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AN INVESTIGATION OF BODY IMAGE DISSATISFACTION
AMONG JEWISH AMERICAN FEMALES:
AN APPLICATION OF THE TRIPARTITE INFLUENCE MODEL

by

Stefanie Teri Greenberg

An Abstract

Of a thesis submitted in partial fulfillment of the
requirements for the Doctor of Philosophy degree
in Psychological and Quantitative Foundations (Counseling Psychology) in
the Graduate College of
The University of Iowa

December 2009

Thesis Supervisors: Clinical Professor Sam V. Cochran
Professor Elizabeth M. Altmaier

ABSTRACT

Body image dissatisfaction at moderate levels can be a normative experience for many women of current American culture. However, women whose body dissatisfaction exceeds moderate levels are vulnerable to developing an eating disorder. Empirical findings show body dissatisfaction predicts low self-esteem, depression, and overall poor quality of life.

Various theories aim to understand factors involved in the development and maintenance of body dissatisfaction. Sociocultural factors, such as peers, family, and media, have gained the greatest empirical support. The tripartite influence model of body image dissatisfaction and eating disturbance integrates sociocultural factors, and has been empirically tested to evaluate risk factors using an established theoretical model. However, this model has primarily been applied to Caucasian samples.

A recent trend in the body image literature is increasing attention to ethnic differences in body image. Jews are an ethnic minority who has been virtually ignored in the empirical literature on body image; yet, studies suggest Jewish females experience body dissatisfaction. To date, no published empirical study has applied the tripartite influence model to Jewish American females. A sociocultural model can potentially increase understanding of body dissatisfaction among Jewish American females.

This study used the tripartite influence model to examine relationships among variables (Jewish identity, parental influence, internalization of appearance) hypothesized to relate to body image dissatisfaction. Participants were 255 self-identified Jewish American women who completed a web-based survey measuring these constructs.

Results showed a significant, yet weak, relationship between Jewish identity and body dissatisfaction. Contrary to prediction, Jewish women perceived greater pressure from fathers to

lose weight than mothers, and no difference in pressure from both parents to gain weight and gain muscle. As perceived pressure from fathers to lose weight increases, women reported greater body dissatisfaction. A significant but weak relationship was found between perceived pressure from fathers to gain muscle and body dissatisfaction. The more women internalize media messages promoting the thin ideal for women, women reported less body satisfaction. A significant but low correlation was found between women who endorsed the “toned,” athletic body ideal and body dissatisfaction.

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Graduate College
The University of Iowa
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CERTIFICATE OF APPROVAL

PH.D. THESIS

This is to certify that the Ph.D. thesis of

Stefanie Teri Greenberg

has been approved by the Examining Committee for the thesis requirement for the Doctor of Philosophy degree in Psychological and Quantitative Foundations (Counseling Psychology) at the December 2009 graduation.

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To my parents and brother who have faithfully supported me with their love and patience as I pursue my career. To the Jewish women who inspired me to engage an area of scholarship that prompts my curiosity and hunger for knowledge.

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CHAPTER 1

INTRODUCTION

All women, regardless of age, weight and shape, are potentially susceptible to body dissatisfaction. Silberstein, Striegel-Moore, Timko, and Rodin (1988) reported nearly 80% of a general sample of college women experience body dissatisfaction. More recently, Spitzer, Henderson, and Zivian (1999) reported *over* 80% of college women face body dissatisfaction. These estimates make intuitive sense given women are bombarded with messages from various sources that celebrate a certain cultural standard for beauty. Women typically measure their appearance against this standard to estimate their body image satisfaction. In American culture, this standard is the thin-ideal or thin body.

Not only does this thin-ideal appear all-powerful for women, the average woman typically struggles to achieve this beauty ideal and is at risk for body dissatisfaction defined as negative, subjective evaluation of one's overall weight and shape (Garner, 2004). In particular, body dissatisfaction is a belief that specific body sites (e.g., stomach, thighs, hips, and buttocks) are too large (Stice & Shaw, 2002). Body dissatisfaction at moderate levels can be a normative experience for many women of current American culture. However, women whose body dissatisfaction exceeds moderate levels are at risk for developing an eating disorder (e.g., Cattarin & Thompson, 1994; Stice & Shaw, 2002; Thompson, Heinberg, Altabe, & Tantleff-Dunn., 1999b). Specifically, evidence shows body dissatisfaction predicts dieting, binge eating, purging, laxative use, and starvation (e.g., Stice, Mazotti, Krebs, & Martin, 1998).

The research literature has heavily focused on the impact of the thin-ideal of feminine beauty, given its widespread influence in Western cultures and critical role in the development of body dissatisfaction and eating disturbance (Grabe, Ward, & Hyde, 2008; Thompson et al.,

1999b). Recently, researchers have invested greater attention to understanding risk factors of body image problems (e.g., Cafri, Yamamiya, Brannick, & Thompson, 2005). Different theoretical models have been postulated to better understand the etiology of body image and eating disturbance (Shisslak & Crago, 2001; Stice, 1994, 2001, 2002b; Thompson et al., 1999b). Sociocultural factors, such as media, family, and peers, have gained the greatest attention (e.g., Cafri et al., 2005; Fallon, 1990; Striegel-Moore, Silberstein, & Rodin, 1986) and empirical support in the literature (Cusumano & Thompson, 1997; Heinberg, Wood, & Thompson, 1995; Stice, 2002).

One particular model of body image that integrates sociocultural factors is the tripartite influence model of body image and eating disturbance (Thompson et al., 1999b). Specifically, this model suggests peers, parents and media influence the development of body image and eating disturbance. This model has primarily been applied to Caucasian samples (e.g., Shroff & Thompson, 2006; Smolak, Murnen, & Thompson, 2005). It is important to emphasize at the outset of this chapter that this study did not aim to prove the validity of this model. Instead, this study intended to use this model as a theoretical framework to organize the research questions. This model was chosen for the following reasons: First, this model has gained increasing attention, evidenced by body image researcher, McCreary, who reported “there are no other models per se that I am aware of” (D. McCreary, personal communication, April 6, 2007). Second, it integrates sociocultural factors (e.g., interpersonal and media influences) that have been regarded as the most potent influence in developing body image distress (e.g., Cafri et al., 2005; Stice & Shaw, 2002). Last, this model is current and comprehensive with a solid research background that has received empirical support with adolescent samples (e.g., Keery, van den Berg, & Thompson, 2004b; Shroff & Thompson, 2006) and a college sample (e.g., van den Berg,

Thompson, Obremski-Brandon, & Coovert, 2002; Yamamiya, Shroff, & Thompson, 2008). Smolak et al. (2005) applied this model as a framework for understanding risk factors for body image concerns and steroid use among adolescent boys. Recently, this model was applied to examining the development of eating disorders and body image problems among Japanese college women (Yamamiya et al., 2008). This model needs additional empirical testing with ethnically diverse samples to estimate ethnic differences in body image.

A recent trend in the body image literature is increasing attention to ethnic differences in body image (e.g., Grabe & Hyde, 2006). Jews are an ethnic minority who are understudied and virtually ignored in the empirical literature on body image despite literature that suggests Jewish American females experience significant body image problems. In fact, Jewish American females are absent in published studies on body image. Empirical studies are generally limited to dissertations. However, a thorough search revealed that to date, no empirical study, including dissertations, has applied the tripartite influence model to Jewish American females. In order to increase awareness of and understanding of body image among Jewish American females, it was reasonable to use an existing sociocultural model that integrates variables hypothesized to lead to body dissatisfaction.

Jewish American Females: A Potentially Vulnerable Population

“Eat, eat, but don’t get too fat” (Union of American Hebrew Congregations, n.d., p. 3). Many Jewish American females hear this mixed message while growing up. They are encouraged to eat while praised for achieving the American beauty ideal that capitalizes on small figures and thinness. Schneider (1984) writes, “Jewish women may be *more* preoccupied with what it means to be ‘beautiful,’ since ‘Jewish’ beauty is thought to differ from the American

ideal” (p. 244). Many Jewish women believe they possess unattractive physical traits that distinguish them from other women (Schneider, 1984), such as dark, coarse features.

Research on Jewish Females and Body Image Dissatisfaction

Early research on Jewish identity and body image dates to Klein’s (1977) dissertation. Results showed participants clearly valued the White Anglo-Saxon Protestant (WASP) image defined by tallness, athleticism, slenderness, and blue eyes and blonde hair. Jewish women described themselves negatively, while focusing their discontent on their perceived shortcomings: short, *zaftig* (full-figured), large breasts, large noses, dark eyes, and dark curly/kinky hair. Thus, it appears Jewish females’ body-focused concerns are not limited to weight and shape and include other phenotypic features (e.g., nose, eyes, and hair) inherited by their Semitic ancestry. As a result, many Jewish females have heard the message from family, particularly mothers: “It’s not such a big deal...doctors do such individual-looking noses these days, it’ll look really natural...It’s not too late, you know” (Jervis, 1998, p. 63). Therefore, Jewish women appear all too eager to reshape their appearance via “nose jobs” and/or hair straightening products in order to assimilate to the White American beauty ideal (Schneider, 1984).

It is difficult to estimate prevalence of body image concerns among Jewish American females because of lack of published research. Published studies on Jewish females and body issues and eating issues are largely limited to samples of women in Israel (e.g., Apter et al., 1994; Greenberg, Cwikel, & Mirsky, 2007; Latzer & Tzischunsky, 2003). For instance, Safir, Flaisher-Kellner, and Rosenmann (2005) found among a general sample of college women in Israel, Jewish women were less satisfied with their current figures than Arab women. Findings also showed Jewish women made more attempts to change their weight than Arab women.

Gluck and Geliebter (2002) found secular Jewish women endorsed greater eating disorder symptomatology and body image dissatisfaction than Orthodox Jewish women. However, it is not clear with certain studies whether or not authors intentionally sampled Jewish females to examine influences of Jewish culture on body satisfaction (e.g., Mitrany, Lubin, Chetrit, & Modan, 1995). It is possible authors' sampled Jewish females because Jews comprise the ethnic majority in Israel, along with Arabs.

Although published empirical studies on Jewish women and body image dissatisfaction are limited, authors have written book chapters on the topic (e.g., Beck, Goldberg, & Knefelkamp, 2003; Jervis, 1998; Langman, 1999; Schneider, 1984; Siegel, 1995). Further, dissertations (e.g., Gluck, 2000; Goldberg, 2002; Klein, 1977; Weinberger-Litman, 2008) have focused on Jewish women and body image dissatisfaction. In short, greater awareness of body image problems among this population is warranted in the research literature.

The Voice of the Jewish Community

Although body image issues among Jewish American females are overlooked in the research literature, the topic is alive among the Jewish community. For instance, Lilith Magazine charts the lives of Jewish women and has devoted issues to this topic over the years (L. Lefkowitz, personal communication, June 26, 2007). Moreover, in 1998, a conference co-sponsored by the Renfrew Center Foundation and Kolot (Voices) – the Center for Jewish Women's and Gender Studies for the Reconstructionist Rabbinical College was held in Philadelphia, Pennsylvania to discuss this important issue: 'Food, Body Image and Judaism: A Conference on Ethnicity and Eating: Cultural Influences, Disorders, and Resources for Change'. The Renfrew Center is an eating disorder treatment facility with various locations in the U.S.

In addition, various eating disorder programs have developed specifically for Jews. First, the Women of Reform Judaism, part of the Union of American Hebrew Congregations, prepared a resource guide and curriculum about eating disorders titled, 'Litapayach Tikvah/ To Nourish Hope: Eating Disorders: Perceptions and Perspectives in Jewish Life Today'. The introduction to the guide includes information on what makes the Jewish community vulnerable to eating disorders. Second, Smith (1999) noted efforts by the Jewish Community Centers of Chicago to create an eating disorders curriculum for staff. Third, the Hadassah Foundation awarded a grant to Steiner-Adair, an eating disorders specialist, to develop a Jewish guide to accompany an eating disorder curriculum for working with female adolescents. Fourth, Sacker, an eating disorders specialist and physician, and Orthodox Rabbi Goldwasser created the non-profit organization *Helping to End Eating Disorders (HEED)* for Orthodox teens. Finally, Smith (1999) reported that the Renfrew Center created an eating disorder program on Long Island for Jews who keep kosher. According to Smith (1999), this facility treats many women from the East Coast where many Jews reside. Specifically, during a two-year span, 12% of women admitted for inpatient eating disorder at the Renfrew Center were Jewish.

Jews: Who Are They Really?

It can be difficult to classify Jews into a single demographic category (Langman, 1999), yet by and large Jews are often seen as part of the White race. However, Langman (1995) argues that Jews do not make up a race because a person cannot voluntarily join a race, but an individual can convert to Judaism. It is therefore incorrect to classify Jews as White. For instance, Jews exist all over the world from Europe, Africa, and Asia; hence, the existence of Black Jews, White Jews, Asian Jews, Hispanic Jews, and Native American Jews (Langman, 1995; Schlosser, 2006). Thus, there is diversity in Jewish heritage. In particular, there are three

primary origins of Jewish identity. First, Sephardic Jews are of Spanish and Portuguese descent. Second, Ashkenazi Jews are of German and Eastern European descent. Third, Mizrahi Jews originate from North Africa, Middle East, and Western Asia (Schlosser, 2007). In short, many Jews do not see themselves as White but as Jews, part of an ethnic minority (Langman, 1995; Schlosser, 2006).

Moreover, Jews can be highly offended if mistaken as White because this places Jews among the same Whites who historically oppressed them for their otherness (Langman, 1995). In many cases, Jews can pass as White and therefore benefit from White Privilege. As a result, their presenting concerns may get mixed with Whites' issues rather than seeing Jews as experiencing issues (e.g., body image distress) unique to their ethnic heritage. For instance, Schneider (1984) cites a Black female in the women's movement whose words highlight Jews being overlooked as a distinct culture: "What do you *mean* you're different and noticeable because you're *Jewish*? Just cut off part of your nose and change your name, and you'll pass" (Schneider, 1984, p. 245). In contrast, Langman (1995) cites Ralph Ellison who sees Jews as separate from Whites: "Many Negroes, like myself, make a positive distinction between Whites and Jews. Not to do so could either be offensive, embarrassing, or unjust or even dangerous".

Lastly, many non-Jews classify Jews as members of a religion, and not an ethnic minority. However, Jews are not strictly members of a religion. In fact, there are Jews who identify as atheist. While there are some Jews that are primarily religious, there are many Jews who are chiefly ethnic and do not identify with the Jewish religion. The latter group instead maintains traditional foods, songs, customs, sayings, and jokes unique to Jewish culture. Moreover, there are Jews who mainly identify with the political aspects of being Jewish related

to the current affairs in Israel and/or combating anti-Semitism. In short, Jews may constitute a single category or many intersecting categories (Langman, 1999).

Ethnic Differences in Body Image Dissatisfaction

It is important to both see Jews as an ethnic group and initiate steps to better understand how Jewish women may perceive their bodies. Jewish culture emphasizes that Jews are made in G-d's image, and Jews show their love for G-d by how they treat their bodies. As Western society promotes physical beauty, many Jews rank appearance and dieting above caring for their bodies in healthy, respectful ways (Abramowitz & Silverman, 1997). It is highly possible that Jewish participants comprise research samples on body image, but Jews are likely blended with Caucasians since Jews are often perceived as Caucasian. Considerable research examines body image dissatisfaction; however, most existing research has been conducted on samples of predominantly Caucasian females with little attention to ethnic differences. Women from different ethnic backgrounds may vary to the extent they feel discontent with their bodies because the meaning of one's body may vary by cultural group (Crago & Shisslak, 2003).

In the last decade, researchers have shown increasing attention to potential ethnic differences in body image. The majority of studies examine Black-White differences in females' body dissatisfaction (e.g., Roberts, Cash, Feingold, & Johnson, 2006) with growing attention to Asian American women and Hispanic women (see Grabe & Hyde, 2006, for a review). This interest spurred from the sociocultural model of eating pathology that predicts ethnic minorities should experience less body dissatisfaction than Whites because ethnic minorities are less likely to experience cultural pressure to be thin (Stice, 1994; Striegel-Moore et al., 1986; Warren, Gleaves, Cepeda-Benito, del Carmen Fernandez, & Rodriguez-Ruiz, 2005). On the other hand, some researchers argue that ethnic minorities experience comparable levels of body

dissatisfaction as Whites given the pervasiveness of mainstream cultural values that espouse a certain beauty ideal (Shaw, Ramirez, Trost, Randall, & Stice, 2004). This discourse is implicit in meta-analyses that synthesize the number of studies examining potential ethnic differences in women's body dissatisfaction. However, Jewish American women have been entirely neglected in the analyses (e.g., Grabe & Hyde, 2006; Shaw et al., 2004; Soh, Touyz, & Surgenor, 2006; Wildes & Emery, 2001).

A Theoretical Framework for Understanding Body Image

The tripartite influence model of body image and eating disturbance (Thompson et al., 1999b) can potentially increase understanding of body image among Jewish American females, when applied as a sociocultural model to a cultural group. While researchers have investigated factors related to the development of body image problems, few have reviewed the factors within an empirically tested theoretical model (van den Berg et al., 2002). Thompson, Coover, and Stormer (1999a) proposed a tripartite influence model of body image and eating disturbances as a theoretical framework for integrating several variables found in different studies into one model. This model suggests three primary sociocultural influences that inform the development of body image and eating disturbance: peers, parents and media. The model also contains two mediational processes connected to body image and eating problems: internalization of the thin-ideal and excessive comparison to others.

This investigation examined two sociocultural influences on body image: parental influences and Jewish identity. First, research supports that familial factors serve potential risk factors for body image problems (e.g., Leung, Schwartzman, & Steiger, 1996; Shisslak & Crago, 2001; Streigel-Moore et al., 1986). Given family, particularly parents, plays an important role in Jewish culture (Rosen & Weltman, 2005), it made sense to examine parental factors when trying

to assess body image among Jewish females. Second, the extent that someone identifies as Jewish can also potentially impact her/his body image. Research suggests that many Jewish women have strong feelings about their body due to being Jewish and may try to deny their Jewish identity in order to shun some Jewish traits (e.g., large hips and large buttocks) deemed less desirable. Last, the extent to which someone internalizes society's standards for appearance may strengthen or diminish the relationship between sociocultural influences (parental factors, Jewish identity) on body image. The following chapter will discuss in greater detail the theoretical framework for this investigation, including parental factors, Jewish identity, and internalization of appearance.

Definition of Terms

This section will define terms used in this study in order to familiarize the reader. For purposes of this study, Jews were considered an ethnic minority. Although Jews exist throughout the world, they constitute only 2% of the U.S. population and therefore comprise a minority (Singer & Grossman, 2005). American Jews are likely to be very different than Jews living in other countries such as Israel. They are likely to be different in their worldview, how they think of themselves as Jews, and the ways they interact with their environment (Herman, 1989; Kakhnovets, 2005). For these reasons, this investigation focused on Jewish Americans.

Ethnicity defined by Fouad and Brown (2000) accurately describes Jews as a “group of people who live, or once lived, in close proximity to one another and, as a consequence, share ways of thinking, feeling, and behaving” as a result of similar life circumstances (p. 381).

Culture broadly describes “how individuals expect to behave and interact and how that information is passed on to children” (Smolak & Striegel-Moore, 2001, p. 112). Judaism was considered a “culture, a religion, an ethnicity, and a set of traditions that is embedded in Jewish

people's expectations, belief systems, and family dynamics" (Booker, 1991; Schlosser, 2006, p. 424).

Ethnic identity refers to individuals' strength of identification with their ethnic group, in this case, being Jewish. Individuals may possess a strong ethnic identity, even if they are not directly involved in their culture (Phinney, 1996). Jewish identity is likely to affect body image of Jewish Americans. There are many ways Jews may express their identity. Many Jews consider being Jewish a core feature of their identity because of internal (e.g., ethnic pride) or external (e.g., Anti-Semitism) influences (Schlosser, 2006). Thus, Jewish identity describes an individual's strength of identification with Judaism.

Body image is a complex, multidimensional term. Body image was defined as an individual's view of physical self from within (Cash, 1990) that includes a complex set of perceptions and attitudes toward size, aesthetics, and experience of one's body. Body image is a subjective experience and different from the actual physical body or another's perception of someone's body (Cash & Pruzinsky, 2002). It is important to distinguish between body dissatisfaction, body distortions, and body dysmorphic disorder. Body distortions are a symptom of anorexia nervosa, wherein a person perceives her body to be significantly larger than it really is. The classic feature of body dysmorphic disorder is a person who is preoccupied with a defect in appearance (American Psychiatric Association, 2000). For the purpose of this study, the author focused strictly on body dissatisfaction. 'Body image dissatisfaction' and 'body dissatisfaction' were used interchangeably throughout this investigation. As previously stated, body dissatisfaction refers to negative beliefs and feelings about one's overall shape and weight (Garner, 2004), particularly specific body sites such as stomach, thighs, hips, and buttocks (Stice & Shaw, 2002).

Purpose of Study

The primary purpose of this current study was to better understand body image dissatisfaction among Jewish American females, an ethnic minority group that is overlooked and understudied in the research literature. In order to achieve this purpose, the author used the tripartite influence model of body image and eating disturbances to guide research questions. Second, this study sought to identify whether there is a relationship between parental influence and body dissatisfaction, Jewish identity and body dissatisfaction, and internalization of cultural ideal of beauty and body dissatisfaction in Jewish American females.

CHAPTER 2

LITERATURE REVIEW

The following chapter provides a comprehensive review of the research on body image with particular attention to Jewish females. A framework for understanding potential factors that might influence body image in Jewish females is detailed: the tripartite influence model of body image and eating disturbance proposed by Thompson et al. (1999b). Ethnic differences in body dissatisfaction are discussed in order to set the stage for an in-depth review of body image among Jews. Sociocultural influences (Jewish identity and parental influences) and internalization of appearance are discussed, consistent with the framework.

Numerous literature searches were conducted using the following computer databases: PSYCHINFO, Web of Science, PubMed, Social Work Abstracts, Sociological Abstracts, and ProQuest Dissertations and Theses. The databases were searched for empirical and non-empirical research published from 1967-2009 that included keywords such as 'Jew', 'Jews', 'Jewish', 'Jewish identity', 'body image', 'body image dissatisfaction', 'body dissatisfaction', 'eating disorders', 'body image models', 'body image theories', 'parental influence', 'internalization of thin-ideal', and 'internalization of appearance'. Searches particular to Jews and body image yielded few empirical studies, which mostly focus on samples in Israel and dissertations. Although it is likely Jewish Americans experience body image differently than Israeli Jews, the research presented will provide a foundation for understanding how Jewish culture can potentially influence body image dissatisfaction. Searches were broadened to identify published and non-published work on Jews and eating pathology. For purposes of this investigation, dissertations were ordered via University of Iowa Interlibrary Loan. In addition,

ProQuest was searched for relevant articles on body image among Jews with particular focus on publications in Lilith Magazine.

Overview of Body Image Dissatisfaction

Over twenty years ago, Rodin, Silberstein and Striegel-Moore (1984) identified that girls and women's share "normative discontent" with their bodies, suggesting it is common for women in the U.S. to feel unhappy with their bodies. In fact, women tend to see themselves as overweight, despite their actual weight and shape. United States (U.S.) surveys have shown that women's sources of discontent may include mid, lower, and upper (breast-chest) torso, weight, muscle tone, height, face, and overall appearance (Cash, 1997). Women with body image concerns may experience a negatively distorted view of their appearance, body image dissatisfaction, or define their sense of self largely by their appearance. Thompson and Thompson (1986) reported that a sample of college women overestimated their body size by 25%. Participants reported greatest discontent with their cheeks, waist, and thighs.

Psychologists are increasingly concerned with women's body image because body dissatisfaction is linked to poor health outcomes for women. Body dissatisfaction has received the greatest empirical support as a causal factor in eating disturbances, including excessive weight control (e.g., Stice & Shaw, 2002; Thompson et al., 1999b). Empirical findings show that body dissatisfaction predicts lower self-esteem (Thompson & Thompson, 1986), depression (Stice & Bearman, 2001), and overall poor life quality (e.g., Stice, 2002; Striegel-Moore & Franko, 2002; Thompson et al., 1999b).

Theories/Models of Body Image Dissatisfaction

The trend in recent years has been toward understanding the formative factors involved in the development and maintenance of body image disturbance (Shisslak & Crago, 2001; Stice,

2001). Thompson (1992) and Thompson et al. (1999b) offer a review of various theories and models of body disturbance. Important to note, these scholars tend to use the terms *theory* and *model* interchangeably. Various factors related to body image have gained special attention in the literature.

First, interpersonal factors include appearance-related feedback and the role of peers, parents, partners, and strangers on body image disturbance. The body image literature shows the extent to which someone receives negative feedback on an aspect of her/his physical self significantly relates to body image problems (Thompson et al., 1999b). Interpersonal relationships can directly and indirectly influence one's body image. Appearance-related feedback is a form of direct influence wherein peers, parents, siblings, teachers, coaches, and others might offer comments that range from benign to overtly critical. Indirect influences can occur via a person (e.g., mother) modeling attitudes and behaviors that reflect personal body image concerns, and perceptions of others' physical appearance ideals (Thompson et al., 1999b).

Second, behavioral theory suggests that an individual's body satisfaction is influenced by the context or specific environment that s/he occupies on a regular basis. The behavioral model also focuses on precipitating events that trigger body dissatisfaction, such as sexual abuse and verbal teasing. An individual may experience these critical events as traumatic. Next, the individual may naturally avoid this particular event in the future. This theory suggests that the person's anxiety with her/his body can become aggravated as s/he continues to withdraw from certain situations expected to elicit body dissatisfaction.

Third, the cognitive theory-processing model involves how a person organizes information about her/his physical appearance (i.e., body image schema). In this case, a person who thinks negatively about her/his body assumes that others judge her/his body negatively on

the same dimensions. This individual therefore interprets others' behaviors based on that belief. A person with a severe case of body dissatisfaction is likely to have a body image schema that dominates her/his thinking.

Fourth, societal factors have received the strongest empirical support, and thus will receive the greatest attention in this investigation. Societal factors include messages of beauty and individuals' tendency to compare themselves to others within a culture that espouses thinness. Mounting empirical evidence shows that sociocultural pressures generate internalization of the thin-ideal, body dissatisfaction, and body image distortions (Stice, 2002b). The sociocultural theory focuses on how cultural values impact the values and behaviors of individuals (Jackson, 2002), including how individuals perceive themselves and others. For instance, if a woman's culture esteems attractiveness, then she is likely to value attractiveness in herself and others (Jackson, 2002).

Bulik (1987) demonstrates the powerful influence of sociocultural factors that may predispose females to disordered eating. Two case studies are presented: the immigration of two Jewish women in their early 20's to the U.S. from the Soviet Union. Within two years of immigration, they both met criteria for an eating disorder and yet neither woman was aware of the nature of eating disorders prior to immigration. They learned via media and peers that exercise, diet, and thinness were vehicles toward acceptance in American culture. Moreover, they learned that they could meet friends by sharing in discussions of food and diet and by maintaining slenderness.

Sociocultural theory shows that U.S. society's standards of beauty heavily emphasize the value of thinness (Thompson et al., 1999b). Three sociocultural influences in Western cultures are thought to determine body image dissatisfaction: interpersonal, society, and media (Striegel-

Moore et al., 1986; Thompson et al., 1999b). In Western cultures, these three sociocultural influences are intertwined and equate thinness and beauty in females (Jackson, 2002; Thompson et al., 1999b). The thin-ideal of the 2000s has replaced both the full-figured ideal of the 1950s and the “fitness” ideal of the 1990s (Jackson, 2002, p. 18).

Scholars offer possible explanations for women’s desire to achieve this impossible thin-ideal. First, women may seek the thin-ideal in order to join the upper class that espouses wealth and leisure. In fact, research supports that Caucasian women, particularly adolescent and young adults, of upper social class are at greatest risk for body image dissatisfaction. Second, women may seek thinness to maintain youthfulness, where youth is equated with a small figure. Third, women often adopt the medical community’s message that associates health and thinness. Last, the thin-ideal might symbolize a change in female roles from a maternal role to more masculine roles. Research finds women who adhere to a traditional female gender role tend to weigh more. Thus, women who endorse the thin-ideal may be protesting traditional female roles (Heinberg, 1996; Thompson et al., 1999b).

Integrative Models of Body Image Dissatisfaction

While there are several theories on the development of body image (see Cash & Pruzinsky, 2002 and Thompson et al., 1999b, for extensive reviews), a comprehensive search revealed that few studies use models that integrate the various theories. First, Cash (1996) developed an integrative model that needs empirical testing (Thompson et al., 1999b). This model outlines two influences: (1) historical, developmental influences that shape body image attitudes such as personality attributes, physical attributes and socialization and (2) proximal influences that determine how an individual experiences her/his body on a daily basis. In

essence, the model suggests that these influences on body image result in dysphoria, which prompts individuals to engage in behaviors and strategies aimed to reduce distress.

A second integrative model was recently proposed by Durkin, Paxton, and Sorbello (2007). This model examines relationships among several variables thought to predict body satisfaction levels among adolescent girls exposed to idealized female media images. The variables under study include psychological functioning (i.e., depression, self-esteem, self-concept), internalization of the thin-ideal, tendency to make body comparisons, and body mass index. Durkin et al. (2007) tested their model with 122 Australian adolescent girls and 124 Italian adolescent girls to assess generalizability of the model. Results showed a greater tendency to compare one's body to other people predicted more negative changes in body satisfaction following media exposure. Additionally, results showed that greater internalization of the thin-ideal resulted in greater body comparison tendency. Internalization of the thin-ideal partially mediated the path between psychological functioning and body comparison tendency. Future research is needed to test this model to increase understanding for factors contributing to and maintaining body dissatisfaction.

A third integrative model that has received empirical testing is the tripartite influence model of body image dissatisfaction and eating disturbance proposed by Thompson et al. (1999b). This model has been applied to adolescents (e.g., Drewes, 2005; Smolak et al., 2005), adults (e.g., van den Berg et al., 2002), and cross-culturally (e.g., Yamamiya et al., 2008). These studies support using this model to understand the influence of parents, peers and media on the development and maintenance of body dissatisfaction and eating pathology.

Measurement of Body Image Dissatisfaction

In the past two decades, there has been a growth of empirical research on body dissatisfaction among women (see Pruzinsky & Cash, 2002, for a review). Despite increased research and a growth of assessments to measure aspects of body image, due to measurement issues it is difficult to determine prevalence of females displeased with their bodies. Thompson (2004), who has written extensively on body image, argues that while researchers show laudable efforts to base their work on a theoretical rationale, they tend to overlook important measurement issues in the area of body image. He offers several recommendations for researchers and clinicians, from accurately labeling the body image dimension under study to data analysis.

The measurement of body image is complicated by how one defines the body image construct. Body image researchers typically agree that body image is a multidimensional construct (Forbes et al., 2005; Pruzinsky & Cash, 2002), yet scholars often adopt different meanings of body image. Thompson et al. (1999b) identified 16 definitions of body image that target different aspects of one's body experience (e.g., weight satisfaction, size perception accuracy, body satisfaction, appearance satisfaction, appearance evaluation; p. 10). Scholars tend to use these terms interchangeably, which is problematic since they reflect different underlying aspects of body image. For instance, weight concern and appearance concern are not synonymous; appearance concern suggests a broader body-related reference than weight concern.

It is essential that scholars label the dimension of body image being assessed, such as overall appearance or specific body parts (Thompson, 2004; Thompson et al., 1999b). Once the dimension is defined, Cash (2005) and Thompson (2004) encourage scholars to select the measure that accurately measures that dimension. For instance, Groesz, Levine, and Murnen

(2002) found that internalization of societal standards for attractiveness predicts the onset of body dissatisfaction. However, researchers often mislabel this construct as an indicator of body image, rather than a correlate or risk factor of a dimension of body disturbance. In short, consistent with Cash (2005), Thompson (2004) strongly encourages investigators to select appropriate measures for the research questions and population under study because conclusions are “only as good as the measurements from which we derive our results” (p. 13).

Therefore, this investigation conceptualized body image as multifaceted. Body image is created by how an individual subjectively perceives her/his physical self from within based on cognitive and affective experiences (Cash, 1990). Body image is a significant aspect of self, and influences how an individual experiences her/his environment (Cash & Pruzinsky, 1990, 2002). An individual’s body image can differ depending on situations such as media exposure and appearance-related feedback (Thompson et al., 1999b). A woman likely feels dissatisfied with her body when her subjective evaluation of self contrasts with how she objectively appears on the outside (Cash, 1990; Cash & Pruzinsky, 1990, 2002).

Theoretical Framework

The tripartite influence model was the theoretical framework for this investigation. Thompson and colleagues (1999b) developed this model based on extensive research on girls and women’s body dissatisfaction. This model hypothesizes that three primary sociocultural variables (peers, parents, and media) influence the development of disturbances in body image and eating. These influences are thought to exert an effect on body image and eating problems via two primary mechanisms: internalization of societal ideals of appearance (i.e., the thin-ideal) and tendencies to excessively compare oneself to others. The model suggests that social comparison and internalization lead to body dissatisfaction, dieting, and ultimately bulimia.

According to Stice (2002b), this model makes a unique contribution to the literature because it integrates sociocultural factors with individual difference factors.

The tripartite influence model has recently stimulated several empirical studies. This model has been applied to college females (van den Berg et al., 2002; Yamamiya et al., 2008), adolescent girls (Drewes, 2005; Keery, 2003; Keery et al., 2004b; Shroff & Thompson, 2006), and adolescent boys (Smolak et al., 2005). Results from these studies support the tripartite influence model as a framework for understanding how parents, peers and media might influence the development and maintenance of body image and eating disturbance (e.g., Keery, 2002; Keery et al., 2004b; Shroff & Thompson, 2006; Thomspon et al., 1999a; van den Berg et al., 2002; Yamamiya et al., 2008).

The variables identified in the tripartite influence model have been extensively studied. There is support across several studies for the role of peers, family, and media in the development of eating and weight-related disturbances. In fact, van den Berg et al. (2002) found family, peer, and media influences directly influenced body disturbance in a sample of 150 female undergraduates. Furthermore, these researchers support previous research showing that social comparison strongly predicts body dissatisfaction and is a mechanism by which environmental influences (family, peers, and media) impact eating and weight-related behavior. However, the researchers collected data on environmental influences using retrospective reports to assess degree of influence during the formative years of childhood through late adolescence. Thus, participants' reports are potentially vulnerable to recall bias.

Keery et al. (2004b) aimed to evaluate the tripartite influence model in a sample of 325 adolescent girls (grades sixth through eighth). They found internalization and comparison fully mediated the relationship between parental influence and body dissatisfaction. Internalization

and comparison partially mediated the link between peer influence and body dissatisfaction, and media influence and body dissatisfaction. This study supports the potentially negative impact of sociocultural influences on body dissatisfaction, and the mediational role of internalization and comparison in the development of body image. For instance, the results suggest that family members who model unhealthy diet and exercise attitudes and behaviors can adversely impact girls' body image.

Shroff and Thompson (2006) extended research conducted by Keery et al. (2004b) and van den Berg et al. (2002). Similar to Keery et al. (2004b), they sampled 391 adolescent girls (grades sixth through eighth). Interestingly, Shroff and Thompson (2006) found that parental influence did not significantly relate to internalization and social comparison or the outcome variables (body dissatisfaction, eating disturbance, and self-esteem). Keery (2003), Keery et al. (2004b), and Shroff & Thompson (2006) agreed that findings are limited by the narrow age (13-15) range and predominately Caucasian samples. Future work should include ethnically diverse samples. For example, Yamamiya et al. (2008) sampled 289 Japanese female undergraduates in Japan and found support for using the tripartite influence model as a sociocultural explanation for the development of eating disorders and body image problems with this population.

Overall, the tripartite influence model provided the theoretical framework for this investigation. As previously articulated, this model was selected because it appears a sound and well-validated model. It is gaining increasing attention in the empirical literature. This model integrates personal and cultural variables, which fits the focus of this current investigation on an ethnic group. This model provides a useful framework for understanding the possible role of certain influences on body image among a single ethnic group. Although this investigation did not empirically test or validate this model, this investigation used this model to guide research

questions on the role of sociocultural influences and internalization of society's value of physical looks and attractiveness.

Ethnic Differences in Body Dissatisfaction

Despite how pervasive the thin-ideal is in contemporary Western cultures, certain cultural groups may be buffered from negative consequences (e.g., low self-esteem, psychological and physical disorders) of efforts to achieve an often unobtainable thin-ideal (Jackson, 2002). Thus, it is important to appreciate the cultural diversity of body image in order to gain a comprehensive understanding of body image (Pruzinsky & Cash, 2002). Sociocultural theorists (e.g., Thompson et al., 1999b) argue that one's culture impacts body image disturbance. The assumption is that beliefs about beauty, body shape and size, food, and gender roles are learned and rooted in and socialized by cultural influences.

A main reason for studying ethnic differences in body dissatisfaction is to test sociocultural theories of body image and eating disorders. Therefore, if the sociocultural theory is accurate, then ethnic group differences in body dissatisfaction should exist. A secondary reason for identifying ethnic differences in body dissatisfaction relates to prevention and treatment efforts. Clinicians and psychological researchers are likely to interact with ethnically diverse groups. Ethnically diverse persons can potentially benefit from interventions that are designed to meet their unique needs (Crago & Shisslak, 2003; Smolak & Striegel-Moore, 2001).

Ethnically diverse persons may possess unique attitudes about body image, which reflect their ethnic culture, the dominant culture, or the blending of both cultures (Altabe, 1996).

Although clinicians and researchers are likely aware of the importance of examining differences in body dissatisfaction among women, the majority of existing research on body image uses Caucasian samples with little regard for ethnic differences (see Grabe & Hyde, 2006, for a

review). Thus, findings may not generalize to ethnically diverse women because the meaning of the female body might vary by culture (Crago & Shisslak, 2003). Thus, focused studies are needed.

The Discourse: More Similarities than Differences?

Although there is little question that ethnic differences in body dissatisfaction exist, the growing discourse is whether these differences are small or perhaps decreasing (Forbes & Frederick, 2008; Shaw et al., 2004). On one hand, sociocultural models generally show that ethnic minority groups show less body dissatisfaction than Whites because the former experience less cultural pressure to be thin (Stice, 1994; Striegel-Moore et al., 1986; Warren et al., 2005). On the other hand, scholars argue that ethnically diverse groups are vulnerable to body image problems comparable to Whites (e.g., Shaw et al., 2004). Recently, scholars have published literature reviews and meta-analyses on ethnicity/culture and body dissatisfaction that highlight this discourse (e.g., Cafri et al., 2005; Crago & Shisslak, 2003; Grabe & Hyde, 2006; Shaw et al., 2004; Soh et al., 2006; Wildes & Emery, 2001). However, none of these studies included Jewish Americans in the analysis. Most research compared African American women and White women (e.g., Lokken, Worthy, Ferraro, & Attmann, 2008; Penkal & Kurdek, 2007).

It is commonly thought that White women experience greater body dissatisfaction than non-White women. Body image dissatisfaction is often stereotyped as a “White female phenomenon or golden girl problem” (Grabe & Hyde, 2006; Smolak & Striegel-Moore, 2001). Akan and Grilo (1995) found support for this possible “White female phenomenon”. Among 98 college women, including 36 African Americans, 34 Asian Americans, and 28 Caucasians, they found Caucasians reported higher levels of disordered eating, body dissatisfaction, and dieting attitudes and behaviors compared to both racial groups. Interestingly, both Caucasian and

African American females reported a similar history of being teased for their weight and size as children. This history of teasing was found related to disordered eating behaviors and attitudes and body dissatisfaction. This finding suggests that body dissatisfaction is not limited to Caucasian females. In short, this study encourages research on the relationship between culture and body dissatisfaction among college women. As expected, this study did not sample Jewish Americans.

Moreover, Wildes and Emery's (2001) meta-analytic review of 35 studies offered support for ethnic differences in body dissatisfaction. Their primary result showed that White female samples reported greater body dissatisfaction than non-White samples. The non-white samples were limited to individuals who identify as Black and/or African, Asian American and Asian British, Arab, Hispanic, Russian, and "non-White", with no specific reference to Jews. Findings from this review emphasized the importance of sociocultural variables, such as ethnic group membership, on the development of eating pathology.

Despite research that shows ethnic differences on body dissatisfaction, several recent studies have shed doubt on whether large differences exist in body image across ethnic cultures (e.g., see Soh & Touyz, for a review). In 2006, Grabe and Hyde did not find evidence for large differences in body dissatisfaction across ethnic groups. They conducted a meta-analysis of 98 studies, and examined body dissatisfaction among Asian American, Black, Hispanic, and White women in the U.S. For instance, results challenged the long-standing belief that White women are more dissatisfied with their bodies than Black women. Although they found that White women were more dissatisfied than Black women, the difference was small. Overall, they did not find large differences in body dissatisfaction between White and non-White women, suggesting that ethnic-minority females are not protected from body dissatisfaction.

In addition, Shaw et al. (2004) found little support for ethnic differences in body dissatisfaction among 785 adolescent and adult females (64 Asians, 49 Blacks, 108 Hispanics, and 564 Whites). Results showed no ethnic differences in fear of fat, weight and shape concerns, and pressure to be thin. Contrary to popularized belief, findings suggest that sociocultural factors might impact all ethnic groups equally. Thus, ethnically diverse females may experience similar sociocultural pressures for thinness as Whites. Although this study helped fill the gap regarding the controversy over whether or not ethnic differences in body image exist, this study neglected Jewish Americans from analysis.

Moreover, Cafri et al. (2005) failed to find support for ethnic differences in body dissatisfaction. Cafri and colleagues (2005) conducted a meta-analysis of 22 published and unpublished studies from 1990 to 2005, written in English, and conducted in and outside the U.S. The review assessed three sociocultural influences on body image that have gained considerable attention in the literature: awareness of the thin-ideal in the media, internalization of the thin-ideal and perceived pressures to be thin (e.g., Stice, 2002a, 2002b; Thompson & Stice, 2001). Awareness of the thin-ideal was defined as knowledge that the standard exists, whereas internalization of the thin-ideal is a “profound incorporation or acceptance of the value, to the point that the ideal affects one’s attitudes (body image) or personal behavior (dieting)” (Cafri et al., 2005, p. 422; Thompson et al., 1999b). Contrary to the researchers’ expectations, findings showed that ethnicity did not significantly moderate the relationship between body image and internalization or awareness of the thin-ideal. Importantly, this finding may have resulted from low power due to a small sample of studies in which ethnic minorities were collapsed into a heterogeneous group rather than analyzed separately by ethnic group.

Take Home Message

The discourse on whether or not there are ethnic differences in body dissatisfaction articulates two camps of thoughts: Some scholars suggest that ethnic groups experience greater body satisfaction than White counterparts. However, others argue that ethnic groups may experience similar levels of body dissatisfaction as Whites as ethnic groups assimilate to the Western beauty ideal for thinness. Both camps seem to agree on the pervasive influence of the thin-ideal in Western cultures. It is not possible, based on current research, to determine if ethnic differences in body dissatisfaction are increasing or decreasing (Roberts et al., 2006). This section is not intended to resolve the discourse.

Instead, this section emphasized the importance of examining the influence of cultural factors on body image, highlighted the current trend in these research efforts, and underscored that Jewish American females are missing from the analyses. Studies denying ethnic differences in body dissatisfaction need to be interpreted with caution. Researchers tend to collapse ethnic groups under a single minority group (Striegel-Moore & Franko, 2002). While Jewish Americans may be part of the analyses, they are likely dumped into the White category, which is problematic.

Jewish Females and Body Image

Research suggests that Jews are more likely than other cultural groups to seek psychological services (Klein, 1976; Yeung & Greenwald, 1992), possibly because Jews are less self-reliant and less suspicious of mental health professionals (Langman, 1997). Therefore, it is important that care providers are informed about issues affecting Jews. Although limited published research exists on body image among Jews, the Jewish community has voiced concerns about the number of Jewish females reporting discontent with their bodies (e.g., Pearl,

2006; Reiss & Bonner, 1998; Smith, 1999; Zeder, 2005). With limited published empirical studies on body image among Jewish American females, this section will include published studies on eating disorders among Jewish females in order to address current research efforts.

Snapshot: Jewish Females and Eating Disorders

Although Jews are mostly secular and comprise roughly 2% of the U.S. population, Jews are overrepresented in the eating disorder inpatient facilities, such that 13% of the clientele is Jewish (Baruchin, 1998a). In addition, Sykes and colleagues assessed patients who sought services at a Midwestern eating disorder clinic, and found a high rate of Jews with eating disorders compared to Protestants (Sykes, Gross, & Subishin, 1986; Sykes, Leuser, Melia, & Gross, 1988). Observant Jewish communities appear highly vulnerable to eating disorders; notably, Orthodox, Hasidic, and Syrian Jewish communities have reportedly been struggling with eating disorders since as far back as the 1970s (Baruchin, 1998b).

A comprehensive search revealed four dissertations on eating disorder symptomatology among Jewish American females (Gluck, 2000; Goldberg, 2002; Lewin, 2006; Weinberger-Litman, 2008). Most recently, Weinberger-Litman (2008) examined religious orientation, spiritual well-being, social comparison and educational setting on the development of body image and eating pathology in 301 Jewish females in high school and college. Results showed that religious orientation strongly influenced body dissatisfaction and eating pathology. Specifically, intrinsic religious orientation related to less disturbance with respect to body image, eating attitudes, thin-ideal internalization, and adherence to Superwoman ideal of femininity. The Superwoman ideal equates woman's success with ability to balance traditional masculine traits (e.g., pursuit of career, competition, independence) with feminine traits (e.g., affection, caregiving; Goldberg, 2002). Internalization of appearance and adherence to the Superwoman

ideal mediated the relationship between religious orientation and eating disorder symptoms. Interestingly, educational setting did not influence scores on body dissatisfaction or eating disturbance. However, women who attended all-female schools were more likely to adhere to the Superwoman ideal and internalize the thin-ideal compared to women who attended coed schools.

In contrast, Lewin (2006) and Goldberg (2002) focused exclusively on a nonclinical sample of Orthodox Jewish college women. Although Orthodox Jews are a unique population of Jews that are outside the purview of this investigation, findings from the three dissertations will be summarized given the authors' focus on Jewish women. For additional reading on eating disorders among Orthodox Jews, see Baruchin (1998a), Gluck (2000), Gluck and Geliebter (2002), Goldberg (2002), and Lewin (2006).

Lewin (2006) examined the relationship between sociocultural factors and eating disorder symptoms among 103 Jewish Orthodox women from a four-year Orthodox Jewish women's college and from community groups. Participants completed measures on eating disorder symptoms, internalization of appearance, and the Superwoman ideal of femininity. Lewin (2006) found that the majority of her sample endorsed a high level of awareness for and recognition of society's standards of beauty. However, she found little of the variance in body dissatisfaction was accounted for by internalization of appearance.

Consistent with Lewin (2006), Goldberg (2002) investigated sociocultural factors related to eating disorder symptomatology among Orthodox Jewish females (N = 145). Goldberg (2002) examined similar variables as Weinberger-Litman (2008) and Lewin (2006) such as Superwoman ideal of femininity, internalization of appearance, and disordered eating while also including parental attachment and separation. Results showed that Orthodox Jewish women who

endorsed the thin-ideal were likely to experience body dissatisfaction and preoccupation with dieting. A lack of relationship was found between Superwoman ideal of femininity and disordered eating, which Goldberg suggested may be due to Jewish laws and values that challenge this ideal. Contrary to hypothesis, parental attachment did not predict body dissatisfaction, bulimia, or drive for thinness. No correlations emerged between Jewish identity and body dissatisfaction, bulimia, and drive for thinness.

Gluck's (2000) study is unique because she included a comparison sample of Jewish women. Specifically, she sampled 78 Orthodox Jewish women and 49 secular Jewish women from universities and colleges in the Northeastern U.S. Participants completed measures on body shape, body size, and weight, eating pathology, internalization of appearance, self-esteem, and religious identification. Findings indicated greater internalization of appearance was associated with greater body dissatisfaction and greater eating pathology. Results support examining religion as an important variable in the sociocultural model of the development of body dissatisfaction and eating pathology. Interestingly, she found that religion may guard Orthodox Jewish women from developing body image problems and eating disturbance. In fact, secular women scored significantly higher on body dissatisfaction and eating pathology and were more likely to believe that body shape was important to their self-esteem compared to their Orthodox counterparts. Gluck (1999) speculated that Orthodox Jewish women may be protected against body image concerns due to potentially limited exposure to modern beauty ideals and strict adherence to Jewish law that emphasizes modesty.

Aside from the aforementioned dissertations, existing published studies on Jewish females are mostly conducted with Israeli adolescent samples (e.g., Neumark-Sztainer, Palti, & Butler, 1995). The following three studies include Jewish adolescent females, age 12-18, living

in Israel. First, Mitrany et al. (1995) conducted a study to estimate the nationwide annual incidence in Israel during 1989-1993 among Jewish females suffering eating disorders. Results indicated the rate was 48.8 per 100,000. However, this figure is an underestimation of actual incidence because data were not obtained for females with less severe presentations seeking services from private practitioners. Still, this figure underscores that eating disorders are not limited to Jewish females living in the U.S.

Second, Latzer and Tzischinsky (2003) assessed eating disorder pathology using the Eating Disorder Inventory-2 (EDI-2) among 1,316 Jewish adolescent females. Results showed that girls between ages 16 and 18 endorsed higher scores on the EDI-2 compared to other age cohorts. Females attending a secular boarding school had the highest total EDI-2 score, while females of a kibbutz group had the lowest total EDI-2 score. A kibbutz is a “communal settlement based originally on socialist principles with no ownership of property” (p. 297). The females who attended the secular boarding school were generally referred to the school by social welfare services because they were of lower social class and from disturbed families. Importantly, both studies did not discuss factors that might contribute to Jewish females’ vulnerability to eating issues. As stated previously, Jews might have been sampled for convenience given they comprise the dominant group along with Arabs in Israel.

Third, Neumark-Sztainer, Butler, and Palti (1996) sampled 341 Jewish high school females living in Israel in order to examine risk factors of disordered eating. The researchers found body dissatisfaction and drive for thinness strongly predicted disordered eating. Sociocultural factors, such as pressure from family and peers to be thin and daughter’s perception of mother’s weight concerns, indirectly influenced disordered eating through their effect on personal factors.

In summary, it appears Jewish females have been struggling with eating disorders for decades. While Jews only comprise a small minority of the general population, they appear to comprise a fair number of patients seeking eating disorder treatment. Overall, the research suggests that Jewish females are not necessarily protected from disordered eating, suggesting they likely face body dissatisfaction as well. Empirical research appears limited on Jewish females with eating disorders, and secular Jewish American females appear overlooked in published empirical research. Existing research tends to focus on Orthodox Jews, adolescent samples, and/or females living in Israel.

Empirical Research: Jewish Females and Body Image

Klein's (1977) dissertation offered early and important insights into body dissatisfaction among Jewish young adults that appear consistent with today's reports (e.g., Beck et al., 2003). Participants were 119 male and female Jewish, third generation young adults (65 females; mean age was 28.5) from upper middle class backgrounds living in northern California. Participants completed measures on Jewish identification (open-ended questions; Brenner Scale of Jewish Identification), self-esteem (Rosenberg Self-Esteem Scale), self-denigration (Adjective Check List), and alienation (Keniston Alienation Scales). For purposes of this investigation, focus will be on Klein's (1977) results specific to body image. Klein defined body image as "the subjective perception and evaluation one gives to each body feature" (p. 107). She attempted to assess participants' feelings about their body image by eliciting their "associations with Jewish looks" and their preferences compared to "associations with WASP looks" (p. 77).

Results showed that a large percentage of the sample endorsed cultural stereotypes about Jewish appearance. As many as 88% associated Jewish looks with "big-nosed, dark (hair and eyes), short, kinky-haired, hairy men and women... large breasted". Nearly half of the sample

(39-53%) described Jewish looks as “large buttocks and thighs, general overweight, and musculature that was flabby or wiry” (p. 78). Participants indicated greater value for WASP looks than Jewish looks. Specifically, participants preferred on average three more WASP features, whereas the average number of features that participants wanted to appear more Jewish was not even one. Results support Klein pilot study, published a year earlier in 1976. Both studies (Klein, 1976, 1977) suggest many Jews feel that being Jewish is antithetical with attractiveness, unlike many Black individuals who tend to celebrate one’s Blackness as beautiful. Interestingly, participants with a positive Jewish identity reported greater acceptance of their body, did not wish to change many bodily features to appear more WASP-like, and valued their Jewish looks.

Limited published empirical research exists on body image among Jewish females. Even less data are available on Jewish American females. Consistent with the published studies on eating disorders, published studies on body image among Jewish females are largely limited to Israeli samples. Apter et al. (1994) examined eating attitudes and body image among 783 females age 15-18, including Jews (n = 270), Arabs (n = 489), and those with anorexia (n = 24). All participants were living in Israel and took part in the study in 1986. The Jewish females comprised students from a large city (n = 67), a kibbutz (n = 33), a moshav (a rural settlement based on socialist principles that allow private ownership of property; n = 26), an agricultural boarding school for middle-class students (n = 37); and an agricultural boarding school for immigrants (n = 107). The Arabic sample include five ethnically distinct groups; namely, Muslim (n = 204), Christian (n = 91), Druze from the village of Galilee (n = 77), Bedouin (n = 67) of the Middle Eastern desert tribes, and Circassian (n = 50) who are Sunni Muslims. All Arabic participants lived in small towns or villages. The comparison group included females

receiving treatment for anorexia nervosa. Participants completed a measure on eating pathology (Eating Attitudes Test; EAT) and 17 items on body image (e.g., Are your thighs too fat; Do your friends think you are fat?).

Results showed that most Jewish and Arabic females indicated body-related and eating-related attitudes similar to females in the U.S. For instance, all Jewish and Arabic females reported a desire to lose weight. Contrary to findings by Latzer and Tzischinsky (2003), the kibbutz girls of this sample, achieved similar EAT-26 scores as the anorexic females. Apter et al. (1994) hypothesize that kibbutz girls are at high risk for eating pathology given they face enormous stress due to exposure to Western norms. Kibbutz women often struggle to balance traditional Jewish roles and liberated images of modern women. In short, the researchers concluded that healthy adolescents show attitudes toward food that resemble attitudes of females with anorexia when they live in affluent, culture-ethnic settings that are exposed to Western body ideals. Thus, this study underscores the pervasiveness of Western body ideals, particularly among Jewish society that endorses American values of the Western world (Safir et al., 2005).

Safir et al. (2005) also sampled Jews and Arabs living in Israel in order to examine cultural influences on body satisfaction. Contrary to the former published studies on adolescent Jewish females (e.g., Apter et al., 1994; Latzer & Tzischinsky, 2003; Mitrany et al., 1995), this study assessed university students (104 men, 96 women, 56% Jews, mean age 23). Eighty percent of Jews and Arabs in this sample identified as secular. Participants completed the figure rating scale to assess body satisfaction based on body-related attitudes and a demographic questionnaire to determine efforts to alter one's weight, based on self-report. Results showed that Jewish women reported higher BMI scores and were less satisfied with their current figures compared to Arab women. However, Jewish women were generally a year and a half older than

Arab women. When the researchers controlled for age, no differences were found in BMI or body shape satisfaction. Nevertheless, Jewish women reported more efforts to change their weight compared to Arab women. Consistent with implications of Apter et al.'s (1994) study, Safir et al. (2005) highlights the ubiquitous nature of Western body ideals, which are often unobtainable for the average woman. This study encourages future research to examine influences of Western body ideals on Jewish American females.

Furthermore, Gluck and Geliebter (2002) offer one of the few published studies on Jewish college females living in the U.S. The researchers compared 78 Orthodox Jewish females with 48 Jewish females (mean age for both groups was 20 years). They aimed to explore the influence of religion on disturbance in body image and eating behaviors. In this case, the researchers conceptualized Judaism as a religious affiliation rather than an ethnic identity. Participants completed several measures: (1) body dissatisfaction (Body Shape Questionnaire; BSQ); (2) eating behavior (Eating Disorders Examination – Questionnaire Version; EDE-Q); (3) awareness and acceptance of societal standards of appearance (Sociocultural Attitudes towards Appearance Questionnaire; SATAQ); (4) self-esteem (Rosenberg Self-Esteem; RSQ); (5) body image discrepancy (Figure Rating Scale; FRS); (6) strength of religious identity (Religious Identification Questionnaire); and (7) socioeconomic status (SES) based on parental occupation and education (Hollingshead scale). For purposes of this investigation, results will only be reported on body image and eating behaviors.

Results showed that although secular women and Orthodox women had a similar BMI, secular women reported greater disturbances in body image and eating behaviors. Specifically, secular women endorsed greater eating disorder symptomatology than Orthodox women, particularly greater use of laxatives and diuretics and greater tendency to vomit. No differences

were found in binge eating between both groups. Even after controlling for SES and media exposure, secular women were twice as likely as Orthodox women to report a fear of becoming fat, and four times more likely to be influenced by their weight and shape. In contrast to Orthodox Jewish women, secular women appeared more aware of and accepted society's standard for thinness and reported greater shame about their body appearance than Orthodox women. Results support Gluck's (2000) dissertation on body image and eating disturbances among Orthodox and secular Jewish college women. Gluck (2000) found that secular Jewish women reported greater body dissatisfaction and eating pathology compared to Orthodox Jewish women.

Gluck and Geliebter (2002) suggest the strict, insulated nature of Orthodox Judaism may have protected women from disturbances in body and eating. Moreover, secular Jewish women's significant body dissatisfaction may be mediated by cultural pressure to be thin. Studies (Gluck, 2000; Gluck & Geliebter, 2002; Weinberger-Litman, 2008) encourage future research to include religion as a significant variable in the sociocultural model of the development of body dissatisfaction and eating disorders. Future research might extend beyond defining Judaism as a religion, and instead as an ethnicity/culture.

In summary, research finds support for body dissatisfaction among Jewish females. Klein's research, in the 1970s, shows that her sample of Jewish young adults perceived themselves as ethnically diverse. In fact, she found (1976, 1977) that many Jews negatively stereotype Jewish features as unattractive. Published empirical studies, excluding dissertations, on Jews and body image appear limited to Jews living in Israel. These studies show that samples of Jewish females report body dissatisfaction, which suggests the pervasiveness of Western beauty ideals (e.g., Greenberg et al., 2007; Mitrany et al., 1995). Gluck and Geliebter (2002)

offer an important contribution because research is very limited on college samples of Jewish American females.

Sociocultural Influences

The tripartite influence model hypothesizes that sociocultural variables influence body dissatisfaction. This investigation considered the relationship of two sociocultural variables on body image among Jewish American females. These two variables were Jewish identity and parental influence.

Jewish Identity

Given the sociocultural theory suggests that cultural values influence a person's values and behaviors (Jackson, 2002), it follows that Jewish identity can potentially serve as a sociocultural influence on body image dissatisfaction. Jewish identity is a complex and multidimensional topic that requires comprehensive effort outside the focus of this investigation (Friedman, Friedlander, & Blustein, 2005). This investigation defines Jewish identity as individuals' strength of identification with Judaism. For additional readings on Jewish identity, see Friedman, 2002, Friedman et al., 2005, Goldberg & O'Brien, 2005, Langman, 1999, and Schlosser, 2006.

Ethnic identity plays an important part in self-concept that relates to feelings and attitudes about ethnic membership (Phinney, 1996; Phinney & Alipuria, 1990). A person's ethnic identity is likely to be stronger when one's ethnic membership is salient to the outsider observer, such as with people of color. A strong ethnic identity is more likely to contribute to one's self-concept (Phinney, 1996). The strength of one's ethnic identity does not necessarily correlate with involvement in one's culture (Phinney, 1996). For instance, a person may self-identify as a Jew

but not necessarily identify with the cultural aspects of being Jewish (i.e., values, traditions, and attitudes).

Jewish women, like all other women, are potentially vulnerable to body image concerns (e.g., Siegel, 1995). A person who is self-conscious about being identified as Jewish may feel ashamed or embarrassed by physical features that appear “too Jewish”; for example, frizzy hair, wide hips, and big noses (Langman, 1999; Siegel, 1995). To avoid these negative stereotypes, a Jewish woman may deny her Jewishness. Some argue that Jewish women who are proud to be Jewish endorse fewer body image problems and greater quality of life (see Gold, 1997; Kakhnovets, 2005; Klein, 1977). Reading various sources did not reveal a list of factors placing Jewish women at risk for body image problems. However, Jewish American women likely try to balance messages of Jewish culture with those of American culture (Abromowitz & Silverman, 1997). Although scholars consistently link Jewish identity with female body image, Goldberg (2002) did not find a relationship between Jewish identity and body dissatisfaction among a nonclinical sample of 145 Orthodox Jewish college women. Jewish identity may place Jewish women at increased risk for body image problems or protect them from body discontentment.

Centrality of food. The central role of food in Jewish culture tends to be an important component of Jewish identity. To understand body image among Jewish American females, it is valuable to recognize the important role of food in Jewish culture (e.g., Beck et al., 2003). Interestingly, Rowland (1970) argued that Jews were at greater risk for developing eating pathology because of Jewish culture’s strong emphasis on food. Nearly thirty years later, in 1998, a conference was held in Philadelphia to address the intersection between food, body image, and Judaism. Many Jewish children grow up eating large meals with their family and Jewish community. Moreover, food is symbolically related to the history of Jewish heritage and

Jewish holidays. For instance, Smith (1999) reflects on the role of food related to the Jewish holiday, Passover. Briefly, Passover represents the Exodus of Jews from Egypt after generations of slavery, and the start of the harvest season in Israel.

The Passover seder begins, “Let all who are hungry come and eat, all who have been enslaved taste freedom at this seder.” With this mandate, I was sure that our Jewish heritage decreased the likelihood in our community of enslavement by food and body. Not so. While Judaism clearly has traditions to celebrate body and food, it seems also to serve as a source of body image distress, food anxiety and of shame of hunger (Smith, 1999, p. 24).

Historically, individuals were protected from starvation if they had enough food to eat. Many post-Holocaust parents who live with images of hunger and starvation may eagerly ensure that their children are well-fed and healthy bodied (Schwartz, 1995). As a result, many Jewish families force feed their children; e.g., “eat this spoonful for uncle, and this spoonful for grandma” (Schneider, 1984, p. 247). Food is considered a source of love and is linked with maternal care (Smith, 1999; Strasser, 1996). Jewish mothers are often at risk for sending mixed messages to their daughters, such as “Eat, eat” followed by “Diet, diet” (Schneider, 1984, p. 247).

American culture often praises women who are able to restrict caloric intake. In Jewish culture, females may receive dual messages: one that celebrates food and eating, with another that celebrates restraint. It is important to highlight the centrality of food in the discussion of Jewish identity related to body image because food is symbolic in Jewish history and culture.

Internalized anti-Semitism and assimilation. Issues of anti-Semitism and assimilation likely relate to Jewish identity as well. Scholars hypothesize that Jewish women often struggle with this conflicting injunction to eat and then diet as Jews assimilate to the majority American culture. To many individuals, Jews may be seen as well-integrated in American society.

Langman has written extensively on Jewish issues, particularly within the framework of

multiculturalism. In 1995, he challenged references to Jews as the “assimilated nonminority”. Certainly, at times it may be difficult to parcel out a person’s Jewishness when s/he may blend in with White Americans. However, even if many people perceive Jews as part of the White majority, many Jews experience themselves as an ethnic minority. Jews’ identity as an ethnic minority needs to be understood within a historical context. Historically, Jews were restrained to living in ghettos, where assimilation was not an option and Jews were limited to Jewish culture. Langman (1995) argues that Jewish self-hate developed when Jews were allowed to assimilate to mainstream culture. Particularly, he asserts that being Jewish became stigmatizing and embarrassing once Jews could assimilate. For instance, Merkin (1989, p. 16), raised in an Orthodox Jewish home, captures many Jews’ disdain for Jewish traits:

Floating always among us was an awareness of the importance of avoiding, if one could help it, too “Jewish” an appearance, the dreaded stigma of too “Jewish” a voice... everyone I knew admired the sort of looks – in both men and women – that are thought of as quintessentially non-Jewish.

Similar to Merkin, many Jews grow up as victims of anti-Semitic comments. Jewish women may deny their Jewish identity if they feel their “Jewish looks” impede their ability to assimilate to the all-American beauty standard; for instance, blonde hair, blue eyes, thin, tall, athletic, and young. Thus, assimilation meant for Jewish women to change their appearance. In fact, “nose jobs” are thought to be so popular among Jewish women because it is a common way to conform/ reshape their look to reflect a non-Jewish image (Gold, 1997; Schneider, 1984). Both Jews and non-Jews have come to accept the long-time anti-Semitic cartoon of hairy Jews with long, hooked noses. Jervis (1998) and Schneider (1984) suggest Jewish women’s bodies are the vehicle toward assimilation in order to gain acceptance in society. They claim that Jewish mothers often encourage their daughters to conform to WASP culture, for instance via “nose jobs”, which tends to be the hallmark of anti-Semitism. Scholars posit that denying one’s Jewish

identity is a form of internalized anti-Semitism, a psychological process of believing anti-Jewish stereotypes spread by the dominant culture, and transforming these messages into self-loathing, shame, and fear of being linked to Jews (e.g., Gilman, 1991; Schwartz, 1995). Jewish women may not be aware that they have possibly internalized these toxic messages about their appearance.

It is important to note that Jewish women may look similar to non-Jewish women of the same geographical region, and not all Jewish women possess stereotypical Jewish features. For instance, some Jewish women have blonde hair, red hair, and/or fair skin. However, many Jewish women have internalized the negative stereotypes of Jewish women and therefore are sensitive to appearing too Jewish. Similar to women of color, Jewish women may experience low self-esteem or low mood if they believe they do not resemble the classic gentile (non-Jewish) woman (Beck et al., 2003; Siegel, 1995). The following two quotes aim to demonstrate the desire to resemble non-Jewish women, and the internalized negative stereotypes of Jewish women.

I have a girlfriend who said to me once, “You have a gentile body,” and I said, “What’s a gentile body?” “Well, Jewish women have the hips... You have beautiful long legs, and small hips.” When people say to me, “You don’t look Jewish,” it’s a compliment... I take it as a compliment” (Gold, 1997, p. 287).

Many of us carry painful feelings of self-hate as well, believing that we are too fat, that our breasts, hips, and bellies are too large, that our noses are too large, that our faces are too large, that we have too much body hair, that our hair color and skin color are too dark, and that our hair is too curly or frizzy (Schwartz, 1995, p. 134).

Jewish women often try to mask their Jewishness by changing their noses, accents, names, or hair in effort to blend into mainstream culture (Beck et al., 2003; Gilman, 1991; Jervis, 1998; Schneider, 1984). Some scholars posit that Jewish women who feel self-conscious for looking Jewish in a non-Jewish culture may automatically view their features as less desirable, regardless

if they are thin or fat (Schneider, 1984; Siegel, 1995). Thus, these anti-Semitic comments coupled with America's general obsession with thinness places many Jewish American women at risk for body image problems (Reiss & Bonner, 1998).

Similar to Langman, decades prior, Klein (1976) noted a number of Jewish Americans expressed feeling embarrassed by their Jewishness, and therefore denied their culture in order to assimilate. For instance, Klein (1976) notes some Jews may communicate defensive remarks to avoid a negative self-image; e.g., "I'm a middle-class American, not Jewish" (p. 27). In an effort to better understand this internalized self-hate around Jewish identity, Klein (1976) created a short-term, encounter group of six Jewish females and males at the University of California, Berkeley. Participants ranged in age from 22 to 33. She utilized the ethnotherapy group model that had been used with Black individuals and White individuals to counter attitudes about race. While members shared some negative stereotypes about Jewish bodies, they learned how much their ideal body image was influenced by WASP culture. For instance, they learned to challenge their negative stereotypes of Jewish women as unattractive, dark, and large breasted. Results foreshadowed later research (e.g., Langman, 1995): Similar to other ethnic minorities, Jews often feel conflicted and vulnerable about drawing attention to themselves as Jews given their history of oppression and extermination (Klein, 1976).

Summary. Ethnic groups are not impenetrable to Western ideals of female body shape. Individuals appear increasingly vulnerable to these body ideals as they assimilate to American culture (Nasser, 1997). Jewish psychologist Nye who specializes in eating disorder treatment reports: "If we want to follow our tradition, we have to revolve our lives around food... But if we want to assimilate, we have to look different" (as cited in Reiss & Bonner, p. 10). The issue is complicated for Jewish women who may possess physical traits that do not match non-Jewish

images of beauty. As a result, Jewish women may internalize anti-Semitic stereotypes about Jewish looks (Siegel, 1995). Jewish women are at risk for denying their Jewish identity if they have internalized self-loathing for “Jewish looks” and their White skin color allows them to pass as non-Jewish (Schwartz, 1995).

Parental Influences

For purposes of this study, parental influences are the second sociocultural influence on body dissatisfaction. Several studies have assessed parental influences related to body image dissatisfaction (see Thompson et al., 1999b). Researchers began to study parental influences to better understand why some individuals become distressed about their body when most everyone is exposed to similar, if not the same, messages and images from the media. In Streigel-Moore et al.’s (1986) frequently cited article, familial factors were proposed as potential risk factors for females’ disturbances in body image and eating. These familial influences included: families that strongly emphasize appearance and thinness; mothers who model weight preoccupation and dieting; family members who criticize daughters’ weight; daughters who are applauded for efforts to lose weight; and family members who compete for the thin-ideal.

The research discusses three main means of parental influence: (1) the effects of parental modeling of their own body image satisfaction and eating behavior on their children, (2) the effects of parents’ attitudes toward children’s weight, shape, and diet on children’s body image satisfaction, and (3) effects of parental teasing toward children’s weight and shape (Kearney-Cooke, 2002; Thompson et al., 1999b). The Perceived Sociocultural Influences on Body Image and Body Change Questionnaire (McCabe & Ricciardelli, 2001b) assesses these three means of parental influence. Mothers are often studied because they are thought to play a significant role

during children's development. Traditionally mothers, as opposed to fathers, purchase food, prepare meals, and dress children.

When a woman develops body image issues and/or an eating disorder, poor mothering is often blamed (e.g., Pike & Rodin, 1991). Dating to the 1970s, mothers have been blamed for the development of eating disorders among women. For instance, women in treatment may blame their mothers for sharing their body dissatisfaction with their daughters who then internalize these feelings of helplessness and self-loathing. Interestingly, fathers' behaviors are often neglected in the literature while mothers' behaviors are scrutinized (see Rabinor, 1994, for review on mother-blaming). This investigation did not intend to blame mothers for women's body dissatisfaction. Instead, this investigation sought to better understand parental influences on body image among Jewish American women.

Most of the studies focus on links between mothers and daughters with respect to eating disorders, rather than body image dissatisfaction by itself. Research on the mother-daughter relationship and eating behaviors reveals inconsistent results. Many researchers support a relationship between body-related feelings and behaviors of mothers and daughters (Cooley, Toray, Wang & Valdez, 2008; Lowes & Tiggemann, 2003; McKinley, 1999; Pike & Rodin, 1991). However, other researchers fail to find support, which challenge the common belief that mothers cause their daughters to have eating issues (Sanftner, Crowther, Crawford, & Watts, 1996; Thelen & Cormier, 1995). Mothers may have a minimal modeling effect or no effect on their daughters' weight and shape concerns (Sanftner et al., 1996). These studies are largely correlational. It is unclear if maternal influences play a causal role in the development of daughters' eating problems. The studies discussed in the subsequent sections on parental influences focus on body image given the primary focus of this investigation.

Pre-school – adolescent girls. Research shows many children perceive pressure to achieve a certain weight and shape. McCabe, Ricciardelli, and Holt (2005) administered the Sociocultural Influences on Body Image and Body Change Questionnaire to normal weight children (132 boys, 158 girls) and overweight children (67 boys, 55 girls). Mean age of children was 9 years. This measure assesses perceived pressure from mother, father, best friend, and media to lose weight and increase muscles. They found that overweight boys and girls compared to normal weight children reported greater body dissatisfaction, placed greater importance on their weight, and perceived greater pressure to lose weight.

The influence of maternal modeling on female body-image development has received attention in the research literature. Over twenty years ago, Striegel-Moore et al. (1986) identified maternal modeling as a potentially potent influence on daughters' risk for disturbances in body image and eating. Maternal modeling referred to mothers who model weight preoccupation and dieting in front of their daughters. The research literature finds that children as young as age 5 are socialized to seek a thin body. For instance, Davison, Markey, and Birch (2000) found that 5-year-old girls' weight concerns were not only influenced by their own perceptions of their bodies, but also by mothers' weight concerns. McCabe et al. (2007) extended Davison et al.'s (2000) study and sampled 4-year-old preschool children (29 girls, 24 boys). The study used interviews and qualitative methodology. Consistent with Davison et al. (2000), McCabe et al. (2007) found that mothers expressed messages to their daughters about losing weight, and encouraged their daughters to exercise in order to manage their weight. Mothers of this sample were generally dissatisfied with their weight and shape, and dieted to lose weight. Results of this study are alarming, suggesting 4-year-old girls are mirroring their

mothers' behaviors by focusing on their body size and trying to alter their appearance to fit society's body ideal.

Similarly, Lowes and Tiggemann (2003) found body dissatisfaction among young girls was influenced by mothers' body dissatisfaction. The researchers sampled 135 children between the ages of 5 and 8. Results showed that girls, age 6, 7, and 8 rated their ideal figure shape as significantly thinner than their current figure, according to the Children's Figure Rating Scale. The majority of children from age 5 to 8 showed awareness for dieting as a means to achieve an ideal body shape and for their parents' body dissatisfaction and dieting efforts to lose weight. Unlike boys, girls' level of body dissatisfaction was related to their perception of their mothers' body dissatisfaction. This study highlights the powerful influence of mothers' body concerns on daughters' body satisfaction.

A search revealed that most published research on maternal influence on daughters' body image has been conducted with adolescents, with limited research on adult samples. McCabe and Ricciardelli (2003) administered the Perceived Sociocultural Influences on Body Image and Body Change Questionnaire to a large sample of adolescent boys and girls in grade 7-10. Results showed that for girls, feedback from participants' mothers and best female friends were strong predictors of body-change strategies. McCabe and Ricciardelli (2005) administered the same measure to another large sample of adolescent boys and girls in grade 7. Consistent with McCabe and Ricciardelli (2003), McCabe and Ricciardelli (2005) found that mothers and female best friends were the strongest influences on adolescent girls' strategies to lose weight.

Researchers have found adolescents' perceptions of mothers' dieting relates to daughters' weight-related concerns and behaviors, including desire to increase muscle tone (Benedikt, Wetheim, & Love, 1998; Keery, Eisenberg, Boutelle, Neumark-Sztainer, & Story, 2006).

Researchers have shown mothers' feedback strongly predicts female adolescents' body satisfaction (Benedikt et al., 1998; McCabe & Ricciardelli, 2003). Overall, past research on adolescents underscores the important influence of maternal modeling on daughters' efforts to alter their bodies.

Adult women. Recent research has found that mothers' body image and beliefs about her appearance relate to daughters' appearance-related beliefs (Cooley et al., 2008; Liechty, Freeman, & Zabriskie, 2006). Earlier research concluded that mothers and fathers' appearance-related feedback relates to poorer body image among college women (Schwartz, Phares, Tantleff-Dunn, & Thompson, 1999). In fact, Schwartz et al. (1999) found that women reported receiving more appearance-related feedback from fathers than mothers, including weight-related teasing and verbal and non-verbal appearance-related commentary. These results replicate an earlier study by Rieves and Cash (1996) wherein they found a history of childhood teasing among college women. However, most of the teasing was perpetrated by peers, friends, and/or brothers, not parents.

In particular, Rieves and Cash (1996) offer data on maternal modeling on college women's current body image. Participants were instructed to respond to a survey on maternal modeling based on how they believe their mothers would have responded during the respondents' childhood. The survey assessed daughters' perceptions of mother's body-image attitudes, mothers' investment in their own appearance, and mothers' tendency to diet and show weight anxiety and preoccupation. The researchers found that daughters' current body image correlated significantly with perceptions of mothers' body image. Forty-four percent of the females reported that their mother positively impacted their body image, 38% denied any effect, and 18% reported adverse effects. These results are encouraging given research often shows

negative effects of maternal modeling on daughters' body image; these results show that over twice as many participants (44% versus 18%) reported favorable effects of maternal modeling.

Additionally, Forbes et al. (2005) assessed body dissatisfaction among college-aged daughters and mothers. This study did not assess maternal modeling of body image. Participants were 75 mother-daughter pairs. The majority of participants were European American. Participants completed several measures, including Awareness and Internalization Scales from the Sociocultural Attitudes Toward Appearance Questionnaire, Figure Rating Scale, and Body Esteem Scale. Contrary to previous research, daughters and mothers differed in their level of body dissatisfaction due to generational differences in body size. When body size was held constant, either no differences were found or daughters were found to have greater body dissatisfaction than mothers. Daughters had greater body dissatisfaction when mothers reflected on their own body dissatisfaction at their daughters' age. Both mothers and daughters appeared to internalize the thin-ideal related to a smaller desired body size and greater body dissatisfaction. The developmental effect of mothers' body size increasing with age may obscure the cohort effect of daughters' gaining greater exposure to the thin body ideal than mothers. Although body dissatisfaction is common among all women, caution should be taken when generalizing results to other non-European American populations. This study supports previous research showing that body image is a complex, multidimensional construct, and the thin-ideal strongly influences body satisfaction.

A search revealed very limited research exists on parental influences on daughters' body dissatisfaction among ethnically diverse samples. Specifically, Flynn and Fitzgibbon (1996) studied body image and body ideals among low-income African American mothers and their adolescent daughters. Ogden and Elder (1998) examined body dissatisfaction and eating

behavior among Asian mothers and daughters, and White mothers and daughters. Humphry and Ricciardelli (2004) administered the Perceived Sociocultural Influences on Body Image and Body Change to 81 Chinese-Australian women (mean age was 29 years). They found that women who weakly identified with their Chinese identity also perceived greater pressure from fathers to lose weight. Overall, these studies encourage additional research examining parental influences on body image among ethnically diverse groups.

The Jewish mother. In the discussion of possible parental influences on daughters' body image satisfaction, it would be remiss to not address Jewish mothers. The value of family, including the mother-daughter relationship, is central in Jewish culture (Rosen & Weltman, 2005). While there appears no published empirical research on the Jewish mother, scholars have devoted books and chapters to Jewish mothers. For instance, Siegel, Cole, and Steinberg-Oren (2000) published a book on the lived experiences of Jewish mothers. The long-standing stereotypical image of "the Jewish mother" portrays a castrating, overbearing, smothering, guilt-producing, pushy, emasculating, tough, and self-sacrificing woman. Jewish mothers are often stereotyped around food-related issues; e.g., she cooks too much food; she eats too much food; and loving Jewish mothers over-feed their children (Booker, 1991).

Booker (1991) proposes that these stereotypes are anti-Semitic. The negative stereotype of the Jewish mother tarnishes the image of the immigrant Jewish woman who historically tended to family needs while her husband engaged in study and prayer. In the New World, Jewish mothers are not often valued, and instead resented at times for the same virtues. The author of this investigation is careful not to pathologize Jewish mothers, which would dismiss the impact of assimilation on Jewish women (Beck et al., 2003). These stereotypes are

mentioned only to illustrate possible images that come to mind when we think of Jewish mothers mentioned in the context of body-related issues.

For instance, Pearl (2006) associates her Jewish mother with her history of disturbances in body image and eating:

I grew up in the heavily (no pun intended) Jewish suburbs of Detroit. Like many of my friends, I was put on my first diet by an overzealous but well-meaning Jewish mother who only wanted the best for me. “Life is tough enough. Kids are mean. Why make it harder on yourself by being fat?” That was the message. Or something like it (p. 20).

It is possible that Jewish mothers have an important role in women’s current body image. Given the influential role of Jewish mothers in many Jewish women’s lives and the emphasis of food in Jewish culture, Jewish mothers have potentially impacted their daughters’ women’s body image. However, published empirical research is lacking in order to support this likelihood.

Internalization of Appearance

Internalization of societal ideals of appearance is also referred to as “thin-ideal internalization”. Thompson et al. (1999b) argue that thin-ideal internalization is a critical factor in the relationship between sociocultural influences and disturbances in body image and eating. Internalization refers to the extent to which someone endorses culturally defined ideals of attractiveness and behaves in ways to satisfy this ideal. Recently, Thompson, van den Berg, Roehrig, Guarda, and Heinberg (2004) defined internalization as “an incorporation of specific values to the point that they become guiding principles” (p. 294). Theoretically, a woman needs to subscribe to or internalize sociocultural pressures to be thin in order for them to adversely affect her body image (Stice, 1994). Although few researchers examine the thin-ideal internalization (Stice, 2001), research suggests internalization of the thin-ideal predicts increased body dissatisfaction (Garner, 2004; Stice, 2001, 2002b; Vartanian, 2009) because it is virtually impossible for most girls and women to achieve the thin-ideal (Thompson et al., 1999b). It is

important to assess internalization of appearance because internalization combined with body dissatisfaction is thought to increase someone's risk for disordered eating (Killen et al., 1996; Stice & Agras, 1998; Stice & Shaw, 1994; Thompson et al., 1999b; Thompson & Stice, 2001).

Research suggests internalization may influence the relationship between sociocultural influences and body dissatisfaction. Stice (1994) proposed a model of bulimia nervosa wherein he hypothesized that internalization of the thin-ideal mediates the association between sociocultural pressures to meet the thin-ideal and body dissatisfaction. The tripartite influence model provides a theoretical framework for understanding internalization. In this model, internalization refers to an individual characteristic that might help explain why some females do not experience body and/or eating issues, even though nearly all females are exposed to sociocultural influences. Consistent with Stice (1994), Thompson et al. (1999b) proposed that a tendency toward the thin-ideal internalization might change the direct effect of sociocultural influences (peers, parents, and media) on body image dissatisfaction. Keery et al. (2004b) supports this suggestion. For instance, they found the direct effects of sociocultural influences on restrictive dieting were greater for girls who internalized the thin-ideal.

Research on internalization typically examines media influence. For instance, Garner, Garfinkel, Schwartz, and Thompson (1980) gathered data from Playboy centerfolds and Miss American Pageant contestants over a 20-year span (1959-1978). They found a progressive decrease in average weights compared to the average female of the time. Several researchers have found support for the significant influence of media exposure on the women's internalization of the thin-ideal (e.g., Fallon, 1990; Stice, 1994), body dissatisfaction (e.g., Heinberg, Thompson, & Stormer, 1995), and disordered eating (Stice, Schupak-Neuberg, Shaw, & Stein, 1994). In fact, available measures of internalization tend to focus on media images.

For instance, the Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ) is a widely used measure on societal influences on body image and eating disturbances. This measure includes an Internalization scale with questions geared toward media images (e.g., Keery, Shroff, Thompson, Wertheim, & Smolak, 2004a). This makes sense given examination of sociocultural factors has typically focused on media images, such as exposure to fashion magazines and television that highlight idealistic images of thinness and attractiveness (e.g., Keery et al., 2004a; Heinberg & Thompson, 1995). Earlier research on media's influence on body image and eating disturbance focused on media *exposure* via magazine images (e.g., Nemeroff, Stein, Diel, & Smilack, 1994; Stice et al., 1994; Stice & Shaw, 1994). Shortly thereafter, research shifted from media *exposure* to focus on individuals' *awareness* of and *internalization* of sociocultural pressures to be thin (e.g., Cusumano & Thompson, 1997; Heinberg et al., 1995).

Recently, Bessenoff (2006) replicated earlier findings that generally found a positive correlation between media exposure and body dissatisfaction (e.g., Hawkins, Richards, Granley, & Stein, 2004; Heinberg & Thompson, 1995; Stice & Shaw, 1994; Stice et al., 1994). In Bessenoff's (2006) study, college women with either high or low levels of body image discrepancy were exposed to media images demonstrating the thin-ideal. Body image discrepancy was measured by differences between perception of one's body and one's ideal body. As predicted, exposure to thin-ideal advertisements increased women's body dissatisfaction. Results suggest women with high levels of body image discrepancy may be at greater risk for adverse effects (i.e., weight concerns, low mood, and low self-esteem) when exposed to these images.

Additionally, Hawkins and her colleagues (2004) examined effects of media exposure to the thin-ideal in college women. Participants included both a control group of women recruited

from university courses, and an experimental sample of women diagnosed with eating disorders recruited from clinical practice. This study is unique because most previous work has been correlational or anecdotal (e.g., Heinberg & Thompson, 1995). Participants were randomly exposed to photographs from popular magazines (Cosmopolitan, Vogue, and Glamour), either showing thin-ideal images or neutral images. Consistent with earlier findings (Irving, 1990; Stice & Shaw, 1994; Stice et al., 1994), women exposed to magazines that featured thin-ideal images reported greater body dissatisfaction than women in the control group, suggesting a causal relationship between media exposure and body dissatisfaction. Hawkins et al. (2006) support Stice and Shaw (1994) because both studies found that women in the control group reported greater internalization of the thin-ideal compared to women in the experimental group.

Stice and Shaw (1994) suggest that women who are exposed to thin-ideal media images may overly internalize the thin-ideal stereotype. Bessendoff (2006) found that women who are already dissatisfied with their body physique are at increased risk for negative consequences (e.g., worsened body dissatisfaction) when exposed to advertisements promoting the thin-ideal. Women who highly internalize the thin-ideal may believe that the only way to achieve positive benefits in life (e.g., happiness, success) is via a thin physique. For instance, Engeln-Maddox (2006) found that college women were more likely to internalize the media ideal if they associated positive life expectations with media ideals and believed these expectations were likely. Consistent with the theory proposed by Stice and Shaw (1994), Engeln-Maddox (2006) suggests that women may intentionally emulate society's beauty ideal because they believe the thin-ideal offers them unique rewards. These studies included mainly Caucasian samples.

As previously stated, some scholars (e.g., Stice, 1994; Striegel-Moore et al., 2004) suggest that ethnicity might buffer some individuals from body dissatisfaction. Warren et al.

(2005) offered a unique contribution to the body image literature by examining whether ethnicity might protect a sample of college women against internalization of the thin-ideal and body dissatisfaction. Participants were Spanish, Mexican American, and European American females attending universities in the U.S. and Spain. Participants completed the SATAQ-Revised and Body Shape Questionnaire to measure general satisfaction with body shape and weight. Results showed that internalization mediated the relationship between awareness of the thin-ideal and body dissatisfaction. Furthermore, this relationship was stronger for European American women than Mexican American or Spanish women. These results suggest that ethnicity might protect women from thin-ideal internalization and body dissatisfaction due to cultural values that minimize physical beauty as the primary indicator of one's worth. Results of this study encourage researchers to examine ways that ethnicity might interact with other variables that either heighten or diminish women's risk for body dissatisfaction and eating issues.

In conclusion, several researchers have supported that strong social pressures to be thin advance body dissatisfaction in young women (e.g., Stice, Maxfield, & Wells, 2003; Striegel-Moore et al., 1986; Thompson et al., 1999). Sociocultural pressures may derive from various sources, such as parents, peers, and media. This section focused on mass media given research on thin-ideal internalization tends to assess media influences. The majority of studies utilize predominately Caucasian samples. Researchers (e.g., Thompson & Stice, 2001; Warren et al., 2005) encouraged additional research to examine sociocultural attitudes toward appearance and internalization of the thin-ideal related to body image among ethnically diverse samples. Warren et al. (2005) theorized that ethnically diverse women living in Western culture may be aware of the thin-ideal but not internalize it because their ethnic culture places less value on physical appearance.

Summary

This chapter has offered a thorough review of the literature on body image. Measurement of body image, theories and models of body image, definitions relevant to this investigation, and a theoretical framework (Thompson et al., 1999b) were detailed. Ethnic differences in body image were discussed in order to highlight the recent trend in the research literature, and show that Jews are ignored in the discussion. The importance of studying Jewish females and body image was established. Sociocultural influences (i.e., Jewish identity and parental influences) and internalization of appearance were detailed, consistent with the guiding theoretical framework for this investigation.

The existing body image literature possesses various limitations that the current study addressed. First, the research lacks a consistent definition of body image. Moreover, researchers and clinicians tend to select measures that do not accurately measure the dimension under study (Cash, 2005; Thompson, 2004; Thompson et al., 1999b). In addition, researchers tend to measure body image using a single measure, which may result in misleading interpretations (Thompson, 2004). The current study focused on body dissatisfaction and selected two body dissatisfaction measures that accurately define the body image dimension under study.

Second, the body image literature possesses many theories on the development of body dissatisfaction, yet fails to combine these theories into a single integrative model (Cash & Pruzinsky, 2002; Thompson et al., 1999b). The sociocultural theory that focuses on the impact of cultural values on body image has gained the greatest empirical support in the literature (e.g., Stice, 2002). One integrative model that focuses on sociocultural influences (peer, parents, and media) is the tripartite influence model that framed this investigation. This model is gaining

significant empirical attention. However, additional research is needed that uses this model as theoretical framework with ethnically diverse samples of young adults.

Third, published empirical research on body image largely uses Caucasian samples. Although scholars show increased interest in understanding ethnic differences in body image, Jewish American females remain neglected from the discourse. While Jews comprise only 2% of the U.S. population, they are likely mistaken for the White majority and perceived strictly as a religious group rather than an ethnic minority with unique issues (Langman, 1999; Schlosser, 2006, 2007). Although authors have expressed concerns about Jewish females' body image for decades (Klein, 1976, 1977; Schneider, 1984), published empirical research on Jewish females is limited to samples in Israel, and dissertations.

Fourth, research suggests that parents play an important role in influencing daughters' body image. Parents appear to influence daughters' body image via modeling, teasing, and/or offering appearance-related feedback to daughters. However, very little research examines parental influences on daughters' body dissatisfaction among ethnically diverse samples. A thorough search revealed that no empirical study to date exclusively examines parental influences on Jewish daughters' body dissatisfaction. Goldberg's (2002) dissertation integrates parental attachment and separation as variables under study. In addition, although Jewish identity has been studied in relation to body image dissatisfaction (e.g., Goldberg, 2002; Klein, 1977), Jewish identity has not been applied as a sociocultural influence in the context of the tripartite influence model. Likewise, although internalization of appearance related to body dissatisfaction has gained significant attention in the research literature, this construct has been applied to Jewish American females in a limited manner (e.g., Goldberg, 2002; Weinberger-Litman, 2008).

Overall, the body of literature on body image is dense and extensive (see Cash & Pruzinsky, 2002 and Thompson et al. (1999b) for comprehensive reviews). Psychologists are increasingly concerned about body image dissatisfaction, given empirical research suggests it is causally related to eating disturbances (e.g., Stice & Shaw, 2002; Thompson et al., 1999), and predicts lower self-esteem, depression (Garner, 2004) and overall poor quality of life (e.g., Stice, 2002). For these reasons, it is important to better understand body image among Jewish American females considering they may experience similar body dissatisfaction as their Caucasian peers. The tripartite influence model is a sociocultural model that can potentially help conceptualize body image dissatisfaction among Jewish American females. While it is important to describe body dissatisfaction among Jewish females, it is further critical to understand potential influences on body dissatisfaction. Therefore, the current study examined the influence of Jewish identity, parental factors, and internalization of appearance on body dissatisfaction among Jewish American females.

The Current Study

This study aimed to understand sociocultural influences on Jewish American women's body image satisfaction. The tripartite influence model of body image and eating disturbances guided the following research questions. The independent variables (IVs) of this study were Jewish identity, parental influence, and internalization of appearance. The dependent variable (DV) of this study was body dissatisfaction.

Research Questions

In order to contribute to the body of literature on body image dissatisfaction among Jewish American females, the following research questions were posed:

1. Is there a relationship between Jewish identity and body image dissatisfaction among Jewish American females?
2. Do Jewish women perceive greater pressure from mothers or fathers to lose weight and increase muscles?
3. Depending on the result of the second research question:
 - a. If Jewish women perceive greater pressure from *mothers* to lose weight and increase muscles, then is there a relationship between mother's influence to lose weight and increase muscles and body dissatisfaction among Jewish American females?
 - b. If Jewish women perceive greater pressure from *fathers* to lose weight and increase muscles, then is there a relationship between father's influence to lose weight and increase muscles and body dissatisfaction among Jewish American females?
 - c. If Jewish women perceive equal pressure from mothers *and* fathers to lose weight and increase muscles, then is there a relationship between mother's and father's influence to lose weight and increase muscles and body dissatisfaction among Jewish American females?
4. Is there a relationship between internalization of the cultural ideal of beauty and body image dissatisfaction among Jewish American females?

Hypotheses

1. Jewish women who score high on Jewish identity will score high on body dissatisfaction.
2. Jewish women will perceive greater pressures from mothers compared to fathers to lose weight and gain muscles.

3. Jewish women who perceive greater pressures from mothers to lose weight and increase muscles will score higher on body dissatisfaction.
4. Jewish women who report greater internalization of appearance will report greater body dissatisfaction.

CHAPTER 3

METHODOLOGY

The purpose of this chapter is to describe the method and research design used in this study. First, the participants and procedure for recruitment are described. Second, information is reported on the selected measures and their psychometric properties. Finally, the procedures for the statistical analyses are described.

Participants and Procedure

For this study, Jewish American female participants were recruited primarily by the use of Internet listserves managed by Hillel: The Foundation for Jewish Campus Life at various universities in the U.S. where large numbers of Jewish women are likely active members (e.g., Columbia/Barnard Hillel, University of Arizona Hillel). A snowball recruitment method was used: For instance, an e-mail script (Appendix C) was used to contact an Executive Director at a University Hillel. The script included the solicitation announcement (Appendix D) in the body of the e-mail in addition to being attached to the e-mail. The script asked the person to forward the solicitation announcement to Hillel lists and eligible friends and/or colleagues who may be interested in participation. The script invited the person to print the attached announcement and post it where s/he sees fit. The script and solicitation announcement indicated the eligibility criteria: the participant must identify as a Jewish American female who is at least 18 years of age, enrolled in college or university, and at least one of her parents is Jewish. Additionally, the solicitation announcement indicated what is involved in participation, approximate time to complete the survey, the link to the on-line survey, and the password “apple” to access the survey. The on-line survey software, WebSurveyor, is managed by University of Iowa. A brief

solicitation announcement was created in order to provide colleagues with an option to forward a brief announcement (Appendix E).

Participants were presented with a consent screen (Appendix A) that reiterated the eligibility criteria for participation, purpose and description of the study, procedures, approximate time to complete the measures, potential risks, parameters of confidentiality, and voluntary nature of participation. Individuals who consented to participate were asked to answer the first four questions to determine eligibility for participation (Appendix B). If they answered “yes” to all questions, then they were presented with the demographic questionnaire followed by the instruments.

Using a web-based survey has several advantages. First, the Internet allowed for a wider recruitment of a specific, diverse population (Gosling, Vazire, Srivastava, & John, 2004; Kraut et al., 2004; Schmidt, 1997) that is difficult to sample in a rural setting. Second, the survey was utilized at low cost (Kraut et al., 2004; Schmidt, 1997), especially given the software used for this study was accessible to the principal investigator at no cost. Third, a password was required to enter the survey in order to guard against fraudulent data and protect the security of the survey (Kraut et al., 2004). Fourth, the Internet also provides participants with the convenience of completing the measures in their own space with no date or time restrictions. Fifth, a progress bar was added to the bottom of each screen to provide participants with immediate feedback on their progress and hopefully motivate them to complete all measures (Schmidt, 1997). Sixth, web surveys are less prone to data entry error because they do not require human transcription (Kraut et al., 2004; Schmidt, 1997). Finally, web surveys provide administrators with instant access to data as it are collected, allowing them to track the data collection process (Schmidt, 1997).

On the contrary, using a web-based survey has disadvantages as well. First, incomplete responses are possible. Respondents may overlook a question or skip a question with hopes of returning to it but forget to (Schmidt, 1997). Second, respondents may exit the final screen without clicking the Submit button. This action results in a survey that cannot be analyzed because it is not possible to know what contributed to the survey not being successfully submitted. For instance, the person may have accidentally neglected to submit her survey or she may have completed the survey but then decided not to submit her responses for a variety of reasons. Third, it is possible that respondents may submit multiple surveys due to curiosity, intent to contaminate the survey, or error while submitting data (Schmidt, 1997). Fourth, respondents, particularly those who are friends of respondents or accessing the survey in a computer lab, may submit surveys on the same computer resulting in duplicated IP-addresses. Fifth, generalizability is limited with Internet sampling. Sixth, Internet samples are potentially biased by respondents who self-select to participate in the research (Kraut et al., 2004). Finally, respondents can copy the survey and paste it on to a word document and use it without permission from the author. Therefore, the principle investigator of this study included a script at the bottom of each screen in adherence to U.S. copyright law.

At the close of the study, participants were presented with a debriefing screen to inform them about the purpose of the research study and potential implications of their participation (Appendix F). The screen also showed a list of resources should participants choose to explore any issues that may have arisen as a result of completing the measures. Participants were also invited to contact the principal investigator or co-investigator should they have questions or concerns.

Participants did not receive compensation for participation. However, the final screen of the survey invited participants to enter a drawing for one of four \$25.00 gift certificates to Amazon.com by e-mailing their names to the principal investigator (Appendix G). Certificates were distributed via e-mail. All information on the participants who wished to be entered into the drawing was collected separate from the surveys and was therefore not linked to their responses to ensure confidentiality.

In order to protect the security of the instruments, a script was included at the bottom of each screen: “All materials contained in this survey are protected by U.S. copyright law and may not be used, printed, downloaded, reproduced, duplicated, distributed, transmitted, displayed, published or broadcast without the prior written permission of Stefanie Greenberg or in the case of third party materials, the owner of that content. You may not alter or remove any trademark, copyright or other notice from copies of the content.”

Instruments

Demographic Questionnaire

The demographic questionnaire used in this study was modeled on the Jewish Demographic Questionnaire (Goldberg & O’Brien, 2000) in order to assess participants’ demographic characteristics. The following demographics were gathered: Age; race/ethnicity; relationship status; sexual orientation; year in college; residence; zip code of current residence; Jewish ancestry; participant's religious affiliation; and family's religious affiliation.

Jewish Identity

Jewish identity was assessed by a 20-item instrument developed by Goldberg and O’Brien (2000), derived from the 156-item London Jewish Identity Questionnaire (LJIQ; London, Carr, Reach, Frank, & Minkin, 1988). The original instrument was designed to assess

“respondents’ meaning and significance of being Jewish and their level of participation in the Jewish community” (Goldberg, 2002, p. 95). Using a 7-point Likert scale (1 = *not at all, strongly disagree, or never*; 7 = *very much, strongly agree, or always*), participants indicated agreement with each statement. For example, respondents were asked to endorse whether the following is true for them: “I have a strong feeling of being Jewish”. The instrument yields a total item score for the measure. Higher scores suggest the more the person identifies as Jewish.

The London Jewish Identity Questionnaire was originally developed by gathering items from surveys assessing Jewish identity and ethnic identity among a sample of adolescents. Reach (1993) performed revisions, and identified nine scales: Peoplehood, Self-hate, Ethnicity and Culture, Community, Religion, Jewish Values, Israel, Anti-Semitism, and Pride. Reach (1993) found support for the validity of the measure and demonstrated positive correlations between the scales and measure and Jewish participation. Goldberg and O’Brien (2000) administered the scale to 115 Jewish females in late adolescence. They identified seven of the nine scales with internal consistency coefficients above .70; namely, Israel (.93), Ethnicity and Culture (.87), Peoplehood (.86), Religion (.78), Jewish Values (.70), Pride (.70), and Community (.69). More recently, Goldberg and O’Brien (2005) used the LJIQ in their study to assess Jewish identity among 115 adolescent Jewish females. They used the Ethnicity and Culture scale and the Religion scale to assess Jewish identity because Jewish identity is conceptualized as both an ethnicity/culture and religion (Beck et al., 2003). They reported internal consistency reliability estimates of .88 for Ethnicity and Culture and .81 for Religion subscales.

Goldberg and O’Brien (2000) revised the LJIQ by selecting two items from each subscale with internal consistency coefficients above .70 (i.e., Israel, Ethnicity and Culture, Peoplehood, Religion, Jewish Values, Pride) resulting in 12 items. Items that had the highest correlations

were selected for the revised version. For instance, they included the item, “I learn as much as I can about Jewish history” because it indicated the highest item-total correlation ($r = .80$) from the Ethnicity and Culture subscale. In addition, they included eight items from all nine subscales that were relevant to the variables of interest in Goldberg’s (2002) dissertation on the role of sociocultural and familial factors in eating disorders among Orthodox Jewish women. For instance, they included the item, “I believe that non-Jews are more physically attractive than Jews” because she examined Jewish women’s perception of beauty and importance of physical attractiveness in respondents’ lives. Therefore, the measure includes 20 items in total (12 items + 8 additional items).

Specifically, Goldberg (2002) reported the mean item score for the LJIQ-R was 6.45 and total mean score was 129.04, suggesting the women in the study had a high level of Jewish identity. They reported a strong alpha of .84. In particular, Orthodox Jewish women who endorsed a high level of Jewish identity reported “feeling adequate and effective in managing their lives, close with people, confident in recognizing their emotions, and able to reject the cultural beauty ideal for women as having a slender and well-toned body” (p. 112). In addition, she found weak negative correlations between the LJIQ-R and three subscales of the Eating Disorder Inventory, including Ineffectiveness ($r = -.25$; $p < .01$), Interpersonal Distrust ($r = -.25$; $p < .01$), and Introceptive Awareness ($r = .21$; $p < .01$). Moreover, she found a weak negative correlation between the LJIQ-R and the Internalization subscale of the SATAQ ($r = -.28$; $p < .01$).

Goldberg (2002) did not find a correlation between Jewish identity and body dissatisfaction ($r = -.00$). Goldberg (2002) exclusively sampled Orthodox Jewish females (age 18-22) who were enrolled in universities in New York metropolitan area. The current study

aimed to examine if a correlation exists between Jewish identity and body dissatisfaction among a broader sample of Jewish women than sampled by Goldberg (2002).

Parental Influence

The Perceived Sociocultural Influences on Body Image and Body Change Questionnaire (SIQ; McCabe & Ricciardelli, 2001b) is a self-report measure that examines perceived pressure from father, mother, best friend, and media to lose weight, gain weight, and increase muscle tone. This measure consists of five scales: Feedback from Father, Feedback from Mother, Feedback from Best Male Friend, Feedback from Best Female Friend, and Media Influences. The four feedback scales contain items that assess general feedback (e.g., “What type of feedback do you get from your father about the size or shape of your body”); encouragement, teasing and modeling to *gain weight and improve muscle tone* (e.g., “Does your best female friend diet to lose weight?”); and encouragement, teasing and modeling to *lose weight and improve muscle tone* (e.g., “Does your mother tease you because you are too thin?”). The Media Influences Scale consists of three subscales that assess pressures to lose weight (e.g., “Do the media give you the idea that you should eat less to lose weight”), gain weight (e.g., “Do the media give the idea that you should gain weight?”), and increase muscle tone (e.g., “Do the media give the idea that you should be more muscular?”). This measure was originally developed with adolescents (mean age was 14 years) and demonstrated high levels of reliability and validity (McCabe & Ricciardelli, 2001b).

For purposes of this study, respondents completed the two scales assessing Feedback from Father (or significant adult male in respondent’s life, such as uncle or step-father) and Feedback from Mother (or significant adult female in respondent’s life, such as aunt or step-mother). Each scale consists of 13 items. Items are identical for both scales, with the exception

of substituting “mother” for “father”. The first three items and the last item are stand alone items that assess general feedback (e.g., “What type of feedback do you get from your father about the size or shape of your body”). Respondents rated the first three items on a 6-point Likert scale from 1 (*no feedback*) to 6 (*extremely positive*), the next nine items on a 5-point Likert scale from 1 (*never*) to 5 (*always*), and the last item on a 5-point Likert scale from 1 (*extremely unimportant*) to 5 (*extremely important*). The principal investigator added two open-ended questions to the end of the questionnaire. The two questions were identical, with the exception of substituting “mother” for “father”. The questions asked participants to identify who they were thinking of when they completed the questionnaires. They were asked to identify only the relationship (e.g., uncle, boss, brother, teacher, coach) and to not provide the person’s name. These questions were added because participants’ experience of a mother is likely very different than that of an aunt.

As stated above, the first three items and the last items are stand alone items. Responses to items are summed. Specifically, three items relate to *losing weight* (e.g., “Does your father encourage you to lose weight?”), three items relate to *gaining weight* (e.g., “Does your father encourage you to gain weight?”), and three items relate to *increasing muscles* (e.g., “Does your father encourage you to become more muscular?”). High scores indicate greater perceived pressures to lose weight, gain weight, or increase muscles. Scores can range from 6 to 30. McCabe and Ricciardelli (2001b) reported coefficient alpha as .72 for influences of Mother to gain weight and improve muscle tone, .73 for influences of Father to gain weight and improve muscle tone, .76 for influences of Mother to lose weight and improve muscle tone, and .75 for influences of Father to lose weight and improve muscle tone.

The Perceived Sociocultural Influences on Body Image and Body Change Questionnaire was originally developed as the first instrument to comprehensively examine the influence of parents, peers, and media on body image disturbance and disordered eating in boys and girls. Former instruments possessed important limitations that this instrument aims to address. First, instruments exclusively evaluated weight loss and neglected weight gain or muscle gain despite research findings indicating increased pressures for women to achieve a more muscular body shape (Cusumano & Thompson, 1997; McCabe & Ricciardelli, 2001b). Second, previous scales were mainly developed to address research questions related to a specific study rather than more generally assess sociocultural influences on body image dissatisfaction. Third, limited information is available on the development of or psychometric properties of the scales. Finally, former scales have little application to male body image (McCabe & Ricciardelli, 2001b). Overall, this instrument was selected for this study because it is commonly used as a valid, reliable, and comprehensive measure to evaluate parental influences on body dissatisfaction.

Internalization of Appearance

The Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ-3; Thompson et al., 2004) is a 30-item measure that assesses internalization and awareness of the cultural pressures related to physical appearance represented by mainstream Western media. Respondents indicate agreement on a 5-point Likert scale from 1 (*definitely disagree*) to 5 (*definitely agree*). Items are summed, creating four subscales and a Total score. High total scores indicate greater awareness and internalization of the importance of physical appearance and attractiveness for females. Total scores can range from 30 to 150. The four subscales represent dimensions of media influence: Information, Pressures, Internalization-General, and Internalization-Athlete. The *Information* subscale includes nine items that indicate various

media sources (e.g., TV, music videos, magazine articles) that offer information about “being attractive” (e.g., “TV programs are an importance source of information about fashion and “being attractive.”) The *Pressures* subscale includes seven items that suggest media sources that illicit pressure to meet the cultural ideals of beauty (e.g., “I’ve felt pressure from TV or magazines to lose weight”). *Internalization-General* subscale includes nine items that indicate acceptance of media messages that promote unrealistic ideals of beauty and efforts to meet those ideals (e.g., “I do not care if my body looks like the body of people who are on TV”). *Internalization-Athlete* includes five items that indicate acceptance of the athletic, fit body ideal (e.g., “I do not wish to look as athletic as people in magazines”). Although the entire instrument was administered to participants, only *Internalization-General* and *Internalization-Athlete* were analyzed consistent with purposes of this study. High scores on Internalization-General indicate endorsement and acceptance of media messages that promote unrealistic ideals for female beauty and striving toward those ideals. High scores on Internalization-Athlete suggest endorsement and acceptance of the athletic, "toned" body ideal.

Thompson et al. (2004) conducted two studies with samples of undergraduate females, including 175 females (ages 17-25). They found high internal consistency; specifically, Information (.96), Pressures (.92), Internalization-General (.96), and Internalization-Athlete (.95). They also found strong construct validity, predictive validity, and discriminant validity. Myers and Crowther (2007) recently reported a coefficient alpha of .93 for Internalization-General among a sample of 195 college females.

Thompson et al. (2004) developed the SATAQ-3 to attend to the dominant culture’s current focus on athleticism, sports, and exercise for women. Second, they wanted to examine media influences other than internalization, such as pressures and media as an informational

source. Third, they sought to evaluate the distinctiveness of SATAQ-R Internalization subscale compared to the 10-item Ideal Body Internalization Scale-Revised (IBIS-R; Stice & Agras, 1998). They found these two measures were indeed distinct. The SATAQ-3 strengthens the original SATAQ (Heinberg, Thompson, & Stormer, 1995) and the SATAQ-Revised (Cusumano & Thompson, 1997). The original SATAQ consisted of two subscales: A six-item Awareness subscale that measures respondents' awareness of societal standards of appearance (e.g., "Attractiveness is very important if you want to get ahead in our culture") and an eight-item Internalization subscale that measures respondents' internalization of these societal sanctioned standards (e.g., "Photographs of thin women make me wish I were thin").

Cusumano and Thompson (1997) expanded and updated the SATAQ to account for the emerging media focus on athleticism for women. The 21-item SATAQ-R includes four additional items to the Awareness subscale and three items to the Internalization subscale. For example, they added the following items to the Awareness subscale and the Internalization subscale, respectively: "In our culture, someone with a well-built body has a better chance of obtaining success" and "I often find myself comparing my physique to that of athletes pictured in magazines". The SATAQ-3 extends the SATAQ-R by adding items and scales that further assess new media influences. Cusumano and Thompson (1997) administered the original SATAQ to a sample of 175 female students (ages 18-49). Findings indicated that internalization of appearance was the most important correlate of body image disturbance. Thus, the SATAQ appears an appropriate measure to assess internalization of appearance.

Body Dissatisfaction

Eating Disorder Inventory, Body Dissatisfaction subscale (EDI-BD; Garner & Olmsted, 1984). The EDI is a commonly used 64-item, self-report that measures symptoms associated

with an eating disorder. This scale is designed for use with older adolescents (ages 13 and older) and adult women. The BD subscale contains 9 items that assess participants' dissatisfaction with the overall shape and size of specific regions of the body, such as stomach, hips, thighs, and buttocks. Respondents are asked to indicate on a six-choice format (*Always* to *Never*) the extent to which they feel satisfied/unsatisfied with various body areas on a scale (e.g., "I think that my stomach is too big"). Higher scores on the BD subscale indicate greater body dissatisfaction with various parts of the body and body regions. For the BD subscale, reported internal consistency (coefficient alpha) is .91 (Garner, Olmstead, & Garfinkel, 1983).

For purposes of this study, only the BD subscale was administered and analyzed. Research suggests the BD subscale is associated with internalization of societal ideals (Garner, 2004). Although there are more recent versions of the EDI, the BD subscale of the EDI-3 (Garner, 2004) and EDI-2 (Garner, 1991) are nearly the same, with an exception of one item from the EDI-2 Introceptive Awareness subscale added to the EDI-3 BD subscale. This item assesses feeling bloated after eating a normal meal, which is commonly associated with dissatisfaction with body weight. The EDI (Garner & Olmsted, 1984) has been used in recent published studies, such as studies conducted by Hepp, Spindler, and Milos (2005), Gollings and Paxton (2006), Wojtowicz and von Ranson (2006) and a web-based study (Sanchez & Kwang, 2007).

Multidimensional Body-Self Relations Questionnaire – Appearance Scales (MBSRQ-AS; Cash, 2000). Thompson (2004) recommends including more than one measure to assess body image to avoid misleading interpretations, especially when evaluating understudied populations. Thus, for this study, the EDI-BD and MBSRQ-AS were used. The MBSRQ is one of the most widely used measures of cognitive, affective, and behavioral components of body image among

adolescents and adults (ages 15 and older; Cash, 2000). The original 69-item measure (Cash, 1994) includes 10 subscales, and was standardized on a sample of over 2,000 male and female participants in the U.S. The MBSRQ-Appearance Scales (MBSRQ-AS) is a 34-item measure that includes 5 subscales: Appearance Evaluation, Appearance Orientation, Overweight Preoccupation, Self-Classified Weight, and Body Areas Satisfaction Scale. The two subscales of interest for this study are the 7-item Appearance Evaluation (APPEVAL) subscale and the 9-item Body Areas Satisfaction subscale (BASS).

The Appearance Evaluation subscale of the MBSRQ is considered one of the most widely used measures to assess overall appearance satisfaction and evaluation on a Likert scale from 1 (*definitely disagree*) to 5 (*definitely agree*). An example of an item on this subscale is, “I like my looks just the way they are”. The total score for this subscale is derived by calculating the mean of its items after accounting for reversed-scored items. Higher scores on MBSRQ-APPEVAL indicate feeling mostly positive and satisfied with appearance whereas low scores suggest discontent with physical appearance. Previous researchers (Cash, 1994, 2000) reported Chronbach’s alpha for this subscale of .88, and .91 for 1-month test-retest. Engeln-Maddox (2006) reported a Chronbach’s alpha of .89 for this subscale with 109 college women. The Body Areas Satisfaction scale is also frequently and extensively used to measure satisfaction with various body sites (e.g., face, hair, torso; Thompson et al., 1999b) using a 5-point Likert scale from 1 (very dissatisfied) to 5 (very satisfied). High scores on MBSRQ-BASS indicate general content with most body regions whereas low scores suggest unhappiness with size or appearance of several areas of the body. Previous researchers (Cash, 1994) reported alpha for this subscale of .73, and .74 for 1-month test-retest. The Body Areas Satisfaction subscale appears an

appropriate measure for Jewish females given research suggests Jewish females' bodily concerns are not limited to weight and shape (e.g., nose, eyes, and hair; Klein, 1977).

Statistical Analysis

The means, standard deviations, reliability coefficients, and intercorrelations were calculated for the relevant variables. The three independent variables (IVs) were Jewish identity, parental influence, and internalization of appearance. The DV was body image dissatisfaction.

As previously stated, the hypotheses under study were:

Hypothesis 1 predicts Jewish women who score high on Jewish identity will score high on body dissatisfaction.

Hypothesis 2 predicts Jewish women will perceive greater pressures from mothers compared to fathers to lose weight and gain muscles.

Hypothesis 3 predicts Jewish women who perceive greater pressures from mothers to lose weight and increase muscles from mothers will score higher on body dissatisfaction.

Hypothesis 4 predicts Jewish women who reported greater internalization of appearance will report greater body dissatisfaction.

The first hypothesis was answered by looking at correlations between Jewish identity and body dissatisfaction. The second hypothesis was answered by a t-test to determine if participants perceive greater pressures from mothers compared to fathers. The second hypothesis examined whether Jewish women will perceive greater pressure to lose weight and gain muscles from mothers compared to fathers. Depending on which parent (mother or father) variable was significant, then that parent variable was examined for hypothesis three. Therefore, because father was significant in hypothesis two, then hypothesis three was answered by examining the correlation between Jewish women who perceive greater pressure from fathers to lose weight

and gain muscles and body dissatisfaction. The fourth hypothesis was answered by examining correlations between internalization of appearance and body dissatisfaction.

Prior to data collection, a power analysis was conducted. Sample sizes were calculated that are needed to have power equal .80 for the various correlations identified in the literature. All tests were calculated using a one-tailed test. In order to reliably detect a relationship between .17 and .23 (Keery et al., 2004b; Shroff & Thompson, 2006), an N of between 115 and 212 was needed. This investigation was likely to find effects if they existed given 255 participants completed the survey.

CHAPTER 4

RESULTS

The purpose of this chapter is to describe and summarize the statistical analyses used to evaluate the research questions and hypotheses established in the previous chapters. This chapter will first address recruitment and the reliability of the measures and how scores compare to available normative data. Second, frequencies and percentages are provided to describe the sample characteristics. Third, means, standard deviations, ranges and Cronbach's Alphas are provided to describe the variables of interest. Finally, this chapter will address the analyses of the research questions and hypotheses.

Recruitment

Participants were recruited primarily by the use of Internet listserves managed by Hillel: The Foundation for Jewish Campus Life at various universities in the U.S. where large numbers of Jewish women are likely active members (e.g., Columbia/Barnard Hillel, University of Arizona Hillel). Approximately 47 University Hillels were contacted by way of identifying e-mail addresses for the Executive Director and/or Program Director for each Hillel. An e-mail was sent to the director to request permission to send an e-mail about the dissertation study that invited individuals eligible for participation to complete an online survey. A request was made to forward the e-mail to the respective University Hillel and colleagues who may be interested in participation. Eligibility criteria for participation were included in the e-mail.

Approximately 33 University Hillels consented to receiving the solicitation announcement (Appendix D). In turn, an e-mail recruitment script was sent (Appendix C) with the solicitation announcement (Appendix D). A snowball recruitment method was used because the solicitation recruitment script and solicitation announcement were forwarded to potential

participants. For instance, individuals notified the principal investigator that the announcement was forwarded to women at other universities, Synagogue sisterhood members, Jewish sorority chapters, and particular academic disciplines such as Judaic Studies and School of Social Work.

Three hundred and twenty three participants completed the survey but 68 respondents closed the survey without clicking the "Submit Survey" button at the end of the survey. The final screen invited participants to participate in a drawing. It is possible participants did not realize they needed to click the "Submit Survey" button in order to officially submit their survey. Two hundred and sixty six women submitted the survey but 11 of 266 participants did not meet the criteria required to continue with the survey (N= 266 submitted the survey but did not necessarily meet screening criteria; N = 255 completed the survey and submitted the survey).

Demographic characteristics by percentage are presented in Table 1. The majority of the sample (N = 226) ranged in age from 18 to 25, and 28 participants ranged in age from 28 to 35. The majority of participants were undergraduate students (N = 193), and the majority of the sample were of Caucasian (N = 241) descent. The majority of participants described themselves as single (N = 220) and heterosexual (N = 236). These characteristics are similar to other studies on body image among Jewish women (e.g., Goldberg, 2002). One hundred and twenty participants reported living off-campus (e.g., in an apartment) and 112 participants reported living on-campus.

The majority of participants described themselves as Ashkenazi (N = 222), which is consistent with Goldberg's (2002) study. Important to note, Goldberg's (2002) study included an entirely Orthodox sample from New York metropolitan area. However, this current sample is a nationwide sample and the majority of the sample described their religious affiliation as Reform (N = 91) or Conservative (N = 85) and their family's religious affiliation as Reform (N =

105) or Conservative (N = 98). The frequencies of the geographic distribution of the sample are presented in Table 2. The majority of participants (N = 154) are currently residing in Arizona, New York, California and Iowa and Pennsylvania. Additional states may not be represented by this table because 11 participants did not report zip codes of current residence and 39 participants reported invalid zip codes (N = 205 participants reported valid zip codes).

Descriptive Statistics for Measures

Table 3 presents the means, standard deviations, ranges, and Chronbach alphas of the measured variables. Analyses of the measures of the independent and dependent variables indicated adequate reliability. The Chronbach alphas ranged from .93 (SATAQ, internalization general scale) to .78 (MBSRQ subscales) for all scales excluding the parent measure. The coefficient alphas of the parent measure (SIQ) are of adequate reliability and range from .64 (SIQ-Mother, gain weight scale) to .44 (SIQ-Father, muscular scale). The low Chronbach alphas for the parent measure may be due to only three items comprising each subscale. The Chronbach alphas for the measures, excluding the parent measure, are consistent with other studies. Specifically, the Chronbach alphas for the current sample are similar to other studies of non-eating disorder college women (Goldberg, 2002; Thompson et al., 2004).

Mean scale scores were computed for each variable. The current sample resembles other samples reported in the literature (Cash, 2000; Thompson et al., 2004) with the exception of Jewish identity measure and body dissatisfaction measured by the EDI. The mean scale scores for JIQ were higher for Goldberg's (2002) sample (129.04, SD = 10.24) compared to the current sample (M = 98.99, SD = 17.78), and her sample includes a broader range on Jewish identity (89.00 – 140.00) compared to the range for current sample (27.00 – 137.00). These comparisons make sense given her sample was limited to non-eating disordered Orthodox Jewish women

living in New York metropolitan area. Interestingly, the mean scale score for EDI-BD reported by Goldberg (2002) was slightly higher (12.32, SD = 8.04) compared to the current sample (9.18, SD = 6.62), suggesting her sample endorsed greater body dissatisfaction with various body regions. The range on EDI-BD for Goldberg (2002) and the current sample were identical. The current sample of Jewish women had slightly higher internalization-general mean scale scores (M = 27.50, SD = 8.68) and internalization-athlete (M = 15.32, SD = 4.16) mean scale scores than those scores reported by Thompson et al. (2004; 23.76, 14.74 respectively). The means and standard deviations for the scales of the MBSRQ were presented in the manual (Cash, 2000). The current sample had highly similar mean scale scores on body areas satisfaction subscale (M = 3.33, SD = .60) than the adult norm group (M = 3.23, SD = .74) and appearance evaluation (M = 3.42, SD = .78) subscale than adult norm group (M = 3.36, SD = .87).

Research Questions

The first research question addresses the relationship between Jewish identity and body image dissatisfaction among Jewish American females. As stated in the previous chapter, body image dissatisfaction was measured by three subscales: EDI-BD, MBSRQ-BASS, and MBSRQ-APPEVAL.

Research Question 1

The first research question asked if a relationship exists between Jewish identity and body image dissatisfaction among Jewish American females. A correlation matrix of the measured variables is presented in Table 4. The first hypothesis was that Jewish women who score high on Jewish identity will score high on body dissatisfaction. Results indicated that as Jewish identity increases, women reported less body image dissatisfaction ($r = .20$; $p < .01$; MBSRQ - APPEVAL). Therefore, the more the person identifies as Jewish, the person

experiences general content with most areas of the body and feels mostly positive and satisfied with appearance. This finding is significant given Goldberg (2002) did not find a relationship between Jewish identity and body image dissatisfaction ($r = -.00$; EDI - BD). The correlation matrix indicated a significant relationship between Jewish identity and body dissatisfaction with various body regions ($r = -.15$; $p < .05$; EDI - BD) and unhappiness with size or appearance of several body areas ($r = .15$; $p < .05$; MBSRQ - BASS). Although the correlation between Jewish identity and all three measures of body dissatisfaction (MBSRQ - APPEVAL, EDI - BD, MBSRQ - BASS) in this current study are statistically significant, they represent at best a weak relationship.

Research Question 2

The second research question asked if Jewish women perceive greater pressure from mothers or fathers to lose weight and increase muscles. A paired-sampled t-test was conducted per each scale of the parent measure. Means for the dependent and independent variables are presented in Table 3. The second hypothesis was Jewish women will perceive greater pressure to lose weight and gain muscles from mothers compared to fathers. Contrary to the hypothesis, results indicated that Jewish women perceived greater pressure from fathers than mothers to lose weight (fathers, $M = 5.94$, $SD = 2.45$; mothers, $M = 4.67$, $SD = 1.72$), $t(242) = -8.07$, $p < .01$). Results showed no difference from both parents to gain weight (fathers, $M = 3.31$, $SD = .97$; mothers, $M = 3.24$, $SD = .80$), $t(242) = -1.01$, $p = .32$. Similarly, results indicated no difference from both parents to gain muscles (fathers, $M = 4.51$, $SD = 1.97$; mothers, $M = 4.44$, $SD = 1.73$), $t(242) = -.55$, $p = .59$.

Research Question 3

The third research question asked if Jewish women perceive greater pressure from *fathers* to lose weight and increase muscles, then is there a relationship between father's influence to lose weight and increase muscles and body dissatisfaction among Jewish American females? The third hypothesis was based on the second hypothesis that stated Jewish women will perceive greater pressure to lose weight and gain muscles from mothers compared to fathers. Therefore, the third hypothesis was Jewish women who perceive greater pressure to lose weight and increase muscles from fathers will score higher on body dissatisfaction. As indicated above, the paired-samples t-test test indicated that Jewish women reported greater pressure from fathers than mothers to lose weight. The correlation matrix indicated that as pressure to lose weight from father increases, women experienced greater body dissatisfaction ($r = .30$; $p < .01$; EDI - BD), unhappiness with the size and appearance of several areas of the body ($r = -.31$; $p < .01$; MBSRQ - BASS), and general unhappiness with physical appearance ($r = -.26$; $p < .01$; MBSRQ - APPEVAL). The same direction applied for mothers but the correlations were higher for fathers compared to mothers. The correlation matrix indicated no relationship between pressure from mothers and fathers to gain weight and gain muscle and body dissatisfaction, with the exception of pressure to gain muscle from father increases, Jewish women reported greater satisfaction with appearance ($r = .14$; $p < .05$; MBSRQ - APPEVAL). Although this correlation is statistically significant, it represents a weak relationship.

Research Question 4

The fourth research question asked if there is a relationship between internalization of the cultural ideal of beauty and body image dissatisfaction among Jewish American females. The fourth hypothesis was Jewish women who reported greater internalization of appearance will

report greater body dissatisfaction. The correlation matrix indicated that Jewish women who reported greater general internalization also reported greater body dissatisfaction ($r = .43$; $p < .01$; EDI - BD), unhappiness with the size and appearance of several areas of the body ($r = -.35$; $p < .01$; MBSRQ - BASS), and general unhappiness with physical appearance ($r = -.34$; $p < .01$; MBSRQ - APPEVAL). General internalization refers to endorsement and acceptance of media messages promoting unrealistic ideals for female beauty and striving toward these ideals. The correlation matrix indicated additional statistically significant correlations but they are at best weak relationships: Jewish women who reported greater endorsement and acceptance of the relatively new athletic and “toned” body ideal also reported greater body dissatisfaction ($r = .16$; $p < .01$; EDI - BD), unhappiness with the size and appearance of several areas of the body ($r = -.17$; $p < .01$; MBSRQ - BASS), and general unhappiness with physical appearance ($r = -.20$; $p < .01$; MBSRQ - APPEVAL).

These findings are similar to data reported by Thompson et al. (2004). They conducted two studies with two separate sample of non-eating disordered college women and found a significant positive relationship between internalization-general and body dissatisfaction measured by EDI-BD for both studies, respectively ($r = .32$; $p < .01$; $r = .40$; $p < .01$). Similar to the current study, they found a significant positive relationship between internalization-athlete and body dissatisfaction but the correlations were not as high for study 1 compared to study 2 ($r = .17$; $p < .01$; $r = .31$; $p < .01$). As expected, Calogero, Davis, & Thompson (2004) found a higher correlation among internalization-general and body dissatisfaction ($r = .21$; $p < .01$; EDI - BD) compared to the current study and studies by Thompson et al. (2004) given their sample included patients with eating disorders but still, both correlations do not represent strong relationships.

In summary, the results indicated that as Jewish identity increases, women reported more satisfaction with their body. Contrary to prediction, Jewish women perceived greater pressure from fathers to lose weight compared to mothers, and no difference in pressure from both parents to gain weight and gain muscle. As perceived pressure from fathers to lose weight increases, women reported greater body dissatisfaction, but as perceived pressure from fathers to gain muscle increases, women reported greater satisfaction with appearance. The more women internalize the media messages touting unattainable ideals for female beauty, the less body satisfaction women reported. Similarly, the more women endorsed and accepted the “toned,” athletic body ideal, the more dissatisfaction with their own bodies was reported.

Table 1. Demographic Data

Demographic Characteristic	N	Percentage
Age		
18-25	226	88.6
26-35	28	11.0
46-70	1	0.4
Year in School		
Freshman	51	20.0
Sophomore	49	19.2
Junior	47	18.4
Senior	46	18.0
Graduate Student	62	24.3
Relationship Status		
Single	220	86.3
Partnered/Married	34	13.3
Divorced	1	0.4
Sexual Orientation/Identity		
Heterosexual	236	92.5
Bisexual	12	4.7
Undecided	4	1.6
Other	3	1.2
Residence		
Living off Campus (e.g., apartment)	120	47.1
Living on Campus (resident halls)	112	43.9
Living with Parents	13	5.1
Living in Sorority House	9	3.5

Table 1 continued

Demographic Characteristic	N	Percentage
Religious and Cultural Background		
Religious Affiliation - Self		
Reform	91	35.7
Conservative	85	33.3
Orthodox	16	6.3
Undecided	28	11.0
None of the Above	35	13.7
Religious Affiliation - Family		
Reform	105	41.2
Conservative	98	38.4
Orthodox	16	6.3
Undecided	11	4.3
None of the Above	25	9.8
Cultural Ancestry		
Ashkenazi	222	87.1
Sephardic	12	4.7
Mizrachi	1	0.4
Other	9	3.5
I don't know	10	3.9
Race/Ethnicity (in addition to identifying as Jewish)		
Caucasian	241	94.5
Asian, Asian-American, Pacific Islander	1	0.4
Latina	2	0.8
Native American	1	0.4
Biracial	1	0.4
Other	8	3.1

Note: N = 255. Missing data limited to frequency of one for Residence, Race/Ethnicity and Cultural Ancestry. Therefore, total of missing data include three participants.

Table 2. Geographical Spread

Current Residence by State	N	Percentage
Arizona	40	19.5
New York	35	17.1
California	34	16.6
Iowa	24	11.7
Pennsylvania	21	10.2
Ohio	8	3.9
Michigan	6	2.9
Maryland	5	2.4
Georgia	4	2.0
Illinois	4	2.0
Kentucky	4	2.0
Missouri	4	2.0
Minnesota	3	1.5
Washington, DC	3	1.5
Florida	2	1.0
North Carolina	2	1.0
Virginia	2	1.0
Texas	1	0.5
Wisconsin	1	0.5
Quebec, Canada	2	1.0

Note. N = 205. Out of total N of 255, 11 participants did not report zip code of current residence and 39 participants reported invalid zip codes. Specifically, 38 participants reported 4-digit zip codes rather than 5-digit zip codes and one participant reported an invalid 5-digit zip code. Percentages exceed 100% due to rounding.

Table 3. Descriptive Data for Variables of Interest

Variable	Mean	SD	Range	Alpha
Parental Influence				
SIQM - Lose Wt	4.67	1.72	3.00 - 13.00	.62
SIQM - Gain Wt	3.24	.80	2.00 - 10.00	.56
SIQM - Muscular	4.44	1.73	2.00 - 10.00	.64
SIQF - Lose Wt	5.94	2.45	3.00 - 15.00	.47
SIQF - Gain Wt	3.31	.97	3.00 - 10.00	.58
SIQF - Muscular	4.51	1.97	2.00 - 14.00	.44
Sociocultural Factors				
JIQ	98.99	17.78	27.00 - 137.00	.89
SATAQ-Int. Gen.	27.50	8.68	8.00 - 45.00	.93
SATAQ-Int. Athl.	15.32	4.16	5.00 - 25.00	.80
Body Dissatisfaction				
EDI - BD	9.18	6.62	.00 - 27.00	.88
MBSRQ - BASS	3.33	.60	1.56-4.78	.78
MBSRQ - APPEVAL	3.42	.78	1.00 - 5.00	.78

Note. $N=255$ for JIQ, EDI-BD, SATAQ-Int. Gen. $N=254$ for SATAQ-Int. Athl., $N=251$ for SIQF scales, $N=250$ for MBSRQ-APPEVAL, $N=246$ for MBSRQ-BASS, and $N=245$ for SIQM scales. SIQM=Mother scales of Sociocultural Influences Questionnaire (SIQ); SIQF=Father scales of SIQ; JIQ=Jewish Identity Questionnaire; SATAQ-Int. Gen.= Internalization General of Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3); SATAQ-Int. Athl.=Internalization Athlete of SATAQ-3; EDI-BD = Body Dissatisfaction subscale of Eating Disorders Inventory; MBSRQ-BASS=Body Areas Satisfaction subscale of Multidimensional Body-Self Relations Questionnaire (MBSRQ); MBSRQ-APPEVAL=Appearance Evaluation subscale of MBSRQ.

Table 4. Intercorrelation Matrix for all Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12
1. SIQM - Lose Wt	-											
2. SIQM - Gain Wt	-.13*	-										
3. SIQM - Muscular	.32**	.11	-									
4. SIQF - Lose Wt	.38**	-.03	.12	-								
5. SIQF - Gain Wt	-.12	.62**	-.05	-.05	-							
6. SIQF - Muscular	.11	.05	.36**	.37**	.09	-						
7. JIQ	-.02	-.10	.02	.02	-.06	.03	-					
8. SATAQ-Int. Gen.	.09	.05	.08	.22**	.03	.01	-.04	-				
9. SATAQ-Int. Athl.	.02	.02	.13	.06	-.05	.06	-.05	.41**	-			
10. EDI - BD	.20**	-.01	.01	.30**	-.05	-.02	-.15*	.43**	.16**	-		
11. MBSRQ - BASS	-.25**	.03	.02	-.31**	.01	.06	.15*	-.35**	-.17**	.69**	-	
12. MBSRQ-APPEVAL	-.18**	.09	.05	-.26**	.06	.14*	.20**	-.34**	-.20**	-.71**	.77**	-

Note. $N=255$ for JIQ, EDI-BD, SATAQ-Int. Gen. $N=254$ for SATAQ-Int. Athl., $N=251$ for all SIQF scales, $N=250$ for MBSRQ-APPEVAL, $N=246$ for MBSRQ-BASS, and $N=245$ for all SIQM scales. SIQM=Mother scales of Sociocultural Influences Questionnaire (SIQ); SIQF=Father scales of SIQ; JIQ =Jewish Identity Questionnaire; SATAQ Int. Gen.= Internalization General of Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3); SATAQ Int. Athl. = Internalization Athlete of SATAQ-3; EDI -BD= Body Dissatisfaction subscale of Eating Disorders Inventory; MBSRQ -BASS=Body Areas Satisfaction subscale of Multidimensional Body-Self Relations Questionnaire (MBSRQ); MBSRQ-APPEVAL=Appearance Evaluation subscale of MBSRQ. * $p < .05$; ** $p < .01$.

CHAPTER 5

DISCUSSION

This chapter will begin with a discussion of the main findings from the four research questions. This section aims to address how the results of this study advance or contradict previous research on body image dissatisfaction among Jewish women. Next, limitations of the study will be reviewed as well as implications for future research and clinical practice.

The purpose of the present study was to explore the extent to which Jewish American females are satisfied with their bodies and the influence of sociocultural factors on their body satisfaction. Although greater attention in the research literature has focused on ethnic differences in body image dissatisfaction (e.g., Forbes & Frederick, 2008), Jews are an ethnic minority who are overlooked. This study used the tripartite influence model as a framework for understanding relationships between Jewish identity and body dissatisfaction, parental influence and body dissatisfaction, and internalization of appearance and body dissatisfaction among this population. Results of the current study indicated that Jewish American females experience body image dissatisfaction, which suggests that they are not invulnerable to the thin-ideal pervasive in U.S. society.

Jewish Identity

Jewish identity is one of the sociocultural variables in this study predicted to influence body dissatisfaction. In the current study, Jewish identity describes an individual's strength of identification with Judaism. This study found higher Jewish identity was associated with less body image dissatisfaction and general discontent with physical appearance and areas of the body. It is important to note that this conclusion is based on low correlations, and thus interpretations must be considered preliminary. This finding is meaningful in light of past research. First, this finding contradicts research that suggests Jewish identity may be linked to

self-hate for Jewish women, particularly if they harbor internalized anti-Semitic stereotypes about Jewish looks (Schwartz, 1995). Second, this finding is significant given Goldberg (2002) also used the JIQ and EDI-BD, and yet did not find a relationship between Jewish identity and body dissatisfaction. Third, this finding supports early research by Klein (1977) who found that Jewish women who endorse pride for being Jewish, report fewer body image problems. Finally, this finding adds complexity to the idea that ethnicity might shield some individuals from body dissatisfaction (e.g., Warren et al., 2005) by examining whether strength of one's identification with their ethnicity affects body satisfaction.

The results of the current study suggest that on a secular level, it is possible that women who endorse greater Jewish identity feel a greater sense of belonging to the Jewish community, which may buffer them against body image problems. Although this study did not assess for religiosity, possibly more observant Jews show greater adherence to Jewish law, which potentially protects them against body dissatisfaction (Gluck, 1999). One of Judaism's central beliefs is to protect G-d's creations, and individuals are considered to be created in G-d's image. Parents are encouraged to teach their children to understand the importance of taking care of one's own body because how an individual treats her/his body is thought to be an expression of love for G-d. For instance, *sh'mirat haguf* means to defend our bodies, which is a Jewish value that translates to adopting a proper diet, exercising, and avoiding excessive physical risks (Abramowitz & Silverman, 1997).

Parental Influence

Parental influence is the second sociocultural variable used in this study thought to relate to body dissatisfaction. The present study is unique for several reasons: First, paternal influence was examined, which is often overlooked in the body image literature. Second, this study used an adult sample whereas studies on maternal influence generally focus on adolescent

samples (e.g., Benedikt et al., 1998; Pike & Rodin, 1991). Third, this study augments the body image literature by offering an ethnically diverse sample. Fourth, this study aimed to obtain a more accurate assessment of parental influence by asking daughters to report *perceived* parental influence rather than inviting parents to complete self-report measures. For instance, Cooley et al. (2008) favor this form of assessment because mothers may not be aware of the extent to which they model their attitudes or behaviors about weight or disclose them to daughters. Finally, this study focused exclusively on body dissatisfaction whereas most of the research focuses on mother-daughter relationships with respect to eating disorders.

Results of the current study contradict previous studies that show maternal influence supersedes paternal influence in relation to daughters' reported difficulties with body image (e.g., Benedikt et al., 1998; Cooley et al., 2008; McKinley, 1999; Pike & Rodin, 1991; Ricciardelli & McCabe, 2001). Interestingly, the current study found that Jewish women perceived greater pressure from fathers, not mothers, to lose weight (e.g., Ricciardelli & McCabe, 2001). This finding supports Schwartz et al. (1999) who found that daughters reported receiving more appearance-related feedback from fathers compared to mothers, including weight-related teasing. This finding offers a new perspective into the potential role of fathers in daughter's body image satisfaction when reflected against research of the 1970s that generally blamed mothers for daughters' body-related problems. Given the seductiveness of the thin-ideal, fathers may be socialized to believe that their daughters will benefit in society if they achieve the thin body. Therefore, fathers may encourage daughters to lose weight to satisfy this persistent standard for female beauty.

Important to note, the present study did not assess body mass index (BMI) scores for participants. For instance, McCabe and Ricciardelli (2001a) examined BMI groups and found that fathers were more likely to encourage daughters to lose weight and increase muscles for

daughters with the highest BMI scores. Moreover, the present study found that daughters perceived no difference in pressure from both parents to gain weight. Encouragement to gain weight may be appropriate if daughters are underweight. Therefore, future researchers should replicate this study and include BMI scores in the analyses.

Results of the current study further indicated that as daughters perceive greater pressure from fathers to lose weight, daughters experienced greater body dissatisfaction, greater discontent with the size or appearance of several body areas and greater overall unhappiness with their physical appearance. This finding contrasts past research that found perceived pressure to lose weight from fathers predicted body dissatisfaction for males but not for females (Ricciardelli & McCabe, 2001). However, because correlation does not yield causation, it is uncertain if father's feedback caused greater body dissatisfaction for daughters or daughter's body dissatisfaction caused daughters to perceive more pressure from their fathers to lose weight. Thus, it is possible that fathers' feedback to daughters is well-intentioned, particularly if daughters expressed body-related concerns, and yet the consequence of their feedback potentially aggravated daughters' body image.

The current study found no difference between perceived pressure to gain muscles from both parents. Although an increase in perceived pressure to gain muscles from fathers was associated with greater body satisfaction, this was a weak relationship and therefore should be interpreted cautiously. Additional research should examine media influence on Jewish American females given the media's emerging focus on athleticism for females (e.g., Thompson et al., 2004). For instance, Ricciardelli and McCabe (2001) address media's influence on females' desire for muscularity. Namely, they found that females tended to engage in strategies to increase muscles if they perceived pressure from media that muscularity for women is attractive.

Furthermore, future research might assess how participants' negative affect or self-esteem potentially affects perceived parental influence. For instance, Ricciardelli and McCabe (2001) found that females with high negative affect were more likely to perceive greater pressure from parents to gain muscles and females with low self-esteem were more likely to perceive pressures from mothers to increase muscles. Additional research is needed to evaluate the difference between increasing body mass or developing muscle tone, given it is not clear how women conceptualize drive for muscularity (Ricciardelli & McCabe, 2001).

Internalization of Appearance

Research supports that media messages tout the thin-ideal for women (Grabe et al., 2008). Although most women are exposed to the same media messages, women do not internalize these standards of beauty to equal extent (Thompson & Stice, 2001). The current study supports past research that shows increased internalization of society's standards of attractiveness relates to decreased body satisfaction, unhappiness with size or appearance of body areas, and general discontent with physical appearance (e.g., Cafri et al., 2005). This finding demonstrates the pervasiveness of the thin-ideal in U.S. society such that Jewish women appear vulnerable to meeting this standard. This finding is particularly important given internalization combined with body dissatisfaction can potentially increase someone's risk for disordered eating (e.g., Keery et al., 2004b).

Results prompt additional studies to increase understanding of internalization of appearance among Jewish women. First, as stated earlier, research should examine effects of mass media on Jewish women given women generally internalize the thin-ideal through media exposure (e.g., Hawkins et al., 2004). Second, research is needed to investigate the relationship between the extent to which Jewish women accept the athletic, fit body ideal and body dissatisfaction because the current study showed a low correlation. Third, future researchers

should examine the effect of self-concept on internalization of appearance because individuals who have a poor sense of self may pursue external feedback to help form their identity (Vartanian, 2009).

Contrast with Previous Studies

The current study compares with Klein's (1977) dissertation on Jewish identity in interesting ways. First, both studies utilized a snowball method to recruit participants. However, the present study offered an exclusively female sample that was larger than Klein's sample of 65 females (54 males). Second, Klein's (1977) sample comprised of only Jews living in the Bay Area of California whereas the current study offers a nationwide sample. Third, the current study used a single questionnaire to assess Jewish identity whereas Klein (1977) utilized open-ended questions on Jewish identity and a multidimensional scale on Jewish identification. Specifically, Klein's open-ended questions allow more space for internalized messages to emerge and subjective meaning based on personal experiences; e.g., "Imagine a friend is describing you to a person who has never met a Jew. What would he say is Jewish about you?" Fourth, Klein (1977) assessed for self-esteem and self-concept, which were not assessed in the current study. Fifth, both studies found higher Jewish identity was associated with greater body satisfaction. Specifically, Klein (1977) found that women with positive Jewish identity accepted their body image, did not wish to alter a large number of features to fit the "WASP" appearance, had higher self-esteem, were less alienated and associated positive personal traits with being Jewish.

In contrast to the current study and Klein's (1977) study, Goldberg (2002) found no correlation between Jewish identity and body dissatisfaction among her sample of 145 Orthodox Jewish college females. Important to note, the current study utilized the Jewish identity measure used in Goldberg's (2002) study. In addition, Goldberg (2002) used the same measures as the current study to measure body dissatisfaction (EDI -BD) and internalization of appearance

(SATAQ). The present study and Goldberg (2002) found that Jewish women who endorsed the thin-ideal were likely to experience body dissatisfaction. Moreover, both studies examined familial factors. However, the current study assessed feedback from parents to gain weight, lose weight and gain muscles whereas Goldberg (2002) assessed parental attachment and separation. Finally, the current study provided a nationwide sample that focused exclusively on body image dissatisfaction whereas Goldberg (2002) examined body image and disordered eating among Orthodox Jewish women in the New York metropolitan area.

Similar to Goldberg (2002), Lewin (2006) exclusively sampled Orthodox Jewish college-aged women. The present study contrasts with Lewin's (2006) study because she examined sociocultural influences on eating disorder symptomatology rather than focus entirely on body image dissatisfaction. Similar to the current study, Lewin (2006) used the EDI-BD and SATAQ; however, she used other subscales of the EDI and assessed the extent to which women adhere to the Superwoman ideal of femininity. Consistent with the current study, Lewin (2006) found that the majority of her sample identified as Caucasian and endorsed a high level of awareness for and recognition of society's standards of beauty. However, Lewin (2006) found that little of the variance in body dissatisfaction was accounted for by internalization of appearance. She encouraged future researchers to examine parental influence on body dissatisfaction, which fits with the purpose of the current study.

Gluck (2000) broadened her sample to include secular Jewish women from colleges and universities in the Northeastern U.S. She also used the SATAQ to measure internalization of society's standards of beauty. However, she used the Body Shape Questionnaire (BSQ) rather than BD subscale of the EDI to assess body dissatisfaction. Consistent with Goldberg (2002) and the current study, Gluck (2000) found greater internalization of appearance was associated with greater body dissatisfaction. In contrast with the current study and Goldberg's (2002) study,

Gluck (2000) examined the influence of religion on the development of body dissatisfaction and eating pathology. She found that religion may protect Orthodox Jewish women from developing body dissatisfaction and eating pathology given secular women scored significantly higher on body dissatisfaction and eating pathology.

More recently, Weinberger-Litman (2008) studied psychosocial factors on body image and eating disturbance in Jewish women living in the New York City area. Consistent with the current study, she used a theoretical model to frame her study. In particular, she used the Bronfenbrenner's model of ecological development that describes a dynamic interaction between individuals and their environments. For instance, she argued that religious orientation comprises the macrosystem, the broadest and most comprehensive section of Bronfenbrenner's model. She then examined the role of religious orientation and spiritual well-being on eating disorder symptomatology. As with Gluck (2000), Weinberger-Litman (2008) used the BSQ rather than the EDI-BD to measure body dissatisfaction. Comparable with the current study, the SATAQ assessed internalization of appearance. The author found that individuals with an intrinsic religious orientation reported less body dissatisfaction. Additionally, internalization of appearance mediated the relationship between religious orientation and eating disorder symptoms. In contrast to the current study, she compared scores from participants of all-female schools with those from coed schools. She found that women of all-female schools were more likely to internalize the thin-ideal than their coed counterparts. Finally, Weinberger-Litman (2008) examined additional variables excluded from the present investigation, such as depression, anxiety, eating attitudes, and adherence to Superwoman ideal of femininity.

Strengths and Limitations

This study is particularly unique because it sampled an underrepresented population in the body image literature. A search revealed that the current study comprised the largest sample

size to date that focused on body dissatisfaction of Jewish American females age 18 and older. The current study employed a web-based survey in contrast to all previous studies that utilized paper measures to examine body dissatisfaction among Jewish women. The web-survey allowed for greater access to a difficult population to sample in Iowa City, Iowa where the principal investigator resided when data were collected. As a result, the present study yielded a nationwide sample whereas previous studies were geographically limited to one area (e.g., New York metropolitan area). Additionally the survey was thorough, evidenced by including three subscales to measure body dissatisfaction as recommended by Thompson (2004), and yet could be feasibly completed in less than 20 minutes.

Despite the strengths to this study, as with all studies, this study has several limitations. First, the solicitation announcement asked individuals to forward the announcement to potentially eligible participants, which could have created a bias for those individuals solicited. Additionally, results are based on a sample of women who chose to participate in a study on body image, which may make for a different sample than those who opted not to participate. Second, 323 participants in total completed the survey but closed the survey without clicking the "Submit Survey" button at the end of the survey. Thus, 266 participants actually submitted the survey but 11 of 266 participants did not necessarily meet screening criteria. Therefore, 68 participants were excluded from analyses resulting in the total sample size of 255 participants. Third, two participants contacted the principal investigator to report technical difficulties (i.e., link or User ID did not work). It is possible other individuals experienced technical difficulties that prevented them from submitting a completed survey. Fourth, participants were invited to enter a drawing for four \$25 gift certificates. This incentive could have biased the study. Out of 255 participants who successfully submitted the survey, nearly half (N = 115; 45%) entered the

drawing. Finally, this study did not assess differences among educational setting (i.e., size of school; whether or not the school was coed).

Despite the large sample size, limitations remain with the current sample. First, participants were largely recruited through the Hillel Foundation, which suggests these students have some interest in Jewish issues and therefore may inflate Jewish identity scores. Second, results are based on women enrolled in institutions of higher education in the United States. Therefore, it is unclear whether Jewish identity, parental influence, internalization of appearance, and body image dissatisfaction apply to non-college samples of Jewish women. Third, participants were predominantly Caucasian (95%), heterosexual (93%), single (86%) and Ashkenazi (87%), which also limits the generalizability of the findings. Fourth, 6.3% of the sample identified as Orthodox. Although there is diversity within the Orthodox community, Orthodox Jews typically adhere to the laws of the Torah (Hebrew Bible) more strictly than the Reform or Conservative community. Therefore, future researchers should replicate this study and assess for level of religiosity or religious identification within different sects. This information could inform whether or not women adhere to the modern or right wing sects of the Reform, Conservative or Orthodox movement. Finally, it was difficult to determine geographic spread of the sample given insufficient data (i.e., 11 participants did not report current zip code and 39 participants reported invalid zip codes). Overall, generalizations based on these findings need to be considered tentative.

Furthermore, there are limitations for some of the measures used in this study. First, only self-report measures were used, which introduces the possibility of bias. In particular, it is possible that participants responded to certain items in order to increase social desirability. Second, the Jewish Identity Questionnaire (JIQ) is a revised version of the London Jewish Identity Questionnaire (London et al., 1988), and to the knowledge of this principal investigator,

the JIQ has only been used in this study and Goldberg's (2002) study. Although this instrument yielded adequate Chronbach's Alphas in the current study, further research is needed to validate this measure. Third, the scales for the parent measure (SIQ) are based on few items that resulted in low coefficient alphas. This measure can benefit from further research to validate the measure cross-culturally. Finally, the majority of the data presented were correlational, which precludes causal inferences.

Research Implications

This study contributes to the research literature on ethnic differences in body image dissatisfaction by providing a nationwide sample of Jewish American females given most published studies were conducted with Israeli samples (e.g., Neumark-Sztainer et al., 1995) or with Jewish women within a specific geographic region such as the Northeastern U.S. (e.g., Gluck, 1999; Goldberg, 2002; Weinberger-Litman, 2008). Additional research should expand upon these results to increase exposure to Jewish women's issues. Suggestions for enhancing this study follow.

First, this study used a multidimensional model to guide understanding of body image dissatisfaction among Jewish women but did not aim to test this model with Jewish women. Thompson (2009) encourages future researchers to evaluate this model cross-culturally, which prompts evaluation of this model with Jewish women. Second, researchers might sample within a specific geographical region (e.g., Midwestern U.S.) or contrast Jewish women across states (e.g., Jewish women from California versus New York) to see how results compare to the present study. Third, researchers might use qualitative methodology to explore the unique features of body image dissatisfaction among Jewish women. Qualitative analysis can potentially highlight responses that aggravate and alleviate body image within this population. Fourth, researchers might integrate a clinical sample of Jewish women who sought help for body image concerns

and compare symptom clustering to a non-clinical group of Jewish women. Finally, researchers should consider a longitudinal design to assess Jewish women's body image satisfaction levels over time.

Clinical Implications

Practitioners are encouraged to be sensitive to ethnic differences in body image. However, as stated previously, there is scant literature available on body image among Jewish women. This study aims to inform practitioners of ways to improve their practice.

First, it is important for practitioners to examine their own biases and assumptions. Specifically, practitioners should assess the extent to which they view Jewish identity as both an ethnicity/culture and a religion (Beck et al., 2003). For instance, if practitioners assume their client's Jewish identity is limited to a religious orientation, then they may overlook significant aspects of their client's identity and worldview. In addition, practitioners should assess client's level of Jewish identity and religiosity as well as possible challenges s/he may experience as s/he balances White privilege with being an ethnic, religious minority if s/he phenotypically presents as White. Furthermore, the results of the current study indicated that Jewish identity may potentially protect women against body image dissatisfaction. Thus, practitioners should assess messages clients receive from the Jewish community about weight and shape expectations and to what extent they perceive the Jewish community abates or promotes body image concerns.

Second, results showed that Jewish daughters perceive heightened pressure from fathers to lose weight, which related to increased body dissatisfaction for daughters. Thus, it is important for practitioners to assess clients' perceived quality of relationships with parents, messages received from parents regarding weight and shape, and the extent to which parents' feedback is important to clients. Messages may come in the form of modeling, teasing, encouragement or direct feedback. For instance, practitioners should inquire about direct

feedback received from parents because research suggests direct feedback can be more powerful than modeling at least by mothers who demonstrate their own eating attitudes and behaviors (e.g., Benedikt et al., 1998; McKinley, 1999).

Third, results support previous research that indicates greater internalization of appearance is related to greater body dissatisfaction. Practitioners working with Jewish women should attend closely to client's level of endorsement of society's expectations for female beauty. Practitioners can assess women's level of internalization by using a self-report measure such as the SATAQ-3 or by asking their clients about their images of beauty informed by parents, peers and media. In addition, practitioners may ask clients whether or not they critically critique these messages. For instance, the National Eating Disorder Association (NEDA) outlines four steps to critically evaluate the media. Practitioners and clients can discuss ways to get involved in activism and advocacy to combat negative media messages and praise positive media messages through such programs as NEDA's Media Watchdog Program.

Fourth, practitioners can develop and deliver programs in prevention of eating and body-related issues. For instance, Goldberg (2002) recommends providing workshops that integrate Jewish history that examine how the full figure body type was historically seen as beautiful by the Jewish community because it symbolized security and survival for Jewish people. Workshops can be a space for Jewish women to learn ways to challenge dominant culture's standards of beauty by learning ways that the media industry alters images using image editors such as Photoshop. Additionally, practitioners can provide workshops directed toward parents who can benefit from learning (1) ways to promote positive self awareness; (2) ways to help their daughters who may struggle with body image concerns; (3) how to celebrate food and body in Jewish culture in healthful ways; (4) how to increase self awareness for implicit and explicit messages communicated to daughters about satisfaction with their own weight and shape; and

(5) where to seek support and resources for body image dissatisfaction and/or disordered eating. Practitioners may also consider creating programs designed specifically for fathers to learn how to be an ally for their daughters whose bodies inevitably change with development.

Finally, results of the current study encourage practitioners to become involved in policy. For instance, Jewish practitioners may increase visibility of Jewish women by pursuing leadership positions through organizations dedicated to providing education, resources and support to those affected by body image concerns and/or eating concerns. In addition, practitioners can identify ways to advocate for greater representation of various body types and sizes of Jewish women in media.

Summary

This study explored variables related to body image satisfaction among Jewish women. Results of this study indicated that Jewish American women report body image dissatisfaction. Contrary to prediction, Jewish women reported less body dissatisfaction with increased Jewish identity. Another interesting finding is that Jewish women perceived greater pressures from fathers compared to mothers to lose weight, which related to increased body image dissatisfaction. No differences existed in perceived pressure from mothers or fathers to gain weight or gain muscles. However, as perceived pressure to gain muscles from fathers increased, women reported feeling more satisfied with their bodies. Consistent with past research, the current study found that increased internalization of the thin-ideal related to less body satisfaction for Jewish women. Results encourage future researchers to expand upon this current study to give voice to Jewish women in the body image literature, and to develop research of clinical utility for practitioners committed to providing culturally-sensitive services to Jewish female clients and families.

APPENDIX A

TEXT OF CONSENT SCREEN

Jewish American Women and Body Image

We invite you to participate in a research study. The purpose of the study is to examine body image among Jewish American women, an ethnic minority group that is overlooked and understudied in the research literature. We hope to gain a better understanding of factors that influence Jewish women's body image and we hope that the information collected will assist clinicians to develop and provide more effective services designed for Jewish American females.

We are inviting you to be in this study because you self-identify as a Jewish American female who is at least 18 years of age, you are currently enrolled in a college or university, and at least one of your parents is Jewish. Approximately 300 people will take part in this study at the University of Iowa.

Before beginning the questionnaires, you will be asked to answer four questions to determine if you are eligible to participate in the study. The first question is at the bottom of this consent screen. If you are eligible to participate, you will then complete a demographic questionnaire. You will be asked to identify your age, race/ethnicity, relationship status, sexual orientation, year in college, residence, zip code, Jewish ancestry, and religious affiliation. Next, you will complete 5 different questionnaires on Jewish identity, influence of significant adult figures in your life, media influences on physical appearance, and body image. You will complete the survey by marking your responses on-line. You can skip a question or item if you decide that you do not want to answer a question or item. At the end of the survey, you will be asked to submit your survey by clicking a box that indicates you have completed the survey and your responses will be saved. If you choose to exit the website before you have completed the survey, your responses will not be saved. Your participation will take approximately 15-20 minutes to complete the survey.

We will keep the information you provide confidential, however federal regulatory agencies and the University of Iowa Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research. Your survey responses will be assigned an identification number. The study identification number will not be linked to your name. We will not collect your name or identifying information from the website. If we write a report about this study we will do so in such a way that you cannot be identified.

In completing the questionnaires, you may experience some discomfort when you think about your body, significant relationships, or other important issues. As stated previously, if at any time you feel uncomfortable with answering a question or item, you may skip the question or item without consequence.

At the end of the survey, you will be provided with a resource list should you decide to contact someone to discuss your concerns in greater detail.

We don't know if you will benefit from being in this study. However we hope that others may benefit in the future from what we learn as a result of this study.

You will not have any costs for being in this research study.

You will not be paid for being in this research study. You will have the option of providing your name to be entered in a drawing for one of four \$25.00 gift certificates to Amazon.com. Four separate certificates will be given to four randomly selected participants.

To be entered into the drawing, you will need to provide your personal information (name and e-mail) to the investigator. The investigator's e-mail address to enter the drawing can be found at the end of the survey. Your personal information will not be linked to your survey. If you are selected for one of the four certificates, you will be contacted in order to obtain your mailing address. Participation in the drawing is not required to participate in this study.

Taking part in this research study is completely voluntary. If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify.

If you have any questions about the research study itself, please contact Stefanie T. Greenberg, MMFT by email (stefanie-greenberg@uiowa.edu). If you experience a research-related injury, please contact: Sam V. Cochran, Ph.D. at (319) 335-7294. If you have questions about the rights of research subjects, please contact the Human Subjects Office, 300 College of Medicine Administration Building, The University of Iowa, Iowa City, IA 52242, (319) 335-6564, or e-mail irb@uiowa.edu. To offer input about your experiences as a research subject or to speak to someone other than the research staff, call the Human Subjects Office at the number above.

Thank you very much for your consideration.

Please answer the first four questions to determine your eligibility for participation. If you answer "yes" to all four questions, then you may continue on to the next question.

APPENDIX B
LIST OF SCREENING QUESTIONS

Screening Questions

- 1) Do you identify as a Jewish American female?
- 2) Are you age 18 or older?
- 3) Are you currently enrolled in a college or university?
- 4) Is one of your parents Jewish?

APPENDIX C

TEXT OF E-MAIL RECRUITMENT SCRIPT

Dear Colleague,

Greetings. I am working with a doctoral student at the University of Iowa who is currently recruiting participants for her dissertation research. Her name is Stefanie Greenberg, MMFT and her project focuses on Jewish American women and body image. Can you please forward this e-mail with the attached recruitment announcement to your Hillel lists and eligible friends and/or colleagues who may be interested in participation?

To be eligible for this study, you must identify as a Jewish American female who is at least age 18 years of age, enrolled in a college or university, and at least one of your parents is Jewish.

The attached document provides the same information as indicated below. Please feel free to print the attached announcement and post it where you see fit.

Thank you for your support with this project.

Sincerely,

(the individual who is forwarding this e-mail will sign this e-mail)

APPENDIX D

TEXT OF E-MAIL SOLICITATION ANNOUNCEMENT

CONSIDER PARTICIPATING IN...**RESEARCH STUDY ON JEWISH WOMEN AND BODY IMAGE**

Shalom! I am a doctoral student in Counseling Psychology at the University of Iowa. I am interested in studying the experiences of female Jewish students attending colleges or universities. Jewish women have been virtually ignored in the empirical literature on body image despite literature to suggest that Jewish females experience body dissatisfaction. I would appreciate your consideration of my research study.

Who qualifies?

I invite you to participate in this study if you identify as a Jewish American female, age 18 or older, enrolled in a college or university, and at least one of your parents is Jewish.

What is involved?

Participation includes completing a demographic questionnaire and questionnaires related to your Jewish identity, influence of significant adult figures in your life, media influences on physical appearance, and body image. You will complete the surveys by marking your responses on-line. Each participant will have the opportunity to be entered in a drawing for one of four \$25.00 gift certificates to Amazon.com. Participation in this study is completely voluntary and confidential.

How long will I be in this study?

If you agree to take part in this survey, your involvement will last for approximately 15-20 minutes.

How to get involved?

You will simply click or cut and paste the following link into your browser window. You will need to enter the following user ID. This will take you to the consent screen and survey.

Web link: <https://survey.uiowa.edu/wsb.dll/686/jewishwomanbodyimage.htm>

User ID: apple

If you are interested in participating but have questions about the study, please contact me. Thank you for considering my request.

Stefanie T. Greenberg, MMFT
Doctoral Candidate
The University of Iowa
361 Lindquist Center
Psychological and Quantitative Foundations
Iowa City, Iowa 52242
E-mail: stefanie-greenberg@uiowa.edu

APPENDIX E

TEXT OF BRIEF E-MAIL SOLICITATION ANNOUNCEMENT

Invitation to participate in research study on Jewish American women and body image. Inviting participants who identify as Jewish American female, age 18 or older, enrolled in a college or university, and at least one of their parents is Jewish. Participation involves completing an online survey that will last 15-20 minutes. Opportunity to enter in a drawing for one of four \$25.00 gift certificates. Participation in this study is voluntary and confidential. To access additional information and survey:

Web link: <https://survey.uiowa.edu/wsb.dll/686/jewishwomanbodyimage.htm>

User ID: apple

For more information, contact stefanie-greenberg@uiowa.edu

APPENDIX F

TEXT OF DEBRIEFING SCREEN

Dear Participant,

Thank you for participating in this study. We appreciate your time, effort, and contribution.

This study aims to better understand body image dissatisfaction among Jewish American females. This study also seeks to identify whether there is a relationship between Jewish identity and body dissatisfaction, internalization of cultural ideal of beauty and body dissatisfaction in Jewish American females, and parental influence and body dissatisfaction. Research shows that body dissatisfaction at moderate levels can be a normative experience for many women of current American culture. However, women whose body dissatisfaction exceeds moderate levels are vulnerable to low self-esteem, depression, eating disorders, and overall lowered quality of life. Various theories have been proposed to understand factors involved in the development and maintenance of body image dissatisfaction. Sociocultural factors, such as peers and family, have gained the greatest empirical support. A recent trend in the body image literature is increasing attention to ethnic differences in body image. However, Jewish women as an ethnic group have been virtually ignored in the empirical literature on body image despite literature to suggest that Jewish females experience body dissatisfaction.

Your responses to this survey will make a unique contribution to the understanding of body image dissatisfaction among Jewish American women. Hopefully, your responses will assist clinicians to develop and provide more effective programming and support structures that attend to Jewish American females. To ensure confidentiality, an identification number will be used to identify the study records. We will not collect your name or identifying information from the website.

By thinking about these issues, you may have experienced a range of feelings. If you would like to explore these issues further, please consult the following resources:

- Your local university counseling center
- Your local university health center
- Your local university Hillel office
- National Eating Disorders Association:
www.nationaleatingdisorders.org
- [www.overeatersanonymous.org](http://www overeatersanonymous.org)
- www.EDreferral.com
- <http://www.aabainc.org/>

Please do not hesitate to contact one of us should you have questions or concerns. We appreciate your time and effort in participating in the study.

Sincerely,
Stefanie T. Greenberg, MMFT
The University of Iowa
361 Lindquist Center
Psychological and Quantitative Foundations
Iowa City, Iowa 52242
E-mail: stefanie-greenberg@uiowa.edu

Sam V. Cochran, Ph.D.
Director, University Counseling Services
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Iowa City, Iowa 52242-1100
Phone: 319-335-7294
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APPENDIX G
TEXT OF LOTTERY ENTRY

Thank you for completing the survey!

If you would like to be entered in the drawing for a \$25.00 gift certificate to Amazon.com, please e-mail me (the principle investigator), Stefanie T. Greenberg, MMFT at stefanie-greenberg@uiowa.edu.

If you are selected for one of the four certificates, you will be contacted in order to obtain your mailing address. Your personal information will not be linked to your questionnaire.

Participation in the drawing is not required to participate in this study.

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