THE RELATIONSHIP BETWEEN THE ATTITUDES AND BEHAVIOURS TOWARDS BODY AND THE RISK OF OCCURRENCE OF EATING DISORDERS IN THE GROUP OF YOUNG WOMEN

Justyna TREPKA-STAROSTA[1*], Agnieszka ROSZKOWKSA[2], Jolanta STAROSTA[3], Anna PIEKACZ[4]

[1] Katowice Business University GWSH, Katowice; justyna.starosta@gwsh.pl, ORCID: 0000-0002-8267-9605
[2] University of Bielsko-Biała, Bielsko-Biała; aroszkowska@ath.bielsko.pl, ORCID: 0000-0002-1132-8840
[3] Jagiellonian University, Institute of Applied Psychology, Kraków; jolanta.starosta@uj.edu.pl, ORCID: 0000-0003-1776-7155
[4] Silesian University, Institute of Psychology, Katowice; anna.piekacz@us.edu.pl, ORCID: 0000-0001-7511-5599
* Correspondence author

Purpose: This research is devoted to the phenomenon of various factors related to the occurrence of eating disorders. The paper focuses on the subject of body image, attitudes towards body and behaviors of young women.

Design/methodology/approach: Analyzing the results of the respondents, it was necessary to check whether there are any factors which predict the occurrence of eating disorders, as well as whether the respondents have knowledge of basic eating disorders such as anorexia, bulimia or obesity. Women aged 19-25 years took part in the study, where such variables as attitudes and behaviors towards their bodies, beauty stereotypes, peer criticism, methods of improving appearance, satisfaction with their appearance, physical attractiveness and self-esteem were verified. The following methods were used in this research: Body Image Questionnaire, The Scale for Using Appearance Enhancement Methods, The Scale of Satisfaction with Individual Body Part and Body parameters, Multidimensional Self-Esteem Inventory.

Findings: The analysis of the results indicates that there is a significant relation between low self-esteem, peer criticism, the need to be accepted and the occurrence of eating disorders.

Practical implications: The research can contribute to the development of new educational programmes in schools to increase young people's knowledge and awareness about eating disorders. Furthermore, the result may also be important in the prevention of possible diseases.

Originality/value: This research can contribute to the better understanding of psychological conditions of eating disorders, especially on Polish population of young women.

Keywords: eating disorders, anorexia, bulimia, self-esteem, attitudes towards body.

Category of the paper: Research paper.

1. Introduction

Nowadays, care for the health and the image of one's body has become the objective of almost every modern woman. Due to contemporary canons of "beauty", many young women take actions related to the desire to achieve a profile consistent with those canons even more frequently (Brytek-Materna, 2012). A slim female figure has become a symbol of beauty and sexual attractiveness as well as proof of having a strong will, self-control, determination and sense of fashion, even at the cost of contradicting one's biological rights and needs. The number of people showing symptoms of eating disorders such as *anorexia nervosa* or bulimia is increasing. Another disorder that bases most often on the mechanisms of failure of coping with stress or a situation that can be assessed as difficult is psychogenic overeating (Izydorczyk, 2018) . This, in turn, may result in obesity, which is dangerous to health. Questions could be asked about how young Polish women perceive their bodies today? Are they at risk of having eating disorders? Appearance, perception of one's own body, and restrictive behavior have become the subject of more and more frequently undertaken empirical research as well as theoretical studies conducted to establish the correlation of various factors underlying the etiology of disturbances in eating habits.

2. Body image

Body image is a complex and multidimensional concept. The definition of body image, in general, is "an individual image of one's own body stored in memory, consisting of an assessment of one's attractiveness and its impact on body perception, body emotions, and body behavior". Body image is a conscious, mental representation of one's own body — unlike the body schema, which is a neural structure created on the basis of experiences from proprioceptors, the vestibular system, and the sense of touch, which is of unconscious character. Body image is extremely important for psychophysical development, which is connected with eating habits as well as physical, social, and sexual activity. The main factors causing the formation, and the possibility of modifying the body image are biological factors, such as sex, age, body weight, maturation, aging of the organism, and socio-cultural or personality factors.

In psychology, the image of the body is presented as: body schema, body self, body-concept. According to Rabe-Jabłońska and Dunajska (1997), we distinguish the following body image composition:

- perception and interpretation of stimuli coming from inside the body,
- individual visual and haptic interpretations,
- the degree of disparity and convergence between the ideal image and objective conditions.

According to Bielefeld (2005), the sensations that a person experiences during their entire social and individual development are experiences of their own body. These experiences are cognitive and emotional, and they are either conscious or unconscious. In the situation of experiencing corporeality, it is necessary to distinguish two components: body scheme, namely "neurophysiological image of the perceptual-cognitive activity of an individual related to their own body", and body image, which is the psychological-phenomenological area of experiencing corporeality. Body image includes the following aspects:

- body consciousness or body awareness – the mental representation of one's body or its part, which is available to conscious perception,
- body boundary – the experience of body boundaries, namely, a clear separation of the body from the outside world,
- body cathexis – all the attitudes of a person towards their own body.

As part of the body image assessment, the following effects may occur:

- disturbance of body percept,
- inaccurate ideas about the appearance of the body (body concept).

It can be considered that body image is an important part of the self-image, and therefore has a significant impact on the behavior of a person towards themself and others. Importantly, it has a significant impact on how they react to both internal and external stimuli that are related to the psychophysical functioning of the body. In a situation in which a given individual is satisfied, feels relative freedom in interpersonal relations, experiences positive thoughts, and emotions while perceiving their body, and their external appearance in a correct manner, which does not deviate from the norm, one can talk about the correct state of affairs. However, everything becomes more complicated in a situation in which a given individual perceives their body in a manner incompatible with reality, does not feel any positive thoughts and emotions about themself, and in addition, the attitude towards their appearance is negative. In such a situation a high probability of occurrence of various emotional and mental disorders appears (Izydorczyk, 2019).

3. Attitude towards body

The basic assumptions of cognitive concepts, regarding the shaping of attitudes, confirm the importance of distortions of cognitive patterns about the realistic body image. The value of

the posture-body object is significantly influenced by a negative assessment and a significant disparity between the realistic body image and the idealized one (Brytek-Materna, 2011). Due to the fact that the realistic body image is inconsistent with the accepted standards of striving for a slim figure, it is treated as worse, and inappropriate. The multifaceted nature of the subjective assessment of body image in cognitive theories indicates the influence of cognitive patterns on the attitude towards one's own body, and also influences the appearing emotions in this matter. Cognitive factors influence the nature of the attitude towards the body and also emphasize the importance of thought patterns, which regard body image in a positive or negative way.

The attitude towards food can be presented as a multifactorial composition regulating the cognitive (analytical), emotional (affective), socio-cultural (interpersonal), and behavioral (behavior) dimensions that a person displays in relation to eating. Attitudes towards food can be both positive and negative. A positive attitude is characterized by healthy eating habits and deriving pleasure from eating, while a negative attitude presents a lack of control over food consumption, which causes malnutrition or an excess of food eaten. Additionally, no enjoyment of eating may be felt. Such an attitude can lead to the impairment of the organism.

3.1. Cognitive aspects of attitudes

The cognitive aspect of attitudes is characterized by the significant importance of eating behavior. An important factor for a person is the role of food in their everyday life. According to Niewiadomska (2005), consumption of food has the following functions of eating:

- biological – food intake in order to maintain the organism's vital processes,
- psychological – meeting mental needs,
- worldview – appropriate meals are selected basing on views and religion,
- social – time spent eating together affects interpersonal relationships,
- cultural – obtaining food as a sign of progress in the development of civilization,
- economical – selection of products for sale.

3.2. Emotional aspects of attitudes

According to Research by Jacobi (2005) emotional body dissatisfaction and the cognitive aspect are the most important factors responsible for the development of eating disorders in adolescents. The basic feelings that occur in attitudes towards the body are the power of emotional acceptance, which is represented by satisfaction or dissatisfaction with one's appearance. Particular attention should be paid to the fact that emotions play an important role in regulating eating behavior. Nowadays, the so-called emotional hunger, which occurs in stressful situations, when a person cannot cope with the emotions they experience, appears frequently. Emotional hunger can be defined as an act of release of one's emotions by eating excessive amounts of food. It is a common phenomenon because food is easily available and

relieves tension very quickly. Unfortunately, it may lead to a situation in which eating is a distraction from stimuli that cause unpleasant and stressful situations (Ogińska-Bulik, 2004).

It should be assumed that the emotional and cognitive attitude towards one's own body is interdependent. In an eating disorder, it takes the form of self-destructive behavior.

4. Health and anti-health behaviour

In order to define behaviors aimed towards health, two basic concepts of behavior should be distinguished (Heszen, 2007). The first are health (pro-health) behaviors that serve to support health, prevent diseases, and help one recover. The second behavior, namely anti-health, contributes to the emergence of health disorders and negative emotional, physical, and mental influences. The awareness of one's own health behaviors is essential from the perspective of applying the mechanisms of social influence. The level of an individual's awareness influences the development of pro-health and anti-health behaviors. Health behaviors towards the body that are analyzed from a psychological point of view are the result of a multifaceted process of external reaction toward the body or lack of the reaction thereof. It is worth noting that the matter considers mainly patterns of thinking and emotional response to food. An important factor is what functions the consumed food performs – biological, psychological, or social. The media are of great importance in shaping health behaviors, which, thanks to the intensive development of technology, became one of the main sources of information about health. Social campaigns on health and disease distinguish pro-health behaviors, as well as those that may have a negative impact on health, e.g. Pro ana forum (Izydorczyk, 2018).

5. Purpose and subject of research

The purpose of the research was an attempt to characterize the attitudes adopted by young women towards their own bodies. Different persons, in order to raise their own attractiveness, undertake various behaviors – some of those are not correct. Due to the occasionally occurring disparity between social expectation and actual appearance, this may result in a negative perception of body image and may lead to engaging in such behavior that will have negative effects on the mental and physical health of the respondents.

The main aim of the research is to identify if and how young women perceive their appearance, and which of their attitudes and behaviors could become a risk factor for eating disorders.

The main variable verified was **the attitude towards the body** – it is a belief, as well as emotions, related to the functioning of the body and its appearance. Body attitudes develop on the basis of one's own experiences, cultural patterns, and external knowledge. An important aspect is that it is the result of a disparity between one's own realistic and ideal body image. It affects the overall functioning of a person (self-esteem, relationships with others, lifestyle, eating behavior, decisions making).

The indicators of the variable are:

Behaviors towards the body – dependent primarily on the perception of one's body. There are two types of behaviors presented by Heszen (2005), namely health and anti-health behaviors. Health behaviors support health, physical activity, and an overall healthy lifestyle. They do not contribute to negative interactions in the emotional, physical and mental spectra. On the other hand, anti-health behaviors lead to health disorders and have a negative impact on all spectra.

Appearance Enhancement Methods – relate to the behavioral aspect of body image. In the questionnaires used, different appearance enhancing behaviors and general accepted socio-cultural norms regarding physical appearance are taken into account.

Satisfaction with one's appearance – it can be explained by Higgins' self-discrepancy theory, which is based on the structure of the Self responsible for individual experiences and personal backgrounds. The objective state experienced by the person is an important factor in satisfaction with the body. The objective state is the real Self, the ideal Self, the ought Self. The difference between the realistic and the idealistic body image has a significant impact on whether or not one is satisfied with one's own appearance. In this case, there may be different emotions, both positive and negative.

Self-esteem – is "evaluation of the concept of Self, namely a generalized, relatively permanent evaluation of oneself as a person". Self-esteem concerns mental, and physical characteristics, and consists of several important elements: physical attractiveness, sense of humor, interpersonal skills, etc. The concept of self-esteem should be understood as an image of ourselves, i.e. how we see ourselves, and how others see and evaluate us. Depending on the level of self-esteem is the level of satisfaction with one's appearance.

The research also takes into account independent intermediary variables, such as age, current weight, and place of residence.

The following research tools were used in the analysis:

1. Body Image Questionnaire (KWCO) by A. Głębocka.
2. The Scale for Using Appearance Enhancement Methods by A. Głębocka.
3. The Scale of Satisfaction with Individual Body Parts and Body Parameters by A. Głębocka.
4. MSEI – Multidimensional Self-Esteem Inventory by E.J. O'Brien and S. Epstein.
5. General Survey on Sociodemographic and Controlled Data.

The general questionnaire consists of 42 closed and 2 open questions. The questions concern, inter alia, age, weight, place of residence, perception by peers-acquaintances. In addition, the respondents had to answer questions about their health, such as "Do you suffer from any medical condition?", "Do you have an active lifestyle?".

6. Research group and the course of the research

Young women aged 19-25 are included in the research. Selection for the group is deliberate. It is assumed that the age factor would differentiate attitudes towards one's own body. Young people are sensitive to their appearance and the remarks directed at them. What is also important, the exclusion condition from the research was a disease related to eating disorders, such as *anorexia nervosa*, bulimia, or psychogenic overeating, diagnosed in the past. The research was conducted in the period from May 1, 2020, to November 30, 2020, in the Silesian Voivodeship. Participation in the research was voluntary and anonymous.

7. Analysis and interpretation of the obtained results

117 women aged 19-23 participated in the survey. The average age in the study group is 19.60 years. The average bodyweight of the respondents is 61.70 kg. The lightest of the participants in the study weigh 40 kg and the heaviest 115 kg.

The majority of the sample (56.41%) are women living in cities with 50,000 to 200,000 inhabitants. The smallest subgroup is made up of the respondents living in the countryside (8.55%).

Most of the respondents assess their health as good (76.36% of the answers are "rather yes" and 7.69% of the answers "definitely yes"). In the questions about leading a healthy, and active lifestyle – 44.44% of the answers are "rather yes" and 43.59% of the answers "rather not". Most of the respondents declared that their BMI is within the norm, they are satisfied with their bodies, and that they pay attention to how much they weigh. When asked whether they often think about their appearance - 33.33% of them said "definitely not", and 23.93% said "definitely yes".

In addition, more than half of the respondents (52.99%) admit that they had lost weight, and 23.08% of them declare that they were trying to lose weight at the time of the study. However, no eating disorders were found in any of the respondents in the past or present. Most of the respondents (61.54%) also replied that in their own environment they met with the desire to achieve the ideal of a slim figure propagated by the media. The next two questions are

related to proper nutrition. Only 31.62% of the surveyed women admit that they eat regularly at specified times of the day. On the other hand, a much higher percentage – 67.52 – omits one of the meals every day, and most often it is breakfast. The vast majority of them (76.07%) consume from 3 to 4 meals. Much fewer respondents eat once or twice a day (5.98%) or more than 7 times a day (4.27%). The respondents are characterized by a high level of knowledge about eating disorders, their specificity, symptoms, and causes.

The distributions of the respondents' answers to questions about the behavior of their peers-acquaintances towards them, were determined by the respondents on a 5-point scale of the frequency of occurrence of each of the above-mentioned situations. The most common situations are related to the positive attitude of peers-acquaintances to the respondents. The respondents declare that their peers accept their appearance (41.88% of the answers are "very often" and 34.19% of the answers are "often"). Responses showing a negative attitude of peers-acquaintances towards the respondents do not exceed 10% of indications.

Table 1.
The value of the index of acceptance by peers-acquaintances – descriptive statistics

Variable	Mean	Minimum	Maximum	Standard deviation
peers-acquaintances acceptance index (1-5 pts)	3,87	1,00	4,67	0,60

Source: own research, n = 117.

The results presented in Table 1 refer to the value of the acceptance index in the surveyed group of women. The average value of the index is 3.87 points, so it is definitely above the middle value of the adopted measurement scale. The person with the lowest level of acceptance gathered the lowest possible number of points – 1. The respondent with the greatest sense of acceptance among peers-acquaintances reached the value of 4.67 points. The remaining results of the conducted research are the results of standardized questionnaires that are used to measure several phenomena important from the point of view of the planned research. The first of these thematic areas is the level of the respondents' self-esteem, which was measured with the use of the Multidimensional Self-Esteem Inventory. Its results consist of 8 detailed scales for subsequent aspects of self-assessment and a general scale. The results of each of these scales could be in the range of 10-50 points, so it is possible to compare them. The average score on the general self-esteem scale in the study group equals 28.38 points. Thus, it is the lowest of all measurement scales. Moreover, the standard deviation amounting to 7.52 points in its case proves that the results of this scale are the most diversified. The respondents have the highest self-esteem in the case of moral self-acceptance (average of 35.32 points). Among the detailed scales, the respondents rate their physical attractiveness the lowest (average of 28.95 points). Detailed data are presented in Table 2.

Table 2.
The results of the Multidimensional Self-Esteem Inventory questionnaire – descriptive statistics

Scale (10-50 pts)	Mean	Minimum	Maximum	Standard deviation
general self-esteem	**28,38**	**10,00**	**45,00**	**7,52**
moral self-acceptance	35,32	18,00	48,00	7,03
competences	32,74	14,00	45,00	6,18
being loved	32,36	13,00	48,00	7,18
leadership abilities	32,07	14,00	48,00	6,28
popularity	31,34	14,00	43,00	5,34
self-control	30,06	13,00	43,00	5,84
vitality	29,25	11,00	48,00	7,20
physical attractiveness	28,95	12,00	46,00	7,34

Source: own research, n = 117.

Another standardized tool used in this study was the Body Image Questionnaire (KWCO). Results are obtained in 4 scales:

- On the cognition-emotions scale, the attitude of the respondents to their own bodies was noted. The higher the scores on this scale are, the more negatively the respondents assess their own bodies.
- The behavior scale is related to the intensity of activity undertaken by the respondents. The higher the results of this scale are, the greater is the physical activity undertaken by the examined women.
- The results gathered on the scale of environmental criticism show the intensity of negative messages from the environment encountered by the respondents. The higher the scores on this scale, the greater the criticism.
- The pretty-ugly stereotype scale is related to the degree of belief of female respondents that pretty people are good at the same time and have happier lives. The higher the scores on this scale are, the greater is the agreement with this view. The data are presented in Table 3.

Table 3.
The results of the Body Image Questionnaire (KWCO) – descriptive statistics

Scale	Mean	Minimum	Maximum	Standard deviation
cognition-emotions (16-80 pts)	43,72	17,00	76,00	15,70
behavior (5-25 pts)	14,56	5,00	25,00	4,72
environmental criticism (6-30 pts)	13,24	6,00	27,00	4,79
pretty-ugly stereotype (13-65 pts)	43,82	16,00	65,00	9,84

Source: own research, n = 117.

The respondents in The Scale for Using Appearance Enhancement Methods questionnaire refer to the methods of correcting one's appearance. In this case, the highest value on a 9-point scale represents the most frequent and regular use of a given method. The most commonly used methods of improving the appearance of the body in the study group turn out to be: new clothes (6.75 points), and physical exercise (5.56 points). Subsequently, the respondents use appropriate diets (4.15 points), cosmetic treatments (3.72 points), and slimming treatments (2.66 points). Plastic surgery is the least frequently used method of improving the appearance of the respondents (1.18 points). In their case, the significantly lowest standard deviation value (0.66 points) is achieved, which proves the high compliance of the respondents when providing answers in this area.

To verify the influence of peers-acquaintances on the body image of the surveyed women, the developed peers-acquaintances acceptance index was compared with the results of the Body Image Questionnaire (KWCO). Since the compared variables are recorded on quantitative measurement steps (exact numerical values), the results of Pearson's linear correlation coefficients (r) are used to verify the potential relationships between them. The data in Table 4 indicate that 3 out of 4 scales of the Body Image Questionnaire are not statistically ($p > 0.05$) dependent on the level of acceptance of peers-acquaintances in a significant way. However, such a correlation was proved in the case of the scale of environmental criticism ($p < 0.05$). If the level of acceptance by peers-acquaintances is low, it means that such criticism is significant. The value of the calculated correlation coefficient shows in this case a statistically high strength of the relationship.

Table 4.
The value of the index of acceptance by peers-acquaintances and the results the Body Image Questionnaire (KWCO)

KWCO scales	the index of acceptance by peers-acquaintances (1-5 pts)
cognition-emotions (16-80 pts)	r = -0,1425, p = 0,125
behavior (5-25 pts)	r = -0,1369, p = 0,141
environmental criticism (6-30 pts)	**r = -0,5302, p = 0,000**
pretty-ugly stereotype (13-65 pts)	r = 0,0609, p = 0,514

Source: own research, n = 117.

Age has not been proven to influence the perception of one's own body. This variable ($p > 0.05$) does not correlate with the result of the cognition-emotion scale (i.e. the scale corresponding to the image of one's own body) and the behavior scale. In the remaining two cases, statistically significant ($p < 0.05$) correlations between the variables were found.

Table 5.
The value of the index of acceptance by peers-acquaintances and the age of the respondents

KWCO scales	age (in years)
cognition-emotions (16-80 pts)	r = 0,0546, p = 0,559
behavior (5-25 pts)	r = -0,0035, p = 0,970
environmental criticism (6-30 pts)	**r = -0,2474, p = 0,007**
pretty-ugly stereotype (13-65 pts)	**r = 0,2205, p = 0,017**

Source: own research, n = 117.

The study shows that the criticism from the environment decreases with the age of the respondents. This correlation is statistically weak in impact strength. A statistically insignificant correlation is also confirmed in the case of the age of the respondents and their results on the pretty-ugly stereotype scale. The compliance with the stereotype that pretty people are perceived more favorably in society increases with the age of the surveyed women.

The relationship between the self-esteem of the respondents and the way they perceive their own body is verified by the correlation of the results of the Multidimensional Self-Esteem Inventory questionnaire with the results of the Scale of Satisfaction with Individual Body Parts and Body Parameters. In most of the analyzed potential pairs of variables, the results of Pearson's linear correlation coefficients (r) confirm significant relationships ($p < 0.05$). In each of these cases, the increase in the level of self-esteem is associated with an increase in the assessment of a given parameter/part of the body. In one case, a statistically high correlation is noted: with the increase in the assessment of one's physical attractiveness, the acceptance of the assessment of the weight of the respondents also increases. The remaining of the confirmed correlations have insignificant or average strength. All body parameters/parts were related to the following scales: general self-esteem, competence, popularity, and physical attractiveness. The described results clearly show that the self-esteem of the surveyed women is statistically related to their perception of their bodies.

Verification of the assumption that negative perception of individual body parts has a significant impact on decisions about the use of methods of improving the appearance was made by analyzing the results of The Scale for Using Appearance Enhancement Methods and The Scale of Satisfaction with Individual Body Parts and Body Parameters. The data presented in Table 6 show that the use of only one of the methods of appearance enhancement (plastic surgery) is not statistically dependent on the assessment of one's own body ($p > 0.05$). On the other hand, all statistically significant correlations ($p < 0.05$) have an insignificant or average impact strength. Physical exercise is associated with the assessment of the greatest number of parameters/body parts (7). The frequency of their use increases with the increase of positive assessment of the face, arms, breasts/torso, waist/waist band, thighs, hips, and legs. Conversely, the frequency of cosmetic treatments increases with negative evaluations of the face, breasts/torso, waist/waist band, hips, and legs. The remaining methods of correcting the appearance are correlated with two assessments of body parts:

- the frequency of using the diet increases with the negative assessment of the face and height,
- the frequency of slimming treatments decreases with a positive assessment of thighs and weight,
- the frequency of buying new clothes increases with positive assessments of face and height.

Table 6.
The results of The Scale for Using Appearance Enhancement Methods and The Scale of Satisfaction with Individual Body Parts and Body Parameters

Body parts/ parameters (1-9 pts)	Methods (1-9 pts)					
	appropriate diet	slimming treatments	physical exercises	cosmetic treatments	new clothes	plastic surgeries
face	**r=0,2043, p=0,027**	r=0,0539, p=0,564	**r=0,2616, p=0,004**	**r=0,1936, p=0,036**	**r=0,2365, p=0,010**	r=0,0459, p=0,623
arms	r=0,0168, p=0,858	r=-0,0196, p=0,834	**r=0,2047, p=0,027**	r=0,1136, p=0,223	r=0,1459, p=0,117	r=-0,0040, p=0,966
breasts/ torso	r=0,1162, p=0,212	r=-0,0599, p=0,521	**r=0,2163, p=0,019**	**r=0,2098, p=0,023**	r=0,1740, p=0,061	r=0,0082, p=0,930
waist/ waist band	r=0,1749, p=0,059	r=0,0269, p=0,773	**r=0,3139, p=0,001**	**r=0,3035, p=0,001**	r=0,1735, p=0,061	r=0,1415, p=0,128
abdomen	r=0,0465, p=0,619	r=-0,1075, p=0,249	r=0,1267, p=0,173	r=0,1150, p=0,217	r=0,0588, p=0,529	r=0,1392, p=0,128
thighs	r=0,0129, p=0,890	**r=-0,1956, p=0,035**	**r=0,2234, p=0,015**	r=0,1038, p=0,266	r=-0,0202, p=0,829	r=0,1342, p=0,149
hips	r=0,0722, p=0,439	r=-0,0588, p=0,529	**r=0,2368, p=0,010**	**r=0,2642, p=0,004**	r=0,1545, p=0,096	r=0,0786, p=0,400
legs	r=0,1241, p=0,183	r=-0,1305, p=0,161	**r=0,3071, p=0,001**	**r=0,2524, p=0,006**	r=0,1390, p=0,135	r=0,1195, p=0,199
height	**r=0,2642, p=0,004**	r=0,1123, p=0,228	r=0,1699, p=0,067	r=0,1726, p=0,063	**r=0,2468, p=0,007**	r=0,0583, p=0,532
weight	r=0,0862, p=0,356	**r=-0,1841, p=0,047**	r=0,0949, p=0,309	r=0,0677, p=0,468	r=0,0045, p=0,962	r=0,1067, p=0,252

Source: own research, n = 117.

8. Discussion

The group of surveyed young women varies in terms of age and place of residence. The only common feature is the gender of the respondents. Most of the respondents assess their health as good and are characterized by moderate physical activity. It has been shown that 76.07% of the respondents eat 3-4 meals a day, and almost half of the respondents believe that

their knowledge of eating disorders is sufficient. This also may be seen in the answers concerning the causes of eating disorders as well as the knowledge of anorexia, bulimia, and obesity. Almost all respondents indicate the same causes of eating disorders, including such as pressure of the environment, mental problems, or dissatisfaction with the body. The examined group does not indicate the lack of acceptance by the communities of peers-acquaintances.

In the conducted research, it is demonstrated, using the Multidimensional Self-Esteem Inventory Questionnaire, that the surveyed group of female respondents is characterized by low overall self-esteem. Self-esteem is a major factor in personality and has an impact on the self-perception of the body. A person with low self-esteem very often experiences negative emotions. Low self-esteem is also a predisposing factor to disorders and emotional problems. The use of the Body Image Questionnaire by Alicja Głębocka and The Scale of Satisfaction with Individual Body Parts and Body Parameters by the same author shows that there is a slightly reduced assessment of one's own body mainly in the areas of thighs and abdomen. The Scale for Using Appearance Enhancement Methods by Alicja Głębocka shows that the most frequently used methods of improving appearance are new clothes and physical exercises.

The obtained results do not confirm that the lack of physical activity and a healthy lifestyle influences the occurrence of eating disorders. When trying to explain the obtained results, one should pay attention to the awareness of one's health behaviors, which, according to Heszen, may have a negative impact on the emotional, physical and mental spheres. As indicated in the literature on the subject, the lower the awareness, the greater the risk of disorders. Eating disorders are affected not only by a lack of physical activity, or a healthy lifestyle. There are many factors, i.e. biological, occurring in the physical and social environment, such as socioeconomic status, personality traits, or individual resources that affect the occurrence of eating disorders. The conducted study confirms that the influence of peers-acquaintances and the need to be accepted have a significant impact on experiencing eating disorders. Young women who do not have social support are much more susceptible to external factors, through which they may engage in restrictive behavior in order to become accepted and liked by their peers-acquaintances. Criticism from peers-acquaintances confirms the belief in dissatisfaction with one's own body, and thus, behaviors that adversely affect mental and physical health are undertaken. A 2002 study by Eric Stice and Kathryn Whitenton confirms that there is a correlation between low peer support and heavy binge eating by young women. This confirms that social support is very important and its deficit may increase the chances of developing eating disorders.

Young women treat their figure as an object of comparison with other people, especially with those from the media. After achieving identity, they evaluate their external appearance much better, because they accept it to a large extent. Thus, with age, the level of satisfaction with one's body increases, and the frequency of monitoring one's body, for example in terms of

weight control, decreases. Taking actions and self-acceptance significantly affect one's own well-being.

The obtained results confirm that low self-esteem has a significant influence on the negative perception of one's body. Self-esteem is one of the most important mental structures that make it easier for a person to recognize themself. Particular attention should be paid to the fact that self-esteem is influenced mainly by comparing oneself with the established ideal. A component of global self-esteem is positive self-esteem of one's appearance, which is a major factor in mental health, eating behavior, and satisfaction. Satisfaction with one's appearance or lack of satisfaction is largely influenced by emotional factors, which, according to Alicja Głębocka, are based on body size or weight, while cognitive factors are based on beliefs about one's appearance. Apart from cognitive and emotional factors, socio-cultural determinants have a negative impact on the perception of one's body. An important factor in the matter of self-esteem is the opinion of other people and the presence of modern canons of beauty. In most people dissatisfaction with the body and its negative assessment result from social anxiety, which is associated with restrictive attitudes towards food and body weight.

The obtained results also allow us to assume that negative perception of individual parts of the body has an impact on decisions about the use of appearance enhancement methods. These results are consistent with the research carried out by A. Głębocka and show that the most frequently noted appearance enhancement methods by young women were physical exercises, as well as cosmetic procedures, which depend on the acceptance of individual parts of their body. Unfortunately, due to the negative perception of their own body, many young women learn from various online forums, where the information provided is not always true and, above all, healthy for the body (e.g. Pro ana forum).

Undoubtedly, it would be important to verify the obtained results by carrying out the study in other age groups of women, who represent different professions.

References

1. Bibicka-Wirkus (2011). Oblicza kobiecości w perspektywie postaw wobec ciała przejawianych przez nastolatki. *Refleksje, Nr 5*, https://depot.ceon.pl/bitstream/handle/123456789/5018/oblicza%20kobieco%c5%9bci.pdf?sequence=1&isAllowed=y, 24.09.2020.
2. Brytek-Materna, A. (2012). *Ciało w dobie współczesności. Wybrane zagadnienia z problematyki obrazu własnego ciała.* Warszawa: Difin.
3. Brytek-Matera, A., Schiltz, L. (2011). Association between attitudes towards body image negative emotions about one`s own body and self – state representations a clinical sample of eating disordered women. *Psychiatry and Psychotherapy, 2*.

4. Brytek-Matera, A. (2008). *Obraz ciała – obraz siebie. Wizerunek własnego ciała w ujęciu psychospołecznym*. Warszawa: Difin.

5. Brytek-Matera, A. (2011). Postawy wobec ciała a obraz siebie u kobiet z zaburzeniami odżywiania. Badania na grupie rozbieżności Ja – Edwarda Tory Higginsa. *Psychiatria Polska, 45*.

6. Brytek-Matera, A., Rybicka-Klimczyk, A. (2009). *Wizerunek ciała w anoreksji i bulimii psychicznej*. Warszawa: Difin.

7. Cash, T.F. (2004). Cognitive-behavioral perspectives on body image. In: T.F. Cash, T. Pruzinsky (eds.), *Body image. A handbook of theory, research, and clinical practice*. New York, London: The Guilford Press.

8. Garner, D.M. (2002). Body image and anorexia nervosa. In: T.F. Cash, T. Pruzinsky (eds.), *Body image. A handbook of theory, research and clinical practice*. New York. London: The Guilford Press.

9. Ghaderi, A., Scott, B. (2000). Coping in dieting and eating disorders. *Journal of Nervous and Mental Disease*, pp. 273-279.

10. Głębocka, A. (2009). *Niezadowolenie z wyglądu a rozpaczliwa kontrola wagi*. Kraków: Impuls.

11. Głębocka, A., Banach, A. (2010). Czy program Jak dobrze wyglądać nago wpływa pozytywnie na jego odbiorców? Pomiar wybranych wskaźników samowiedzy w badaniach eksperymentalnych. In: A. Brytek-Matera (ed.), *Ciało w dobie współczesności*. Warszawa: Difin.

12. Głębocka, A., Kubalt, J. (eds.) (2005). *Wizerunek ciała: Portret Polek*. Opole: Uniwersytet Opolski.

13. Heszen, I., Sęk, H. (2007). *Psychologia zdrowia*. Warszawa: PWN.

14. Izydorczyk, B., Rybicka-Klimczyk, A. (2009). Poznawcze aspekty obrazu ciała u kobiet a zaburzenia odżywiania. *Endokrynologia Polska*.

15. Izydorczyk, B. (2014). *Podstawy i zachowania wobec własnego ciała w zaburzeniach odżywiania*. Warszawa: PWN.

16. Izydorczyk, B., Gutowska, A., Dobrowolska, M. (2018). Samoocena i wpływ socjokulturowy a gotowość do zachowań anorektycznych. *Czasopismo Psychologiczne, t. 24, nr 1*.

17. Izydorczyk, B., Sitnik-Warchulska, K., Ostrowska, K., Starosta, J. (2019). Self-assessment of body and social competences in the group of mothers and their adult daughters. *International of Environmental Research and Public Health, vol. 16*.

18. Izydorczyk, B., Rąbka, M., Sitnik-Warchulska, K. (2018). Resiliance, self-esteem and body attitude in women from early to late adulthood. *Health Psychology Raport, vol. 6, no. 3*.

19. Karolczak, A., Kulbat, J., Głębocka, A. (2002). Zadowolenie z własnego ciała a treść przekonań o sobie. Analiza współzależności. *Psychologia Jakości Życia*.

20. Kochan-Wójcik, M., Piskorz, J. (2010). Zmiany w zakresie postrzegania i oceny własnego ciała wśród kobiet od okresu dojrzewania do dorosłości. Wrocław: Instytut Psychologii Uniwersytetu Wrocławskiego; Psychologia Rozwojowa, 24.09.2021.

21. Mandal, E. (2004). Ciało jako proces – ciało jako obiekt. Obraz ciała u studentów Akademii Wychowania Fizycznego i studentów kierunków uniwersyteckich. *Czasopismo Psychologiczne*.

22. Mirucka, B., Sakson-Obada, O. (2012). *Ja cielesne. Od norm do zaburzeń*. Sopot: GWP.

23. O'Brien, E.J., Epstein, S. (2009). *MSEI Wielowymiarowy Kwestionariusz Samooceny – Podręcznik*. Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.

24. Rabe-Jabłońska, J., Dunajska, A. (1997). Poglądy na temat zniekształconego obrazu ciała dla powstawania i przebiegu zaburzeń odżywiania. *Psychiatria Polska,* pp. 723-738.

25. Schier, K. (2010). *Piękne brzydactwo. Psychologiczna problematyka obrazu ciała i jego zaburzeń*. Warszawa, pp. 17, 30-32.

26. Strzelecki, W., Cybulski, M., Strzelecka, M., Dolczewska-Samela, A. (2007). *Zmiana wizerunku medialnego kobiety a zaburzenia odżywiania we współczesnym świecie*. Now Lek.

27. Szymanik-Kostrzewska (2016). *Co oznacza atrakcyjność fizyczna? Dyskusja o definicjach i ujęciach*. Uniwersytet Kazimierza Wielkiego w Bydgoszczy, 22.09.2020.

28. Urgesi, C., Fornasari, L., De Faccio, S., Perini, L., Mattiussi, E., Ciano, R. et al. (2011). Body scheme and self representation in patient with bulimia nervosa. *International Journal of Eating Disorders*.

29. Wertheim, E.H., Paxton, S.J., Blaney, S. (2003). Risk factors for the development of body image disturbances. In: J.K. Thompson (ed.), *Handbook of eating disorders and obesity*. New York: Wiley.

30. Winiarska-Mieczan, A., Poterucha, E. (2010). *Zagrożenie anoreksją i bulimią wśród studentek lubelskich uczelni*. Zakład Żywienia, Wydział Biologii i Hodowli Zwierząt, Uniwersytet Przyrodniczy w Lublinie.