored whether global self-esteem predicted scores on body esteem scales (e.g., appearance, weight, and attribution) while including the effects of sex, age, and relative weight. Their data suggest that high global self-esteem was predicted by high scores on appearance and attribution, but not by weight. Furthermore, body esteem was positively related to global self-esteem. Therefore, the way an individual feels about his or her physical appearance predicts that individual's level of global self-esteem and body esteem.

Global self-esteem has also been linked to sexual self-esteem, with one investigation examining the relationships between contraceptive behavior and the three other concepts: love attitudes (i.e., how one feels about love), sex attitudes (i.e., how one feels about sex), and self-esteem (Adler & Hendrick, 1991). For both women and men, global self-esteem and sexual self-esteem were directly and positively related to contraceptive use. Furthermore, high levels of global self-esteem and sexual self-esteem were associated with an individual feeling more comfortable with his or her sexuality. Therefore, the ability to be comfortable with one's sexuality may be related to contraceptive use, as this is believed to mean the individual feels highly valued. The

authors explained, “Although causality cannot be inferred, it is at least possible that higher sexual self-esteem indicated a person who accepted herself or himself [globally and] sexually and who was then able to actually prepare for sexual interactions” (p. 306). While establishing this link is useful for the present study because it indeed provides evidence of a significant relationship, the instrument by which sexual self-esteem is measured is questionable. The investigators simply inserted “sexually” into each item of the original Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) in order to measure sexual self-esteem. For example, instead of the item, “I feel I have a number of good qualities,” the sexual self-esteem item states, “Sexually, I feel I have a number of good qualities.” An internal reliability for the study’s sample was reported, but validity was not determined, as the investigators did not include it in their discussion. Thus, the validity of the instrument is in question, meaning the findings of the investigation are also questionable.

Self-concept and sexual well-being, which are considered broader versions of the terms global self-esteem and sexual self-esteem, respectively, have been linked by Hucker et al. (2010). The investigators discovered that *self-concept clarity*, which refers to how clearly one understands the self, is positively associated with the three measures related to sexual well-being (sexual self-esteem, sexual self-efficacy, and sexual satisfaction). Additionally, sexual self-esteem was associated with safer sex practices, such as increased frequency of condom use, although there have been some studies that suggest this may not necessarily be true (Adler & Hendrick, 1991). For example, Adler and Hendrick suggested that high sexual self-esteem might increase risky sexual behavior because these individuals tend to engage in more sexual behavior with a greater number

of sexual partners. However, the results of the Adler and Hendrick study do not appear to be replicated in the literature. Therefore, it may be that individuals with high self-esteem may have more sexual partners, but may also be more likely to use protection, which was not accounted for in Adler and Hendrick's study. In fact, Hucker et al. (2010) argue that their results "highlight the relevance of a stable and coherent self-concept to women's positive experiences in the sexual domain, and support the inclusion of structural components of self-concept in explanations of sexual health and sexual well-being" (p. 74). Therefore, sexual self-esteem and self-esteem are related, although this relationship may be due to an underlying concept, such as physical appearance.

Few studies could be found that incorporated the three constructs of self-esteem, body esteem, and sexual self-esteem, simultaneously. Of the few, one looked at how various gender ratings (masculine, feminine, and androgynous) affected females' self-esteem, body satisfaction, and sexual satisfaction (Kimlicka, Cross, & Tarnai, 1983). The participants (unmarried college women) were administered the BEM Sex Role Inventory (BSRI; Bem, 1972) and measures on body image, self-esteem, and sexual satisfaction. Masculinity was significantly related to self-esteem, body image, and sexual satisfaction, whereas there was no significant relationship between femininity and these measures. As suggested by the authors, it appears that, regardless of where women rate on femininity, those with high levels of masculinity are also high in self-esteem, body self-satisfaction, and sexual satisfaction. Similarly, the data indicate that femininity does not relate to or increase overall self-concept, which supports the findings of past investigations of global self-evaluations and gender (Mendelson et al., 1996; Orlofsky & O'Heron, 1987). However, although levels of masculinity and femininity were linked to the three

concepts, there was little explanation of how the three concepts were linked together, if at all, apart from one's ratings on the BEM. This oversight appears to ignore previous findings that have indicated physical appearance plays an important role in how women view themselves (Koff et al., 1990; Oswald & Chapleau, 2010), those who have a positive view toward their physical appearance appear to rate themselves higher in global self-esteem (Mendelson et al., 1996), body esteem (Hagger & Stevenson, 2010), and sexual satisfaction and sexual function (Seal, Bradford, & Meston, 2009)

In all of the above studies, the specific underlying thread among these three constructs has not been directly examined, although there has been some evidence that physical appearance may be one such area. As such, there is clearly a need for clarification of these three constructs, including what exactly is being measured, and whether they are truly different. Without this clarification, definitions become convoluted and further investigation of these constructs becomes difficult, as there are no clear-cut distinctions among these concepts. Furthermore, the studies have mostly focused on the importance of these constructs as they pertain to women, as women continue to appear more affected by physical appearance than men (Buss & Schmitt, 1993; Hagger & Stevenson, 2010; Kimlicka et al., 1983; McKinley, 1998; Nudelman, Rosen, & Leitenberg, 1988; Wade & Cooper, 1999).

Considering all the literature, the present study will investigate a sample of women to determine whether these constructs are, indeed, different. Thus, it is predicted that the factor structure for the three instruments will not reveal three statistically separate components. In other words, despite the literature suggesting that these are three distinct

constructs, it is hypothesized that the analysis will not extract three components, and thus, suggest the constructs might not be distinct.

Chapter 6: Methods

Participants

Participants included 100 young adult women aged 21 to 35 from graduate classes at a professional psychology school. Women were chosen for this study because they are more impacted by these constructs than men (Bailey, Hendrick, & Hendrick, 1987; Hagger & Stevenson, 2010; Furnham et al., 2002; Robins et al., 2002). Participants were recruited via verbal presentation by the principal investigator during professor-approved class time. Participation was not a course requirement. Participants were asked to fill out the three instruments described below. All subjects provided written informed consent prior to completing the surveys. Demographic information including age, race/ethnicity, and sexual orientation was included for further post-hoc analyses. To ensure anonymity, the participants did not provide any identifying information and were informed they could choose to not fill out any of the demographic information if they were uncomfortable with any of the demographic questions. Participants were informed they could remove themselves from the study at any time. Any individual who is a woman who falls within this age range was able to participate.

Instruments

Rosenberg Self-Esteem Scale (RSES). The RSES is a 10-item scale that measures global self-esteem (Rosenberg, 1965). The items are rated on a 4-point Likert-type scale ranging from *strongly agree* (1) to *strongly disagree* (4). A total score is derived by reverse-scoring the five negative items and summing them with the five positive items, with higher scores suggesting higher self-esteem. Items include positive

statements such as, “On the whole, I am satisfied with myself” and negative statements such as “I feel I do not have much to be proud of.”

This scale is believed to be the gold-standard of measurement of global self-esteem (Gray-Little & Hafdahl, 2000; Hatcher, 2007; Schmitt & Allik, 2005; Twenge & Crocker, 2002). The scale has been found to have internal consistency with a coefficient of reproducibility of 92% (Rosenberg, 1979). There has been a reported test-retest reliability of .88 over a two-week period for a sample of college students (Tippett & Silber, 1965). Cronbach’s alpha values have ranged from .85 to .90 in various studies (Bagley, Bolitho, & Bertrand, 1997; Rosenberg, 1979). Construct validity of this measure has been tested by several studies as well, with data supporting its use as a global, one-dimensional measure of self-esteem (Bagley et al., 1997; Corwyn, 2000; Rosenberg et al., 1995).

Body-Esteem Scale (BES). The BES is a 35-item scale that measures body attitudes in men and women normed in a college population (Franzoi & Shields, 1984). Items are rated using a 5-point Likert-type scale with 1 = *have strong negative feelings* and 5 = *have strong positive feelings*. The higher an individual’s summed score for a particular subscale, the more positive her body esteem is for that dimension. For this study, the subscales for women will be of focus. These subscales include Sexual Attractiveness, Weight Concern, and Physical Condition. Franzoi and colleagues have found the measure to be valid and reliable (Franzoi, 1994; Franzoi & Herzog, 1986; Franzoi & Shields, 1984). For instance, test-retest reliability over a three-month lag time for the female subscales was high for all three: sexual attractiveness $r = .81$, weight concern $r = .87$, and physical condition $r = .75$ (all $p < .001$). Convergent validity was

determined by administering the BES along with the RSES to a college sample, with results indicating a moderate correlation between the two (Franzoi & Shields, 1984). Female subscale discriminant validity was upheld by comparing responses from a group defined as having significant eating disorders and a non-eating disordered group, which was assessed using a Wilkes lambda ($\lambda = .86, p = .001$, canonical correlation = .37). In general, similar results have been upheld in the literature reviewed for the present study.

Sexual Self-Esteem Inventory for Women (SSEI-W). The SSEI-W is an 81-item, self-report measure developed to assess self-perceptions related to one's sexuality (Zeanah & Schwarz, 1996). The instrument has five subscales: Skill and Experience, Attractiveness, Control, Moral Judgment, and Adaptiveness. Zeanah and Schwarz, the scale's creators, points out that one does not have to have engaged in sexual intercourse or currently be sexually active in order to answer the questions. Items are rated on a 6-point Likert-type scale ranging from *Strongly Disagree (1)* to *Strongly Agree (6)* (Zeanah & Schwarz, 1996). These items include, "I wish I were better at sex," "I am pleased with my physical appearance," and "After a sexual encounter, I feel like something is missing." To find a Sexual Self-Esteem score, the raw score of each item is summed to calculate the respective subscale overall score. If an item is unanswered, then a mean subscale score can replace that item's score. If more than one-third of a subscale's items are unanswered, however, that subscale score is said to be invalid. Total Sexual Self-Esteem is calculated by adding up all the subscale scores. The higher the score, the higher one's sexual self-esteem (Zeanah & Schwarz, 1996).

An investigation by the developers of the instrument (Zeanah & Schwarz, 1996) found Cronbach's alpha values for the subscales that ranged from .85 (moral judgment) to .94 (attractiveness), proving its reliability. Construct validity was found based on scores from the measure being affected by specific predictor variables, such as sexual experience, relationship status, sex guilt, and global self-esteem (Zeanah & Schwarz, 1996).

Data Analysis

In order to determine if these three constructs overlap, an exploratory factor analysis was conducted. This analysis allowed the primary investigator to put the data from all of the scales together to explore the factor structures that occur. There were a total of 80 items analyzed among the three scales. The analysis should reveal three factors that align themselves to these three scales, which would suggest that they are indeed different scales and distinct constructs. Any other factor structure, or number of extracted components from the analysis, would prove either the scales are similar or exactly the same, which would support the investigator's hypothesis. If this hypothesis was supported, then it could have been assumed that the instruments, and ultimately, the constructs themselves are in fact very similar, if not interchangeable.

Chapter 7: Results

An exploratory factor analysis using a principal component extraction method and a varimax rotation of 80 self-report self-esteem items was conducted on a random sample (n=100) of women in a graduate level psychology program. Prior to running analysis on SPSS, the data were screened by examining descriptive statistics on each item (Table 1), inter-item correlations, and possible univariate and multivariate assumption violations. From this initial assessment, all variables were found to be interval-like, variable pairs appeared to be bivariate normally distributed, and all cases were independent of one another. Because of the small sample size, the variables-to-cases ratio was not deemed adequate, but there is evidence that a sample size of 100 is appropriate for this analysis (Sapnas & Zeller, 2002). The Kaiser-Meyer-Olkin measure of sampling adequacy was .49, a value that is lower than desired, but is due to the small sample size. However, Bartlett's test of sphericity was significant ($p < .001$), indicating sufficient correlation between the variables to proceed with the analysis.

Table 1: *Individual Item Descriptive Statistics*

Item	Mean	Standard Deviation
RSES1	2.27	.66
RSES2	1.96	.91
RSES3	2.60	.49
RSES4	2.41	.53
RSES5	2.56	.61
RSES6	1.95	.81
RSES7	2.48	.56
RSES8	1.80	1.01
RSES9	2.48	.69
RSES10	2.18	2.00
BES1	3.51	.92
BES2	2.90	1.08

BES3	3.23	1.17
BES4	3.20	1.22
BES5	3.62	.85
BES6	3.80	.89
BES7	3.41	1.13
BES8	2.95	1.25
BES9	3.13	1.16
BES10	2.56	1.18
BES11	3.52	.94
BES12	3.31	.97
BES13	3.26	.96
BES14	3.28	1.07
BES15	3.66	1.07
BES16	3.53	1.17
BES17	3.65	1.00
BES18	3.38	.85
BES19	3.12	1.10
BES20	3.57	1.23
BES21	4.30	.87
BES22	3.71	.95
BES23	3.16	1.19
BES24	3.18	1.26
BES25	3.21	1.12
BES26	3.81	1.02
BES27	3.30	1.12
BES28	3.51	.98
BES29	2.45	1.19
BES30	3.45	1.18
BES31	3.69	.98
BES32	3.01	1.09
BES33	3.37	1.09
BES34	3.96	.77
BES35	2.71	1.23
SSEI-W1	4.44	5.31
SSEI-W2	4.19	1.24
SSEI-W3	3.86	1.56
SSEI-W4	4.33	1.47
SSEI-W5	5.10	1.20
SSEI-W6	4.50	1.13
SSEI-W7	4.73	1.35
SSEI-W8	5.54	.86
SSEI-W9	4.49	1.12
SSEI-W10	4.76	1.22
SSEI-W11	4.03	1.22
SSEI-W12	4.09	1.20

SSEI-W13	4.69	1.18
SSEI-W14	5.37	1.08
SSEI-W15	5.68	.74
SSEI-W16	5.37	1.30
SSEI-W17	4.30	1.64
SSEI-W18	4.62	1.50
SSEI-W19	5.48	5.21
SSEI-W20	5.62	.88
SSEI-W21	4.36	1.27
SSEI-W22	3.95	1.59
SSEI-W23	5.19	1.19
SSEI-W24	5.51	1.04
SSEI-W25	3.83	1.75
SSEI-W26	4.94	1.46
SSEI-W27	3.65	1.61
SSEI-W28	5.20	1.19
SSEI-W29	4.93	1.05
SSEI-W30	4.44	1.41
SSEI-W31	4.87	1.11
SSEI-W32	4.05	1.20
SSEI-W33	4.97	1.37
SSEI-W34	4.30	1.14
SSEI-W35	5.16	1.01

Using the Kaiser-Guttman retention criterion of eigenvalues greater than 1.0, an initial 21-factor solution provided the clearest extraction. These factors accounted for 77% of the total variance. Due to this large number of factors in the solution, an additional analysis was done, using a forced component extraction of three factors to represent the three separate constructs. Using this method, the three factors accounted for 37% of the total variance. Table 2 presents the 52 of the 80 items, the original scales they came from, the statistically significant factor loadings (in bold). Not listed on the table are each item's communalities, which were fairly low, with a range of .14 to .71.

Table 2: *Statistically Significant (<.40) Factor Loadings*

			Factor Loadings	
Measure	Item	Factor 1	Factor 2	Factor 3
RSES	On the whole, I am satisfied with myself.	.49	.36	.21
	At times, I think I am no good at all.	.28	.42	.39
	I feel that I have a number of good qualities.	.34	.41	.36
	I feel that I'm a person of worth, at least on an equal plane with others.	.42	.33	.40
	I wish I could have more respect for myself.	.44	.53	.21
	All in all, I am inclined to feel that I am a failure.	.63	.04	-.33
	I take a positive attitude toward myself.	.69	.02	-.09
BES	Waist	.58	-.20	.05
	Energy Level	.40	-.29	-.06
	Thighs	.41	-.40	-.01
	Chin	.42	-.41	-.34
	Body Build	.66	-.35	.00
	Width of Shoulders	.48	-.30	-.26
	Arms	.43	-.44	-.04
	Chest or Breasts	.43	.00	.08
	Appearance of Eyes	.42	.03	-.29
	Cheeks/Cheekbones	.40	-.13	-.45
	Hips	.61	-.16	-.07
	Legs	.43	-.39	.00
	Figure or Physique	.63	-.48	.21
	Sex Drive	.58	.29	-.22
	Sex Organs	.59	.14	-.25

	Appearance of Stomach	.51	-.24	.10
	Health	.48	-.24	.25
	Sex Activities	.63	.18	.01
	Physical Condition	.58	-.23	.05
	Face	.58	.08	-.27
	Weight	.55	-.52	.25
SSES	I am pleased with my physical appearance.	.62	-.39	.34
	I feel emotionally vulnerable in a sexual encounter.	.45	.28	-.09
	I feel good about the place of sex in my life.	.47	.32	.10
	I feel I am pretty good at sex.	.49	.58	-.12
	I hate my body.	.60	-.35	.15
	I like what I have learned about myself from sexual experiences.	.54	.39	.01
	My sexual behaviors are in line with my moral values.	.20	.15	.65
	I feel that “sexual techniques” come easily to me.	.42	.58	-.03
	I am pleased with the way my body has developed.	.62	-.44	.27
	I feel I can usually judge how my partner will regard my wishes about how far to go sexually.	.42	.36	-.04
	I don’t feel ready for some of the things that I am doing sexually.	.29	.42	.09
	Sexually, I feel like a failure.	.55	.57	-.09
	I would like to trade bodies with someone else.	.60	-.30	.18
	Sometimes I wish I could forget about sex.	.29	.48	.31
	I do pretty well at expressing	.51	.58	.08

	myself sexually.			
	I worry that some parts of my body would be disgusting to a sexual partner.	.60	-.26	.29
	I would be happier if I looked better.	.62	-.48	.22
	I am glad that feelings about sex have become part of my life.	.51	-.24	.10
	I never feel guilty about my sexual feelings.	.38	.08	.51
	I feel good about my ability to satisfy my sexual partner.	.58	.61	.05
	I am proud of my body.	.70	-.40	.25
	In general, I feel my sexual experiences have given me a more positive view of myself.	.52	.43	.24
	From a moral point of view, my sexual feelings are acceptable to me.	.32	.05	.52

Factor 1 (eigenvalue = 12.50) accounted for 15.62% of the variance and had 27 items; Factor 2 (eigenvalue = 10.96) accounted for 13.70% of the variance and had 33 items; and Factor 3 (eigenvalue = 6.35) accounted for 7.94% of the variance and had 20 items. The results indicate that a three-factor model is not the best solution due to extremely challenging interpretability and lack of clarity in results.

Chapter 8: Discussion

The results of this analysis suggest that the measures currently being used to measure self-esteem in our field may not be measuring what they were initially intended, as was hypothesized by the primary investigator. The original analysis extracted a 21-factor model, which is extremely rare in this type of analysis given the expected extraction based on the three separate constructs would be a three-factor model. Even after a forced three-factor model was utilized, the model only accounted for 37% of the total variance, which means that over 60% of the variance is not accounted for. In general, these numbers suggest that the model is not the best fit for all the items included in the analysis and suggests that there may either be more than or less than the three factors being measured. Given the complexity of these constructs, as evidenced in the literature review, it makes sense that the statistical analysis would also provide complex and unclear results.

Despite the complex results, it is important to note that the reliability of all three scales was supported by the data. Given this finding, it seems the original analyses by the creators of these scales probably produced good reliability, but factor analysis does not appear to be used to help create the items for the scales, thus resulting in poor construct validity. Additionally, the developers did not perform comparative analyses to see if their new construct being measured was separate from, but adequately related to, other self-constructs. Therefore, it is not that the measures themselves are not reliable measures for their respective constructs. Rather, the constructs may be more related to each other than any of their analyses to this point could have revealed.

Similarly, the results of the present study could mean that the 80 items are really only measuring one thing. Ideally, this hypothesis would have been better supported by only one factor being extracted, but the relatedness of all the items to each other is hard to deny and may explain why a forced three-factor structure was unsuccessful, statistically speaking. This also supports the primary investigator's original hypotheses because it suggests that self-esteem and its related constructs are very complex and three factors are simply not enough to explain how complex it really is. Overall, the data suggests that these instruments are not the best way to measure these constructs due to their poor construction. The field of psychology may need to re-evaluate not only how we define these constructs, but also how the constructs can be measured more objectively.

Some limitations of the present study include using a relatively small sample size for exploratory factor analysis. Although there have been studies that suggest a sample size as small as 50 can reveal significant and relevant data (reference study), an ideal samples size for this type of analysis would be closer to 500+. Additionally, the sample consisted mostly of Caucasian heterosexual women from graduate level psychology programs in the Chicagoland area. This provided a limited demographic sample that may not be generalizable to all women. Given these limitations, implications for future research include a similarly designed study using a larger and more diverse sample. In addition, it would be interesting to see if a sample of men would result in similar findings. Ultimately, it seems that there is a great need for a redefining of constructs and possibly creating a new measure that includes the items that were best associated with component 1 in the present study, such as "I wish I could have more respect for myself" and "I take a positive attitude toward myself" from the RSES, and "I am proud of my

body,” from the SSEI-W, to make a new single instrument measuring overall feelings towards the self.

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Appendix A: Rosenberg Self-Esteem Scale

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The scale is a 10-item Likert scale with items answered on a 4-point scale, from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.*	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.*	I feel I do not have much to be proud of.	SA	A	D	SD
6.*	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.*	I wish I could have more respect for myself.	SA	A	D	SD
9.*	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

The scale may be used without explicit permission. The author's family, however, would like to be kept informed of its use:

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Appendix B: Body-Esteem Scale

The Body-Esteem Scale (Franzoi & Shields, 1984)

Instructions: On this page are listed a number of body parts and functions. Please read each item and indicate how you feel about this part or function of *your own body* using the following scale:

- 1 = Have strong negative feelings
- 2 = Have moderate negative feelings
- 3 = Have no feeling one way or the other
- 4 = Have moderate positive feelings
- 5 = Have strong positive feelings

-
- | | | |
|-----|-----------------------|-------|
| 1. | body scent | _____ |
| 2. | appetite | _____ |
| 3. | nose | _____ |
| 4. | physical stamina | _____ |
| 5. | reflexes | _____ |
| 6. | lips | _____ |
| 7. | muscular strength | _____ |
| 8. | waist | _____ |
| 9. | energy level | _____ |
| 10. | thighs | _____ |
| 11. | ears | _____ |
| 12. | biceps | _____ |
| 13. | chin | _____ |
| 14. | body build | _____ |
| 15. | physical coordination | _____ |
| 16. | buttocks | _____ |
| 17. | agility | _____ |
| 18. | width of shoulders | _____ |
| 19. | arms | _____ |
| 20. | chest or breasts | _____ |
| 21. | appearance of eyes | _____ |
| 22. | cheeks/cheekbones | _____ |
| 23. | hips | _____ |
| 24. | legs | _____ |
| 25. | figure or physique | _____ |
| 26. | sex drive | _____ |
| 27. | feet | _____ |
| 28. | sex organs | _____ |
| 29. | appearance of stomach | _____ |
| 30. | health | _____ |
| 31. | sex activities | _____ |

- 32. body hair _____
- 33. physical condition _____
- 34. face _____
- 35. weight _____

Appendix C: Sexual Self-Esteem Inventory for Women (Short Form)

Instructions: This inventory asks you to rate your feelings about several aspects of sexuality. There are no right or wrong answers; reactions to feelings about sexuality are normally quite varied. From the rating scale near the top of each page, select the response that most closely corresponds to the way you feel about each statement. Write the number for that response in the space before the statement.

Disagree	Disagree	Disagree	Agree	Agree	Agree
1	2	3	4	5	6
Strongly	Moderately	Mildly	Mildly	Moderately	Strongly

- _____ 1. I wish I could relax in sexual situations.
- _____ 2. I am please with my physical appearance.
- _____ 3. I feel emotionally vulnerable in a sexual encounter.
- _____ 4. I feel good about the place of my sex life.
- _____ 5. I feel guilty about my sexual thoughts and feelings.
- _____ 6. I feel I am pretty good at sex.
- _____ 7. I hate my body.
- _____ 8. I am afraid of losing control sexually.
- _____ 9. I like what I have learned about myself from my sexual experiences.
- _____ 10. My sexual behaviors are in line with my moral values.
- _____ 11. I feel that “sexual techniques” come easily to me.
- _____ 12. I am please with the way my body has developed.
- _____ 13. I feel I can usually judge how my partner will regard my wishes about how far to go sexually.
- _____ 14. I don’t feel ready for some of the things that I am doing sexually.
- _____ 15. Some of the things I do in sexual situations are morally wrong.
- _____ 16. Sexually, I feel like a failure.

- _____ 17. I would like to trade bodies with someone else
- _____ 18. I feel physically vulnerable in a sexual encounter.
- _____ 19. Sometimes I wish I could forget about sex.
- _____ 20. I have punished myself for my sexual thoughts, feelings, and/or behaviors.
- _____ 21. I do pretty well at expressing myself sexually.
- _____ 22. I worry that some parts of my body would be disgusting to a sexual partner.
- _____ 23. I worry that I won't be able to stop something I don't want to do in a sexual situation.
- _____ 24. I wish sex were less a part of my life.
- _____ 25. I never feel bad about my sexual behavior.
- _____ 26. I feel embarrassed about my lack of sexual experience.
- _____ 27. I would be happier if I looked better.
- _____ 28. I worry that things will get out of hand because I can't always tell what my partner wants in a sexual situation.
- _____ 29. I am glad that feelings about sex have become a part of my life.
- _____ 30. I never feel guilty about my sexual feelings.
- _____ 31. I feel good about my ability to satisfy my sexual partner.
- _____ 32. I am proud of my body.
- _____ 33. I worry that I will be taken advantage of sexually.
- _____ 34. In general, I feel my sexual experiences have given me a more positive view of myself.
- _____ 35. From a moral point of view, my sexual feelings are acceptable to me.

Please indicate your biological sex (circle one): Male Female