Gender Differences in the Relationship between Body Image and Self-Esteem

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Abstract

Introduction: *Although body image is a crucial part of the human development structure, there are few psychological publications regarding this subject. For a better perception of the body image, there must be a very clear notion about the way the individual feels about himself. Body image dissatisfaction is present in boys and girls, leading to self-esteem decrease. Self-perception and body image become critical for a proper development in youth, making the period very important.*

Objectives: *This study is investigating the way in which dissatisfaction is linked to body weight and shape differentiates preadolescents' self-esteem. The aim is to investigate the way in which social self-esteem in preadolescents has certain differences between genders in preadolescents and certain characteristics such as body mass perception, real body mass image and desired body mass image.*

Methods: *60 girls and 60 boys with ages between 11 and 14 years old, all of them with the same educational level, participated in this study.*

During a single session, participants filled in the next scales: The Self-Esteem Questionnaire written by Heatherton and Polivy (social self-esteem subscale) and The Stunkard Figure Rating Scale by J. Kevin Thompson for the measurement of the perceived body image and desired body image.

Results: *Preadolescents, who have a distorted perception of their own body, also have a low self-esteem. So, the less they weigh, the higher their social self-esteem is. Females' self-esteem seems more affected by weight gain than males' self-esteem.*

Conclusions: *The results of this study can be applied in many fields (clinical, health, medicine, psychology, nutrition, school counseling and marketing) because it facilitates the understanding of the consequences of body dissatisfaction that appear during preadolescence and which may lead to self-esteem disorders that attract doubt, weakness or eating disorders in youth.*

Keywords: preadolescence, social self-esteem, body mass perception, body dissatisfaction

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I. Introduction

The present study aims to approach a subject of general interest in the current society: the gender differences in the relationship between body image and self-esteem from the preadolescent period.

In the century of speed, preadolescents are on the brink of physiological and psychological changes; they are also subjected by society to more pressures, for example to keep up the fast pace. If they don't, they suffer from low self-esteem, hardening their existence and increasing their possibility of being scared for life by this issue. If they adapt and succumb, they are indirectly awarded by society through acceptance, which reinforces this type of behavior, resulting in an increase of social self-esteem.

Therefore, it can be found that social self-esteem is indispensable. It was present during the early years, throughout the shaping years. Afterwards, it remains active for the rest of their lives.

For further details on the study, I would like to point out the specific details of preadolescence.

The specific age for this period is between 11 and 14 years old. Dominated by numerous needs (knowledge, affection, independence etc.), preadolescence represents a challenging period towards adolescence. The lack of these needs can lead to depressive states and nonfulfillment, which give preadolescence the name of "juvenile crisis".

The main reason for choosing subjects who belong to this period of development has been supported by the fact that manifestations of deviances occur in adolescence. Preadolescence represents, as I mentioned earlier, just a transition period to a more tumultuous period of life. This is a reason for further studies of preadolescence to find the trigger of these issues and eventually to find a way to keep them under control through the methods I will try to enlist in this study. It is possible for the number of future teenagers unsatisfied with their own bodies, with erroneous perceptions of body weight, possessing low self-esteem and a high risk of developing eating disorders, to diminish.

Unfortunately, one of the greatest difficulties faced during this study is represented by the small number of educational materials designated for preadolescence because it is a subject of dispute among psychologists. Many of them think it could be merged with the period of the elementary school.

Self-esteem is a subject of interest in many recent studies underlining its importance in the individual's life. It appears in relation with:

- Drug addicts (Kalliope, 2010, 1906-1910)
- Delinquent behavior (Wang et. al., 2013, 221-228)
- Depression (Duriez et. al., 2013, 356–363),
- Evaluation of intimacy and satisfaction in relationships (Peterson et DeHart, 2013, 99-105)
- Stress (Besser et Zeigler-Hill, 2012)
- Scholar life (Morin et al., 2013)
- Personality disorders (Kesting et al., 2013, p. 122-128)

Taking into account the benchmarks presented earlier, I think it can be easily understood why this concept is prioritized in this study. The self-esteem topic has a great practical relevance and it is present in many areas of research.

In the present study, I chose to refer to a single subdimension of self-esteem, to succeed in bringing something new to this subject, by dealing with self-esteem in a specialized manner and not globally. The chosen subdimension is social self-esteem.

Between self-esteem and the social perception, there is a relation of reciprocity; thus, when a parent overcriticizes his child, he should expect great consequences regarding the child's self-esteem, as well as the child's incapacity to appreciate himself with a positive image. Eventually, he will be marginalized by classmates, teachers etc. A proper self-esteem would not allow the same degree of influence on behalf of external messages. Therefore, manipulation regarding behavioral patterns will be less possible if the preadolescent appreciates himself and has a proper self-esteem. A proper understanding of the importance of this subdimension can lead, with the help of teachers and parents, to an attitude oriented towards the proper development of preadolescents, that helps them build a positive self-esteem.

Nowadays, I notice girls on the streets getting thinner and thinner, on a daily basis. They have a beauty benchmark that is difficult to achieve and they make a priority of it. So I thought about this link between social self-esteem and body image, to highlight a recently appeared issue in Romania.

In my attempt to find adequate Romanian materials regarding this subject, I could not help noticing the lack of attention this subject received from researchers, which led me to deepen my search in foreign sources where this topic has been taken into consideration more.

Studies demonstrate that both boys and girls are influenced by beauty standards induced by society, concluding that preadolescent and adolescent boys experience stronger feelings of shame and anxiety than girls if they cannot reach the ideal silhouette. Girls, on the other hand, perceive themselves as being objectified, as a result of socializing and of their various beliefs. (Presnell et al., 2004)

In terms of body image, researchers have

shown that body dissatisfaction is present in both girls and boys (Ricciardelli, McCabe, 2001). Girls desire a tall, slim body with defining curves and boys desire a high muscular tonus and a slim body. They are constantly under the media pressure that depicts an ideal model, so the attitude was also copied by preadolescents.

A research conducted on a sample of preadolescent and adolescent girls shows that watching TV programs and commercials for 30 minutes a day negatively modifies their perception about their silhouette (Agliata et Tantleff-Dunn, 2004).

The most important thing would be to ensure the understanding of the preadolescents and adolescents affected by the surreal models that these are body shapes they cannot obtain because they do not correspond to their body conformation, therefore the desire to lose weight could jeopardize their health.

Body perception participates in developing self-esteem, but self-image determines transformations of the body. It is considered that this coherence between perceived body image and real body image comes from a human need to have a balance between self-image and behavior. Subsequently, one could notice the way of acting that depends on the image they perceive of themselves (Balgiu, 2006).

Returning to Romanian society, the possibility of granting a high importance to the physical attraction imposed by cultural messages can be seen in last year's appearances.

To balance the relation between body image and self-esteem, preadolescents should be taught to love their bodies, without excessive preoccupations regarding modifications of shape, size or color. These pathological preoccupations should be followed by an immediate check-up on behalf of a specialist who can help develop real self-knowledge.

Due to the novelty of the issue in Romania, data regarding the percentage of the Romanian population that suffers from eating disorders and the percentage of deaths from this disease has not been yet finalized.

If the proper attention was given to this subject and if we took the example of the consequences of this issue in neighbor countries, we would avoid negative situations and anticipate the premature death of the population.

During this study, I have accomplished a general objective: to investigate the way in which satisfaction regarding weight and body shape differentiates social self-esteem in preadolescents.

In particular, this study has the primary objective to investigate the way in which social self-esteem of preadolescents is differentiated in relation to gender and certain characteristics such as: perceived body mass image and real body mass image.

In order to reach the general objective, I have built and verified the next hypotheses:

I1. It is presumed that self-esteem is different according to gender and perceived body image.

I1.1 We expect girls who chose BMI 3 (with low health risk) to have a higher social self-esteem than boys who chose BMI 3.

I1.2 We expect boys who chose BMI 4 (with low health risk) to have a higher social self-esteem than girls who chose BMI 4.

I1.3 We expect boys who chose BMI 5 (with low health risk) to have a higher social self-esteem than girls who chose BMI 5

I2. It is presumed that there are direct linear positive and negative relations between: perceived body mass image, real body mass image, social self-esteem and gender.

I2.1 In the case of the girls, we expect that the lower the real body mass index is, the higher the social self-esteem score is

I2.2 In the case of the girls, we expect that the lower the perceived body mass index is, the higher the social self-esteem score is.

I find it significant to study this aspect because something may be done, if I show these differences, in order to prevent eating disorders which are so frequent in other countries and are more and more frequent in Romania, as well.

II. Methods

Participants

The study samples were randomly selected based on principles of accessibility and availability.

The selection criteria were associated to the main characteristic of the reference population, preadolescent population consisting of girls and boys.

Due to the sampling issues, we selected participants in natural compact groups.

The demographic characteristics of the sample chosen for this study are presented in the lower charts.

120 pupils participated in this research, 60 girls and 60 boys, with ages between 11 and 14; for males m=12.45; σ = .622 and for females m=12.72; σ=.524. All the subjects had the same educational level. Participants' distribution according to gender and age is presented in Table 1.

The prevalent age in the sample is 13 (53.33% of the sample). Those with the age of 11 represent only 1.67%, the subjects with the age of 12 represent 41.66% of the sample and those with the age of 14 represent 3.34%.

Table 1. Participants' distribution in the research according to gender and age

		Gender		
		Male	Female	Total
Age	11	2	0	2
	12	31	19	50
	13	25	39	64
	14	2	2	4
Total		60	60	120

Instruments

The method used for this research is the inquiry based on self-evaluation questionnaires/scales. The instruments of evaluation (scales) used for harnessing the data were the instruments presented in specialized literature with all the required psychometric data (internal consistency, construct validity).

The Romanian translation of the English version of these instruments was accomplished in the context of similar researches conducted by the coordinator of this research. (Negovan, 2010)

Several items were adapted to better suit the specific comprehension of the investigated population.

The following instruments were applied to the participants in this study, during one session, in a consecutive order: Current Thoughts Scale by Heatherton & Polivy (1991), The Stunkard Figure Rating Scale by J. Kevin Thompson (1991).

These instruments were presented by their authors in specialized literature with all the necessary data to certify their value.

The Current Thoughts Scale by Heatherton & Polivy (1991) was created to ensure an accurate measurement of the subject's thoughts in a certain moment. Of course, there are no wrong or right answers, the best answer is the one felt by the questioned person in that specific moment.

There are 20 items in the scale and it is divided in 3 subscales: performance self-esteem (7 items), social self-esteem (7 items) and appearance self-esteem (6 items).

For this study, only the social self-esteem items were used. A five-point Likert scale was used to ensure an accurate score for each item, depending on how much the subject thinks he is influenced by a certain subject, 1=very little, 2=a little, 3=properly, 4= a great deal, 5= a very great deal.

All the items of the social self-esteem subscale will be inserted. Here's an example of the subscale: "I worry about the way I am perceived: as a successful person or as worthless person". The values of the variable measured in this subscale may vary from 7 to 35, where the minimum score reflects a low social self-esteem and the maximum score reflects a high social self-esteem.

The Cronbach Alfa coefficient obtained by the authors of the self-esteem questionnaire for the entire scale was 92. There were satisfactory Cronbach Alpha indicators for the sample as well.

Furthermore, the pupils received their second task, entitled The Stunkard Figure Rating Scale by J. Kevin Thompson (1991). This scale measures the ideal silhouette, but also the actual silhouette of the subject. It is composed of images depicting 9 feminine silhouettes and 9 masculine silhouettes. The subjects are asked to choose the image that best represents theirs (Appendix 1). Every image is related to a body mass index which is calculated according to the weight and height of the subject with the following formula: Actual weight (kg)/[Height(m)]^2.

The Body Mass Index (BMI) is defined as the ratio between body mass, expressed in kg, divided by the squared height, expressed in meters, resulting in a quantity expressed in kg/m^2.

These images depict the BMI of extremely thin people or the exact opposite. Furthermore, I will present every body mass index, according to each image:

Image	BMI – Boys	BMI - Girls
1	16	16
2	18	18
3	21	20
4	23.5	22.5

5	24.5	24
6	28	26
7	31.5	30
8	35	32
9	37	35

BMI under 18.8 represents a health risk caused by a very low weight.

BMI 18.5-24.9 Health Risk: minimum/low

BMI 25-29.9 Health Risk: low-moderate

BMI 30-34.9 Health Risk: moderate-high, representing a health warning, requiring a diary.

BMI over 35 Health Risk: high, weight affecting health in a radical way.

To relate to the images offered to the pupils, those who choose silhouettes 1 and 2, have a high health risk, preferring silhouettes that are too thin. Those who choose images 3, 4, 5 have a minimum health risk, consisting of normal weight and height for their age. Those who choose image 6 have a low health risk and those who have a BMI included in 7, 8 and 9 present a high health risk because they may have problems with the proper functioning of the organs.

After the interpretations of the choices that depict the perceived body mass index of the pupils and the desired body mass, we needed to calculate the real body image with the help of a specialized program that takes into consideration the kilograms, height and age of the subject.

Procedure

Data were collected during the school year 2012-2013, in I.G. Duca school number 146, Bucharest. The instruments were applied in the pupils' classroom, in my presence and the presence of a teacher. The approval regarding the participation of the pupils was an active one and their legal guardians' was a passive one. Parents and pupils had been informed about the study 3 days in advance, about the nature of the research, the optional participation and the confidential nature of the data. In all the situations, participation was unanimous and a great deal of interest was expressed by the pupils. I promised to come back with the results of the findings.

Experimental Design

This research is a non-experimental research based on correlational and differential analysis.

For this non-experimental research, we took into consideration a series of independent and dependent variables.

Dependent variables

Self-esteem

Social self-esteem – represents the self-esteem generated by external appreciations regarding the way the person is perceived in society (Categories: low, medium, high)

Body image

Real body image – represents the relation between the weight and the height the person declared, the real body mass index

Perceived body image – represents the subject's perception of its own body, perceived body mass index.

The independent variables distinguish the 2 samples:

- Preadolescent's gender (male/female)
- Age (between 11 and 14 years old)
- Weight measured in kilograms
- Height measured in centimeters

III. Results

Descriptive statistics, including mean, standard deviation, minimum score, maximum score, skewness and kurtosis for the scores of social self-esteem dimensions, can be seen in Table 2.

After the internal consistency analysis, an optimal reliability coefficient was obtained (e.g.: 746). The scale items analysis pointed out that the Cronbach's Alpha indices might increase significantly by eliminating item number 8. Therefore, the obtained Cronbach's Alpha index was .812.

As you can see in the table below, the standard deviations imply an acceptable heterogeneity of the samples included in the study.

The kurtosis and skewness indices do not exceed 2 standard deviations, which indicates a normal distribution and allows the use of parametric tests.

Table 2. Descriptive indices of social self-esteem

Scale	N	Min	Max	Medium	Standard Deviation	Cronbach alpha
Social self-esteem	120	7	30	19.05	5.56	.812

The following statistical procedures were applied in order to test the hypothesis: One Way ANOVA – to establish the significance of the difference between the medium scores of self-esteem and the T test in paired samples.

The One-Way ANOVA test compared the 9 groups of participants, constituted based on the body image criterion, from the point of view of social self-esteem, thus obtaining the differences presented further on.

In the first stage, the subjects were asked to write down the number of the image resembling the body shape they had in that moment. I called this choice *perceived body mass image (PBMI)*, taking into consideration the fact that it might be different from the actual body mass image.

For BMI 1, the thinnest body image with the highest health risk, no choices were made.

Subjects who chose BMI 2 did not differentiate themselves statistically regarding social self-esteem according to gender.

Statistically speaking, the pupils who selected BMI 3 differentiated themselves significantly, from the gender point of view, regarding social self-esteem. Therefore, girls had a higher statistical score (m=2.86, ds=.82) than boys (m=3.77, ds=.71). This difference has statistical relevance, as shown in this test: $F_{(1\ ,\ 30)}=10.03$, $p<0.001$; $\eta^2=0,4$.

Statistically speaking, for BMI 4, the subjects differentiated themselves significantly, from the gender point of view, regarding social self-esteem. Therefore, girls had lower scores (m=2.43, ds=.77) than boys (m=3.80, ds=.68). This difference has statistical relevance, as shown in this test $F_{(1\ ,\ 29)}=25.31$, $p<0.001$; $\eta^2=0,6$.

The pupils who considered they resembled BMI 5, differentiated themselves from a statistical point of view, regarding social self-esteem according to gender. Therefore, girls had lower scores (m=1.90, ds=.49) than boys (m=3.57, ds=.75). This difference has statistical relevance, as shown in this test $F_{(1.23)}=28.63$, $p<0.001$; $\eta^2=0,6$.

Subjects who chose BMI 6 did not differentiate themselves statistically based on gender.

For the other 3 images - BMI 7, 8 and 9 - no choices were made.

These data confirm the hypothesis mentioned at number 1: social self-esteem is different according to gender and to perceived body image.

Therefore, the majority of girls who perceived themselves as being thin (BMI 3), with a silhouette at the limit of health hazard, have a higher social self-esteem than boys, because beauty standards are different. Even if they are in a preadolescent stage, boys tend to have a muscular man as their ideal beauty type, the complete opposite of the perception they had of themselves at the moment of the research. On the other hand, the thinner the silhouette, the more they seem to be socially accepted.

The size effect index shows a medium intensity of the relationship between the independent variable and the dependent one.

Furthermore, the second hypothesis is confirmed. Boys have a higher social self-esteem than girls, along with a light silhouette definition - the perception of BMI 4. Results are confirmed by the size of the social self-esteem intensity effect.

The third hypothesis is confirmed. Boys have a higher social self-esteem than girls, along with a defined silhouette perception of BMI 5. The size of the large intensity effect sustains the result of social self-esteem. It must be mentioned that none of the recorded perceptions confirming the hypotheses bring health risk.

The fact that there have not been any recordings for BMI 7, 8, 9 is reassuring. When comparing the real BMI of the subjects, none of them was situated in high health risk sizes or overweight situations. Lack of satisfaction regarding weight and body shape is strongly connected to self-esteem, with significant differences between genders. In the present study, I have reported the significant difference in both girls and boys, who constantly perceive themselves more corpulent then they actually are. In fact, this is a common issue in preadolescents.

Correlational analysis was also made separately on the sub-samples of boys and girls (in order to accomplish this thing, I separated the sample in 2 sub-samples, according to gender, using the split file procedure).

In the girls' sub-sample, the real body mass

index correlates positively with the perceived body mass index (r=.71, p<0.001) and negatively with social self-esteem (r=-.37, p=0.03, r^2=.13). The perceived body mass index correlates negatively with social self-esteem (r=-.47, p<0.001, r^2=.22).

These data confirm hypothesis number 2, which states that there are gender differences between: perceived body mass index, real body mass index and social self-esteem.

Regarding the girls, the higher the perceived body mass index is, the lower the social self-esteem is.

Discussions

This research has been created for the purpose of investigating the way in which the lack of satisfaction regarding body weight and shape is differentiated in social self-esteem in preadolescents.

The theoretical results of social self-esteem and body image contributed to forming the hypotheses of this research, according to which preadolescents who have an erroneous perception of their own bodies also have a low level of self-esteem.

This study proposes an analysis model of the relationships between self-esteem and body image in the preadolescent period.

The innovation in this research represents the specific approach to self-esteem as an essential role in explaining the preadolescent period and its relationships with body image.

The majority of studies conducted so far, especially on girls, showed that they are exposed to eating disorders.

Compliant to the hypotheses, I noticed that the more the real body mass index decreased, the more the social self-esteem increased.

The novelty of the methodology resides in the comparison of the 9 groups, constituted based on the perceived body image criterion, seen from the social self-esteem standpoint. Therefore, the differences that had led to the validation of the hypotheses were obtained.

Although the findings of the empirical research, similar to those of the theoretical research, contribute to the progress in analyzing, describing and explaining self-esteem and body image, the fact that there are several limits that could be exceeded and could create new directions in the development of the research in this field must be underlined.

Theoretically speaking, there are a lot of issues, which have not been detailed in the study, due to the space and time allocated to this research. Continuity is necessary in the direction of the clinical study of pathological wrong perceptions of body image and of the identified relationships with self-esteem. However, we must not relate ourselves to social self-esteem. We should extend the study to performance and appearance self-esteem.

Another limit of the undergone analysis and exegesis can be explained by the fact that a restricted number of statistic procedures, recommended by the syllabus, were used. Therefore, the aspects caught by the study refer only to linear differences and relationships.

A limit that must be mentioned is the one that resides in the sample. The participants did not form a representative sample on a national level. That is why the obtained data must be cautiously generalized on the geographical level from which the participants were chosen. Further researches should take into consideration applying the same questionnaires on a nationwide representative sample, therefore having a larger number of participants, from the urban environment, but also from the rural one. Selection may be based on several criteria. It must be added that the subjects declared their weight and height without any further precise confirmation.

Regarding the questionnaire used in harvesting data, a limit could be that selecting induced items has been done exclusively on the basis of the existing researches in specialized literature regarding aspects of self-esteem, without being supported by focus-group testing, organized in the population of the pupils investigated. This situation is also present in the case of the representative figures for the silhouettes perceived by the pupils.

As further lines of study, we suggest the application of the questionnaire along with a semi-structured interview. Thus, one may be able to identify what exactly triggers the obsessive interest of preadolescents and what are the common elements, in order to find a way to remediate it before it damages the self-esteem of the individual.

In the future, this research could be developed with possible correlations between preadolescents and the perceptions taken from their parents, but also to see how big is the difference between the desired, real and perceived body mass indexes and how does it affect self-esteem. Despite these limits, the results have a considerable practical applicability.

In this research, all hypotheses were confirmed and there are gender differences in the relation between body image and self-esteem.

Girls' social self-esteem seems more affected. Topics like desire of attention from boys, social acceptance and self-confidence are reported as the prime motivations for being thin (Mooney et al., 2004). Therefore, we have confirmed the hypothesis in the results.

Wardle and Watters (2004) reported a great exposure of the older girls in schools, who associated themselves with thinner ideals, who excessively took care of their weight by diets, fact which results in low self-esteem. McHale and Kaltiala Heino (2001) demonstrated that girls were more concerned with their weight; therefore, they tried many diets.

Simmons and Rosenberg (apud L. Steinberg, 1993, p 260) also showed that girls generally recorded higher oscillations of self-esteem in comparison with boys. Girls are uncertain regarding their capacities and they are also more concerned with the attitude of others towards them. It seems that adolescent girls are caught up between the desire to succeed from the educational point of view and the desire to be socially approved. Generally speaking, adolescents who are much too preoccupied with their popularity manifest nervosity and a more instable self-perception.

In conclusion, there are studies that have not found a correlation between self-esteem and the perceived body image desired as thin as possible by girls (Silberstei, et al., 1988), but other researches demonstrate the opposite (Davis et Katzman, 1997; Rhea, 1998; Mueller et al., 1998).

Last but not least, it has been demonstrated that people with a low self-esteem have the tendency to overeat and this is a significant element in explaining the diet conduit of girls. (Heatherton, et al., 1991).

Although the self-perception of an individual is strongly connected to physical development in the preadolescent stage, further on it can be a reflection of discrepancy between the ideal body and the real body (Eisenberg et al., 2006; Paxton and Heinicke, 2008; Stice, 2002).

Some studies have recorded underweight perceptions. In the current study there were only cases of overweight perceptions. The results are in line with previous researches from Finland (Kaltiala-Heino et al., 2003) and USA (Perrin et al., 2010).

Due to the eating habits of other countries, the level of education and other factors, the overweight perception of American preadolescents was in most cases correct.

In other countries, in which there have been studies related to this one, the research went further, up to the point of observing the development of pathology along with the erroneous body image perception.

Girls usually endure more depressive experiences, social anxiety and low levels of self-esteem in comparison with the subjects that did not possess wrong perceptions. Eating disorders have been more frequent among the girls with an incorrect perception of their weight than among those with a correct perception of their weight (Kelley et al., 2010; Paxton and Heinicke, 2008). Adolescent boys with an incorrect perception of their weight have been similar to the subjects that have a correct perception of their body weight. Although, there have been some differences regarding social anxiety, almost one out of three boys who perceived themselves as overweight, in spite of having a normal weight, had a score above the one suggested for social phobia. High levels of social anxiety caused by a lack of satisfaction regarding masculinity could have negative consequences such as the improper use of muscle mass substances as they get older. (Raevuori et al., 2006; Smolak, 2004).

This study may be applied to prevent negative results about body weight and body shape and also to extend the causes that might affect self-esteem. Many preadolescents have an erroneous perception of their weight that could have negative consequences on their self-esteem and could end up in eating disorders, depression and social phobia. There is a need for programs that can prevent this scenario and for programs that should promote a state of body wellness, with children of all ages, preadolescents and adolescents as the main target population. (Neumark-Sztainer, Levine et al., 2006; Isomaa, 2011)

IV. Conclusion

The results of the research can be used in the following fields: clinical field, health, medicine, psychology, nutrition, school counseling and marketing for consumer's behavior and product placement.

These results facilitate the understanding of the consequences of the lack of satisfaction regarding body image that could damage self-esteem, which further on attracts a state of weakness and lack of confidence.

Therefore, an interactive educational program for preadolescent boys and girls, with the purpose of increasing self-esteem and outlining a realistic view on body image, could make a difference in the great issue of the current Romanian society. This approach has worked effectively for many years in other countries, so it would certainly obtain satisfying results in Romania as well, because the youth is very much under the influence of the information obtained from mass media, which is mostly from foreign countries. I think that by applying an informative program, the young population will record a higher degree of self-acceptance and acceptance of the people around them. Therefore, they will not be contributing any longer to the social pressure exerted on the next generations. A greater degree of self-acceptance will result in a higher level of academic results, because the interest for their body weight will be replaced with activities specific to

their age. Parents also have a great role in their children's lives at that age. So, from my point of view, they should also be involved in informational sessions so that they could understand better what their children are going through and how to help them overcome problems or how to prevent certain scenarios, as well as how to communicate more efficiently within the family for the benefit of the children.

All the changes from the preadolescent period (biophysical, intellectual, affective, moral and social) must be well-known by teachers and by parents so that they could help and understand preadolescents better or take the most adequate measures regarding the prevention of school adjustment issues.

References

Agliata, D., Tanfleff-Dunn, S. (2004). The Impact of Media Exposure On Males' Body Image. *Journal of Social and Clinical Psychology*, *23*, 7-22.

Balgiu, B. (2006). Body Image – The Expression of Self-Image. *Romanian Medical Journal, LIII*(4), 39-43.

Besser, A., & Zeigler-Hill, V. (2012). Positive Personality Features and Stress among First-year University Students: Implications for Psychological Distress, Functional Impairment, and Self-esteem. *Self and Identity, 1-21*.

Davis, E., & Katzman, R. (1997). Charting New Territory: Body-Esteem, Weight Satisfaction, Depression and Self-Esteem Among Chinese Males and Females in Hong Kong. *Sex Roles 36*, 245-256.

Duriez, B., Luyckx, K., Klimstra, T., Colpin, H., Soenens, B, & Verschueren, K. (2013). Depressive Symptoms in University Freshmen: Longitudinal Relations with Contingent Self-Esteem and Level of Self-Esteem, School Psychology and Child and Adolescent Development, Faculty of Psychology and Educational Sciences, KU Leuven. *Belgium Journal of Research Personality, 47*(4), 356-363.

Eisenberg, M. E., Neumark-Sztainer, D., & Paxton, S. J. (2006). Five-Year Change in Body Satisfaction Among Adolescents. *Journal of Psychosomatic Research, 61*, 521-527.

Heatherton, T.F, Herman, C.P., & Polivy, J. (1991). Effects on physical threats and ego threats on eating behavior. *Journal of Personality and Social Psychology, 60*, 138-143

Isomaa, R., (2011). *Eating Disorders, Weight Perception and Dieting in Adolescence.* Åbo Akademi: University, Department of Social Sciences, Developmental Psychology, Vasa.

Kaltiala-Heino, R., Kautiainen, S., Virtanen, S. M., Rimpelä, A., & Rimpelä, M. (2003). Has the Adolescents' Weight Concern Increased Over 20 years? *European Journal of Public Health, 13*, 4-10.

Kelley, C. C., Neufeld, J. M., & Musher-Eizenman, D. R. (2010). Drive for Thinness and Drive for Muscularity: Opposite Ends of The Continuum or Separate Constructs? *Body Image, 7*, 74-77.

Kesting, M.L., Bredenpohl, M., Klenke, J., Westermann, S., & Lincoln, T.M. (2013). The Impact of Social Stress on Self-Esteem and Paranoid Ideation. *Journal of Behavior Therapy and Experimental Psychiatry, 44*(1), 122-128.

Kounenou, K. (2010). Exploration of the Relationship among Drug Use & Alcohol Drinking, Entertainment Activities and Self-Esteem in Greek University Students. *Procedia - Social and Behavioral Sciences, 2*(2), 1906-1910.

McHale, S.M., Corneal, D.A., Crouter, A.C., & Birch, L.L. (2001). Gender and Weight Concerns in Early and Middle Adolescence: Links with Well-Being and Family Characteristics. *Journal Clin Child Psychol, 30*, 338-348.

Mooney, E., Heather, F., & Struguell, C. (2004). Dieting Among Adolescent Females: Some Emerging Trends. *Int Journal Consumer Studies*, *28*, 347-354.

Morin, A.J. S., Maïano, C., Mars, H. W., Nagengast, B., & Janosz, M. (2013). School Life and Adolescents' Self-Esteem Trajectories, *Society for Research in Child Development*, DOI: 10.1111/cdev.12089

Mueller, C., Field, T., Yando, R., Harding, J., Gonzalez, K.P., Lasko, D., & Bendell, D. (1998). Undereating and Overeating Concerns among Adolescents. *Journal Child Psychol Psychiatry*, *36*, 1019-1025.

Negovan, V. (2010). *Psychology of learning. Second edition – revised and expanded*. Bucharest: University Publishing House

Neumark-Sztainer, D., Levine, M.P., Paxton, S.J., Smolak, L., Piran, N., & Wertheim, E.H. (2006). Prevention of Body Dissatisfaction and Disordered Eating: What Next? *Eating disorders, 14*, 265-285.

Paxton, S.J., & Heinicke, B.E. (2008). Body image. In S. Wonderlich, J.E. Mitchell, M. de Zwaan, & H. Steiger (Eds.), *Annual review of eating disorders* Part 2. Oxford: Radcliffe Publishing, 69-83.

Perrin, E. M., Boone-Heinonen, J., Field, A.E., Coyne-Beasley, T., & Gordon-Larsen, P. (2010). Perception of overweight and self-esteem during adolescence. *International Journal of Eating Disorders, 43*, 447-454

Peterson, J.L., & DeHart, T. (2013). Regulating Connection: Implicit Self-Esteem Predicts Positive Non-Verbal Behavior During Romantic Relationship-Threat. *Journal of Experimental Social Psychology*, *49*(1), 99-105.

Presnel, K., Bearman S.K., & Stice, E. (2004). Risk Factors for Body Dissatisfaction in Adolescent Boys and Girls: A Prospective Study. *International Journal of Eating Disorders, 36.*

Raevuori, A., Keski-Rahkonen, A., Bulik, C.M., Rose, R.J., Rissanen, A., & Kaprio, J. (2006). Muscle Dissatisfaction in Young Adult Men. *Clinical Practice and Epidemiology in Mental Health, 2*.

Rhea, D.J. (1998). Physical Activity and Body Image of Female Adolescents: Moving Toward the 21st Century. *Journal of Physical Education, Recreation & Dance*, *69*, 5.

Ricciardelli, Mc. (2001). Dietary Restraint and Negative Affect As Mediators of Body Dissatisfaction and Bulimic Behavior in Adolescent Girls and Boys. *Behavioral Research Therapy*, *39.*

Silberstein, L.R., Striegal-Moore, R.H., Tinko, C., Rodin, J., (1988). Behavioural and Psychological Implications of Body Image Dissatisfaction: Do Men and Women Differ? *Sex Roles. 19*, 219-232.

Smolak, L. (2004). Body Image in Children and Adolescents: Where Do We Go From Here? *Body Image, 1, 15-28.*

Steinberg, L. (1993). *Adolescence* (3rd edition*)*. New York: Mc Grow Hill Inc.

Stice, E. (2002). Sociocultural influences on body image and eating disturbance. In C. G. Fairburn, & K. D. Brownell (Eds.),

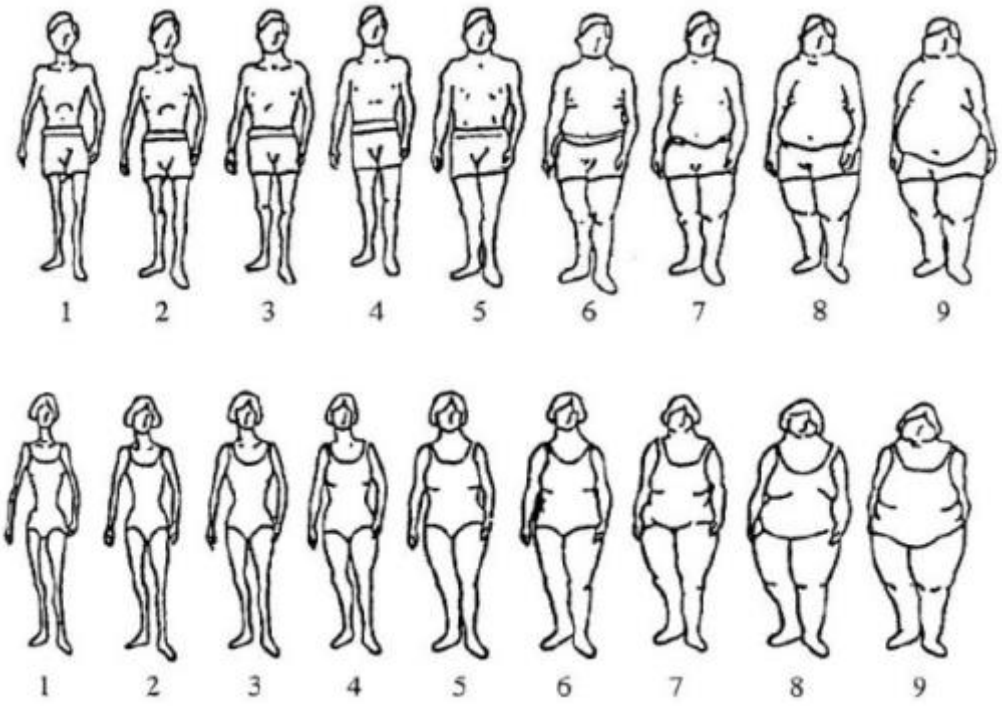
Eating disorders and obesity. A comprehensive handbook, 2nd ed, pp. 103-107. New York: The Guilford Press.

Thompson J.K., Madeline N., & Altabe, M.A. (1991). Psychometric Qualities of the Figure Rating Scale. *International Journal of Eating Disorders, 10*(5), 615–619.

Wang, P. W., Yang, P. C., Yeh, Y. C., Lin, H. C., Ko, C. H., Liu, T. L., & Yen, C. F. (2013). Self-Esteem In Adolescent Aggression Perpetrators, Victims and Perpetrator - Victims, and the Moderating Effects of Depression and Family Support. *The Kaohsiung Journal of Medical Sciences*, (*29*)4, 221-228.

Wardle, J., & Watters, R. (2004). Sociocultural Influences on Attitudes to Weight and Eating: Results of a Natural Experiment. *Int Journal Eating Disord, 35*, 589-596.

APPENDIX



- Write on the dotted line the image number you think represents your body shape in the present and the image number you consider to be your ideal body shape.

In this moment I look like.....

I would like to look like picture number.....

- Write on the dotted line the image number you think represents your parents' body shape in the present.

My mother looks like picture number.....

My father looks like picture number.....