A psychological diagnosis of the structure of the body self in a group of selected young Polish females without eating or other mental disorders

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Summary

Aim. The main aim of this research was to describe psychological characteristics contributing to a variety of ways of experiencing and perceiving one's own body in a group of selected young Polish females revealing no eating disorders (anorexia or bulimia nervosa, psychogenic binge eating, obesity or overweight) or other mental disturbances.

Method. The Eating Disorder Inventory (EDI) devised by Garner, Thompson's Body Dissatisfaction Inventory, and projective techniques - Thompson's Silhouette Test and a thematic drawing: "body image". 100 females aged 20–26 participated in the research.

Results. Statistical analysis of the data obtained as a result of this research allowed to distinguish three significantly different clusters (types) in the group of 100 examined females and to make a psychological diagnosis of the body self characteristics in a population of selected females. Three types of psychological profile were distinguished among the examined subjects demonstrating significantly different strength levels of the body self components.

Conclusions. A psychological diagnosis of the types of body perception and body-related experiences can support prophylactic activities aimed at preventing eating disorders, and facilitate the process of detecting the risk factors behind eating disorders in the population of adolescent girls and young Polish women.

body self / body image / psychological diagnosis / females without mental disturbances

INTRODUCTION

The twenty-first century has been a period marked by considerable cultural transformation regarding the social norms for appearance. Living up to culturally-determined standards of appearance often "paves the way to social acceptance", which consequently provides an individual with real chances of "success and complete self-actualization" in adult, professional and private life. It is becoming an increasingly widespread phenomenon that gaining a slim body is a common goal in today's society. It can be proved by numerous research results quoted in the scientific literature devoted to the subject in question[1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13]. Slimness and attractiveness, frequently mentioned in the sources quoted above, are linked with experiencing happiness and holding an attractive social position; and a sense of self-esteem is identified with self-evaluation of one's own physical attractiveness. When reviewing subject literature, one can come across a description of a growing phenomenon of a "fat phobia" [11, 12]. The constantly increasing fear of "being fat", which develops predominantly among young people, is a significant factor which leads to distortions in perception, thoughts and emo-

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tional feelings regarding one's own body. Body image and appearance form the basis for self-evaluation. The self-value is determined by the social ideals that the contemporary world conforms to, such as the "cult", or rather "terror" of a slim body, and the so called "0 size", which is being promoted as the only "way to success in life" [11, 12].

An ideal of a slim female body, created by the mass media, has a significant influence especially in the period of adolescence. A teenage girl or a young woman confronts her physical appearance with the standards promoted by the mass media, which arouses a desire to have an ideal "dream" body. Both adolescent girls and young women are at the stage of life which imposes on them an obligation to fulfil numerous professional, family and individual roles, which is often disturbed since the culturally transmitted "ideal of a thin body" is the source of frustration and destabilisation of their self-esteem. Is it possible to distinguish any specific psychological types in the process of perceiving and experiencing the body structure?

Both clinical experience and statistics reveal an increasing number of patients suffering from eating disorders. Is it possible to identify in the population of the so called "normal" females such body image characteristics which might constitute the factor behind eating disorders? Is it possible to detect any individual differences between young females without any mental disturbances such as anorexia or bulimia nervosa, regarding the way they perceive their own body? The aforementioned and many other similar questions inspired the long-term research programme that the author of this article undertook and conducted in her professional career as well as within the course of M.A. seminars, which she taught in the years 2007–2010.

RESEARCH QUESTIONS AND OBJECTIVES

The main aim of this research was to describe psychological characteristics contributing to a variety of ways of experiencing and perceiving one's own body in a group of selected young Polish females revealing no eating disorders (anorexia or bulimia nervosa, psychogenic binge eating, obesity or overweight) or other mental disturbances.

The following research questions were asked:
– is it possible to distinguish any specific strength levels for the characteristics of the body self structure in the examined group of females revealing no mental disturbances (including eating disorders); and if so, what are these levels?
– are there any intra-group differences regarding the configuration of the indicators of the body self; and if so, what are these differences?

The main variable in the study was the structure of the body self, defined, referring to the subject literature [12, 13, 14, 15], as a complex construct constituting the following configuration: emotional experience related to body and its functions, as well as mental concept (perception and thoughts) regarding physical appearance. The fundamental components of the variable which were empirically examined in the study included:

– complexity of a body schema (degree of an individual's knowledge of one's own body, and the person's awareness of specific body parts),
– a sense of body boundaries (the feeling of separating one's own body from the external world, which facilitates the process of perceiving oneself as a bodily creature, definite and different from others)
– recognising body sensations (interoceptive awareness, i.e. the feeling of perplexity accompanying the process of recognising and responding to emotional states and body sensations; and also the fear of high affection and the prospect of losing control over it)
– experiences related to body functions (maturity fear experienced by an individual, that is, the person's approval of psychosexual development, which is related to the process of entering the stage of maturity, and to body image change as well as loss of the sense of childhood security),
– body image, i.e. a sensual image of sizes, shapes and forms of the body as well as the feelings regarding the body (the current body image, i.e. the "actual me" image, versus the

ideal body image – "what I would like to look like"),

– self-evaluation and body satisfaction – the level of general satisfaction with one's own body, weight, body shape and physical appearance.

An additional control variable was body mass index BMI. It is usually used to estimate a healthy body weight based on a person's height. The BMI index value is calculated as the individual's body weight divided by the square of his or her height. It has been announced that individuals who fall into the BMI range of 19.5 to 24.5 have a healthy weight. A BMI of under 19.5 is usually referred to as underweight. A Body Mass Index reading over 24.5 is considered overweight.

SUBJECTS

100 females participated in the research. The subjects were selected intentionally. The selection criteria included the BMI index value ranging from 19.5–24.5, which is considered normal for the population, as well as no history of past or present eating disorders or other mental disturbances (including hospitalisation, receiving consultations in healthcare centres, or other forms of medical healthcare). The criteria which excluded participation in the research included: productive psychotic symptoms, alcohol or psychoactive drug abuse, improper intellectual development, chronic somatic conditions (visible disability and body distortions), and organic changes in the CNS. The data mentioned above was gathered by means of clinical interviews conducted among the examined. As it was described in subject literature, the aforementioned factors affect the development of body image. Hence the females exhibiting any of the aforementioned dysfunctions were excluded from the group of research subjects. A mean BMI in the investigated group reached the value of 21.45 (within the norm). A mean age in the sample was 21 and 9 months. The examined group of women consisted of both full and part time students in their first or further years of study. The sample group comprised arts, biology, medicine and science students. The research was conducted in the years 2007–2010, according to the rule

of confidentiality, and with the personal consent obtained from each participant.

RESEARCH METHODS

The methods applied in the research included an inventory (i.e. the Eating Disorder Inventory (EDI) devised by Garner, and Thompson's Body Dissatisfaction Inventory) as well as projective techniques such as Thompson's Silhouette Test and a thematic drawing: "body image". The inventories and projective techniques applied in the research procedures, aimed at making a psychological diagnosis of the investigated variables, are fully described in the subject literature [15, 16, 17, 18, 19].

The Eating Disorder Inventory devised by Gerner is one of the instruments most frequently used to measure the patterns of behaviour and attitudes dominating the clinical picture of anorexia and bulimia nervosa, including those related to the process of perceiving and experiencing body [16, 17]. The following 3 scales, considered the purposes they had been devised for, were applied in the research: the Body Dissatisfaction Scale, the Interoceptive Deficits Scale, and the Maturity Fear Scale.

The Body Dissatisfaction Scale was used to measure the indicators of the body self component called "body image". The scale allowed to evaluate the level of the overall body satisfaction, and ever increasing discreditation of one's own appearance, body shape and weight as well as the particular body parts [17]. It consisted of ten items. Each research participant was rated on a 0 to 40 point scale. The score ranging from 40 to 36 was interpreted as a very high level of discreditation of one's own body shape and size as well as body dissatisfaction. The score ranging from 35 to 22 points to considerable dissatisfaction with body shape, size and weight, and to negative feelings regarding body parts. The score ranging between 21 and 0 denotes the norm [17].

The "Interoceptive Deficits" Scale was applied to measure the level of interoceptive awareness in the group of examined females. It allowed to evaluate the level of perplexity, which occurs in the process of recognising and responding to emotional states and body sensations, and helped to assess the level of fear of high affection

and of losing control. The scale consisted of eight items. Each research participant was rated on a 0 to 32 scale. A high score (13–32 points) points to a high degree of perplexity and discreditation of the experienced emotions. It proves that instead of being experienced, emotions undergo intellectual evaluation aimed at checking whether they are well-grounded, desired and justified. It can be assumed that a high score on this scale is interpreted as a significant risk factor which contributes to development of an eating disorder. A low score (0-10 points) indicates a properly retained ability to deal with and accept positive and negative emotions regarding one's own body. It is also an indicator of mental health [17].

The "Maturity Fear" scale served as an instrument for measuring the level of approval of psychosexual development. Maturity fear is related to the exhibited tendency, a desire to regain the pre-pubescent appearance [17]. The examined subjects were rated on a 0 to 32 point scale. A high score (between 13 and 32) denotes a strong desire for being younger and regaining childhood security. It also proves the conviction that the requirements set during the period of maturity are too high. A low score (between 0 and 5) indicates a high level of psychosexual development acceptance, and mental transition to the stage of maturity [17].

The values of reliability indicators for the particular scales of the inventory, measured by means of L. Cronbach's ratio, ranged between 0.90 and 0.82, and indicated adequate choice of instruments applied to measure the investigated variables [17].

The second measurement instrument applied in the research was the Body Dissatisfaction Inventory [15]. It was used to measure the level of satisfaction and dissatisfaction with weight, body shape and appearance in the examined women. The research subjects rated themselves on a 10-point satisfaction-dissatisfaction continuum, which resulted in the scores ranging from 0 (a high level of satisfaction) to 10 (a high level of dissatisfaction). It was assumed that the score of 5 should be interpreted as an average level of body satisfaction.

Another instrument used in the research to measure body image was a projective technique – the Silhouette Test by Thompson [15]. It allowed to make a comparison between the actual body image (the actual self image), perceived by the subject, and its ideal image (the ideal self image). The instrument consists of a set of nine male and nine female silhouettes ranging from very thin to very fat. The subjects' task was to select the figure which most closely matched their current body shape, and one image which they considered ideal. Additionally, the subjects were supposed to provide details concerning their age, current weight and height. The figure ratings obtained in the test were used to calculate the current-ideal discrepancy (the individual's perceived current body shape versus the ideal body image), and thus to examine the respondents' body image acceptance The scores received in the research ranged from 0 (lack of discrepancy, which indicates a high level of body image acceptance) to 8 (very high discrepancy, which proves a low level of body image acceptance).

Thematic drawing ("body image") was used to examine the level of body scheme complexity as well as a sense of body boundaries (the feeling of separating one's own body from the external world, which allows perceiving oneself as a bodily creature, definite and different from others). It is a projective technique, in which the study subject's task is to draw a picture of body. The test is based on an assumption that the drawing is projection of the examined person's self image, especially such components of the body self as a body schema and body boundaries [18, 19]. In order to investigate the aforementioned elements, the test analysis focused on such aspects of the drawing as evaluating the number of body details as well as investigating formal and structural elements of the drawing (the size of the figures, the pencil stroke and pressure). Referring to theoretical assumptions concerning the role of the human figure drawing in a psychological diagnosis, it was assumed that the greater number of details corresponds with a higher level of body schema complexity [18, 19]. The drawing analysis included also certain peculiar, non-standard elements such as the number of missing body parts, e.g. eyes, hands or feet. Lack of these details points to body boundary disturbances, and may prove that body boundaries do not exist or are blurred.

Formal and structural analysis of the drawings focused on the size adequacy of the depicted figures. Both too small and extremely large figures seem to point to inadequate perception of body size. Such aspects of drawings as the presence of the main body parts (e.g. head, hair, nose, lips,

eyes, neck, trunk, arms, hands, legs, and feet) and the characteristics of the body portrayal (e.g. the pencil stroke, the kinds of lines, body proportions, scaling the figure up or down) were taken into consideration in psychological interpretation of the indicators of a body schema and body boundaries. The pencil stroke analysis, based on the Goodenough-Harris Draw-A-Person Test, involved examining the kinds of lines drawn by the research subjects (unbroken, dotted, thick, thin, or not sharp). An unconnected, thin and blurred stroke can be interpreted as a sense of perplexity and difficulties in establishing precise body boundaries in the examined person [20].

It was also assumed that the number of body parts the subject considered significant and included in her drawing corresponded with the level of the person's body schema and image complexity. The subject scored 1 point for each detail depicted in the drawing. Lack of the particular body part meant 0 points. The accuracy of classifying the particular indicators into the given categories was examined by five competent judges (psychologists). Calculations were made using the method of competent judges' unanimity (Kendall's W). The concordance coefficients (ranging from 0.76 to 1.00) allowed further clinical and statistical interpretation of the data gathered in the group of 100 females, aimed at specifying char-

acteristics of a body schema and body image. The analysis was based on the following criteria:
– 1-0.7 – a high score (a highly detailed drawing which depicts an elaborate figure, and includes more than 11 major body parts all of which are proportional and clearly outlined),
– 0.6-0.4 – an average score (a norm) – (a drawing which includes 11 major body parts all of which are proportional and appropriately outlined),
– 0.3-0 – a low score (a drawing which is not very detailed, it includes fewer than 11 major body parts which are not proportional; the figure is vaguely sketched, the line is unconnected and blurred).

Analysis of the overall clinical and psychometric data concerning the indicators of the structure of the body self in the examined females was conducted using the k-means method. It was aimed at classifying the indicators into relatively homogenous groups according to the research criteria. The classification was based on the similarities between the investigated indicators. This research has an exploratory character and should be considered as an introduction to further statistical and clinical studies.
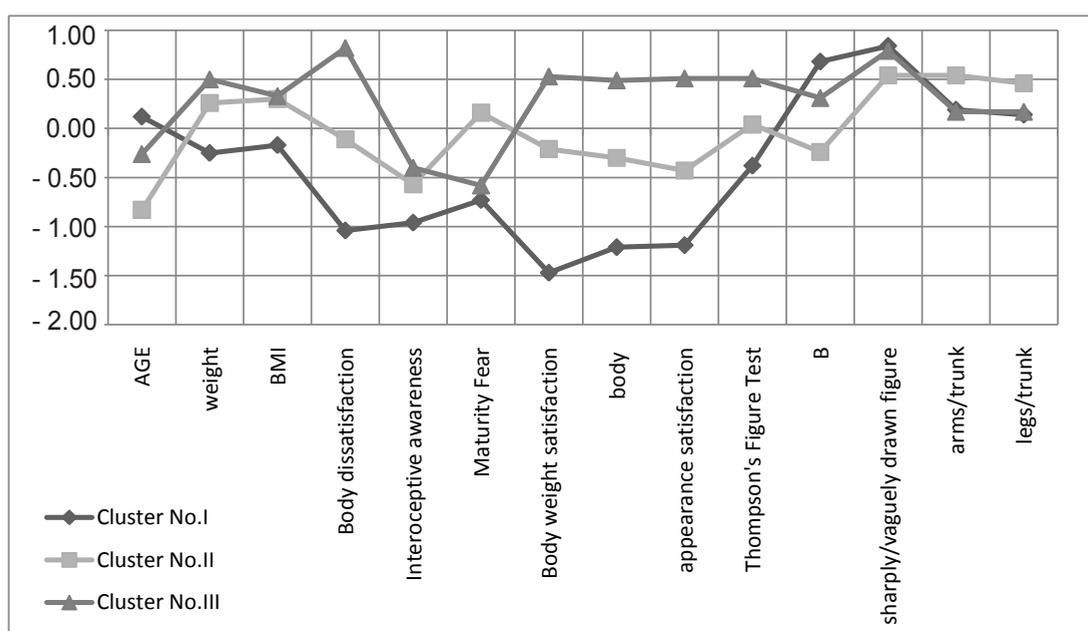

Figure 1. A graphic illustration of cluster analysis conducted using the k-means method [20]. Specification of significant indicators of diversity within the examined population of females (n=100)

RESEARCH RESULTS

Analysis of the data obtained as a result of this research allowed to distinguish three significantly different clusters in the group of 100 examined females. A graphic illustration of the gathered data is presented in Fig. 1. The clusters which were homogenous in terms of the strength level and the configuration of the body self indicators, were not displayed in the figure below.

The research data illustrated in Fig. 1 reveal certain significant differences between the examined 100 females in terms of such indicators of the body self structure as: the level of satisfaction with one's own body (the quality of emotions regarding the body); the overall body self-evaluation; body image (current versus ideal); recognizing body sensations (interoceptive awareness, i.e. a degree of perplexity arousing in the process of recognising and responding to the emotional states and body sensations); experiencing body functions (i.e. the level of maturity fear – accepting the level of psychosexual development related to the process of transition into adult life, body image transformation and loss of childhood security).

However, no dysfunctions or significant differences between the examined females were revealed in terms of the level of their body schema complexity or an adequate sense of body boundaries. The indicators of this component of the body self were examined using a projective technique, i.e. thematic drawing: "body image". The obtained data proved to be relatively homogeneous in the whole group of 100 females, and did not reveal any body schema or body boundary dysfunctions in any of the examined subjects. The results seem fairly justifiable since body schema and a sense of body boundaries prove to be primary body functions which appear in the earliest stage of development, and should not reveal any developmental disturbances in a group of women exhibiting no mental disturbances.

Research subjects in cluster No. I did not present any distorted figures in their body drawings (the mean value for scaling the figures up and down reached 0.19). The bodies sketched by the examined females did not miss any parts, all of which were properly attached to the depicted figures (head featuring eyes, mouth, nose, hair; sharply drawn arms and legs with thighs and feet, connected to the body trunk). Low mean values concerning assessment of the body proportions shown in the participants' drawings prove that the women in cluster No. I, which is the largest in he examined samples, maintain body proportions in their drawings: the proportion of arms to trunk, legs to trunk, and head to trunk. The general tendency among the examined women was to avoid drawing a stomach. These results confirm the findings of the studies described in the subject literature, pointing to the fact that this part of a female body tends to be discredited having been rated by women as too big and of lower significance [21]. The more frequent tendency among the study participants was to include in their drawings such attributes of a female body as breast and hips. A sharp pencil stroke dominating the drawing (the mean value=0.84) as well as the so called average unbroken line (the mean value=0.53) demonstrate maintained body boundaries.

The results of the formal and structural analysis of the characteristics of the body image drawing revealed that the examined women in cluster No. I maintained a proper body schema as well as a sense of body boundaries. The man values for other components of the structure of the body self did not reveal any developmental dysfunctions. Cluster No. I is predominated by females whose average age is 23, and their average body weight reaches 55.7 kg, at which level their BMI is 20.16 (within the normal range). The subjects reveal adequate feelings towards their body, they are satisfied with it, and they do not discredit their body appearance or any element of their body image. A low mean value of 2.74 in the "Interoceptive awareness" scale (the EDI inventory) points to the fact that the research participants maintain a highly adequate ability to recognise and respond to the occurring emotional states and body sensations. It can also indicate that the women are able to accept and experience the feelings regarding the body, and do not make any discrediting intellectual evaluation. The mean value of 4.58 in the"Maturity fear" scale (the EDI inventory) indicates a low level of emotional discreditation of body among the examined females. It also proves that they fully accept their body sexuality and transition into adult life, which is accompanied by mental

acceptance of "farewell to childhood and child-like body image".

The data obtained as a result of this research denotes a high level of satisfaction with body shape and appearance in the examined females. The mean values for evaluation of the current self image ("what I look like") and the ideal one ("what I would like to look like") also indicate adequacy in perceiving and experiencing body. This in turn points to adequate (positive) self-assessment, as well as one's own body satisfaction. Nevertheless, the lowest mean value for the current body weight of the women in cluster No. I may suggest the influence of the socio-cultural cult of thinness. However, the research results prove that they do not exhibit any symptoms of an increased separation anxiety. Their biological age points to the fact that the women have already completed the period of separation, they have managed to shape their personal, social identity and the ability to establish a partner relationship based on a strong (emotional, sexual) bond. The women constitute the oldest, compared with the other two clusters, and the thinnest sample group (the lowest BMI index value in the examined population), they do not exhibit any developmental dysfunctions concerning their own body image), or any mental disturbances. The females are able to yield to social pressure related to the "cult of thinness". They maintain low body weight but conforming to the norms determined by age. Therefore this group of research subjects was defined by the author as well-balanced.

Comparative analysis revealed a slightly higher level of body image distortion in the body image drawings in 26 women in cluster No. II, compared with the results obtained in cluster No. I (the mean value for the indicator: "scaling the figures up or down regarding a body schema" = 0.38). Nevertheless, the value falls into the range which is interpreted as lack of body schema disturbances in the examined females in this cluster. The kind of pencil stroke observed in the examined group may prove appropriate body boundaries among the research participants (the feeling of separation of one's own body and the external world). The figures portrayed by the females in cluster No. II predominantly maintained their adequate size and shape, not revealing any scaling up or reducing. The major body parts (head

with eyes, mouth, nose, hair, trunk with sharply drawn arms, and legs with thighs and feet) were correctly attached to the figures sketched in the drawings. The mean value of 0.35 for body proportions denotes relatively poorly maintained head-trunk proportion. The low mean value was found to suggest that there is disharmony in experiencing these body parts: head and the rest of body image. The examined women in this cluster, similarly to those in cluster No. I, tended to avoid presenting a stomach in their drawings. It is likely that they also do not consider this body part to be significant, which is confirmed by the research results mentioned in the subject literature [21].

Cluster No. II is predominated by females whose average age is 20.4, and their average body weight reaches 61 kg, at which level their BMI is 22.05 (within the normal range). The mean values for the level of body self-satisfaction, body weight, shape and appearance, which are presented in table 2, prove the average (within the norm) level of acceptance of the aforementioned components of the body self in the examined. The mean values obtained in the study indicate that the women in this cluster experience and express rather adequate feelings towards their own body: they are satisfied with it and do not discredit their appearance. A low mean value of 5.73 in the "Interoceptive awareness" scale points to the females' ability to recognise body feelings. It may also denote that 26 of the examined females in this cluster reveal an average (appropriate) ability to experience and become aware of various body feelings, without subjecting them to intellectual evaluation which tends to discredit them.

There is however a significant difference, compared with the data obtained in the group of other individuals in this cluster and the rest of the research participants, concerning the mean value of 10.00, received in the EDI inventory in the "Maturity fear" scale. This result turns out to be the highest in the whole population of the examined females, and proves an excessively high level of emotional denial and discreditation prevailing among the subjects in cluster No. II. This points to the females' fear and anxiety related to development of sexuality and the process of transition into adult life, which can justify the females' difficulties in accepting fully their psy-

chosexual development and adapting a female model of psychosexual maturity. The real self-image score of 4.81, obtained in Thompson's silhouette test, proves that the examined females in cluster No. II have a realistic and adequate (appropriate to their weight and appearance) perception of their body, but it can also denote that they experience considerable anxiety related to adult female psychosexual roles, and at the same time they express their desire for a "lean body". This seems to be confirmed by the ideal self-image score of 2.58, obtained in Thompson's silhouette test. When choosing an ideal body image, the subjects in this cluster tended to pick out the silhouettes which were much thinner than themselves. Accordingly, the mean values for the current ("what I look like") and the ideal ("what I would like to look like") self rating do not prove that the experience of body image among the examined women in this cluster is fully age-appropriate. A significant discrepancy between the current and ideal self-image seems to confirm low self-evaluation, body acceptance and body satisfaction among the women. It may mean that they fear adult life and the roles assigned to this life stage (social roles: an employee; family and marriage roles: a wife, a mother, a life partner, etc.). There is a psychological phenomenon, described in subject literature as the fear of marriage, which develops in the sphere of young people's emotions [22]. Due to the specific character of the dysfunction, this kind of configuration of the body self structure among women was defined as a separation and anxiety type.

Analysis of the cluster No.III revealed that its subjects belonged to a similar age group as those in cluster No. I. It was discovered that the average BMI was similar for the women in cluster No. II and III. The analysis proved that the women in cluster No.III do not exhibit any distortions in their body scheme image, since they included majority of the fundamental body parts in their drawings, not scaling any of them excessively up or reducing in size. The score they obtained in this area reached 0.13. The observed tendency among the subjects to use rather unbroken line and average pencil pressure seems to indicate that they maintained appropriate body boundaries (the feeling of separation of body and the external world). The figures presented in the drawings had predominantly adequate

sizes and shapes. The major body parts (head with eyes, mouth, nose, hair, trunk with sharply drawn arms, and legs with thighs and feet) were correctly attached to the figures sketched in the drawings. The mean value of 0.17 denotes relatively poorly maintained head-trunk proportion. The mean value of 0.17 indicates that legs and trunk do not stay in proportion, and arms are out of proportion with trunk. The low mean value may suggest that there is disharmony in experiencing these body parts. The examined women in cluster No.III, similarly to other research subjects, tended to avoid depicting a stomach in their drawings.

Analysis of the data obtained in the group of females who comprised cluster No.III revealed pathological (excessive) increase in the level of dissatisfaction with one's own body, its shape and physical appearance. It is proved by the mean value of 22.16, obtained in the "Body dissatisfaction" scale (the EDI test), as well as by the mean values in Thompson's scale which denote a high level of frustration in this respect. When it comes to the subjects' ability to experience positive and negative emotions regarding body, as well as evaluation of the difficulties they meet when recognizing and responding to the stimuli coming from their body, the score obtained by the examined females in this cluster was low, which proves their high developmental potential in this respect, and an adequate level of interoceptive awareness. The mean value of 5.75 for the current self image in Thompson's silhouette test indicates that the women's weight (BMI=22.16) agrees with their perception of their actual body image. Whereas the mean value of 3.21 for the ideal self image in Thompson's silhouette test points to the subjects' desire for a much thinner body, which resembles the tendency among the women in the other two clusters. A significant discrepancy between the actual self and the ideal self seems to denote low body self-evaluation and lack of satisfaction with one's own body. More examples of disproportion of body parts (trunk-legs or trunk-head disproportion, lack of stomach) were noticed in the figures drawn by the women comprising cluster No.III than in those sketched by the subjects in the other two clusters. This can be interpreted as the women's high level of body dissatisfaction (the body dissatisfaction scale in the

EDI test). It was discovered that although the examined women did not exhibit any disturbances of the body schema or interoceptive awareness, and they did not show any dysfunctions concerning sexual body functions, evaluation of their body image is determined by socio-cultural factors (the cult of thinness). Hence, this type of approach to body image was defined as socio-cultural ("what I should look like").

CONCLUSIONS

Statistical and clinical analysis of the data obtained as a result of the research aimed at making a psychological diagnosis of the body self characteristics in a population of selected young Polish females revealed diversity in terms of strength of the particular body self characteristics in Polish females not suffering from any mental disturbances or eating disorders. The following three types of psychological profile can be distinguished among the examined young Polish females demonstrating significantly different strength levels of the body self components:

- Type 1 – well-balanced – prevailing among the females in cluster No. I, whose mean age is 23, and who exhibit an adequate level of strength of the investigated components of the structure of the body self, as well as appropriate body self-evaluation, that is to say, global (cognitive and emotional) acceptance of body image. This type is characterized by an appropriate body schema and appropriate body boundaries; the ability to recognize body feelings (interoceptive awareness) and to experience psychosexual functions of body; lack of increased separation anxiety; emotional satisfaction; and cognitive acceptance of the actual appearance.

- Type 2 – a separation and anxiety type – prevailing among the youngest research subjects (a mean age is 20) who exhibit an adequate level of strength of the investigated components of the structure of the body self, as well as increased maturity fear and lack. They are not "mentally ready" to perform female psychosexual roles assigned to the stage of maturity. Their body self is characterised by a strong tendency to have an ideal body which be much slimmer than their current shape. The females in this cluster have not completed the separation-individuation process yet. The separation anxiety and the psychological conflicts characteristic of that process (e.g. the tendency towards regression, the fear of transition into adult life, coupled with the need for rebellion, autonomy and individuation) seem to underpin the tendency to gain a slimmer (more "childlike") body. The desire for a slimmer body may be interpreted as "longing" for child needs which need to be replaced with adult autonomy.

- Type 3 – socio-cultural – prevailing among the females in cluster 3 (a mean age is 22) who are generally dissatisfied with their body, and have negative thoughts regarding their appearance. Although the females do not exhibit any dysfunctions of other components of the body self (an appropriate body schema and body boundaries, interoceptive awareness, lack of increased separation anxiety, and acceptance of psychosexual body functions), they reveal cognitive disapproval of their current body image, and emotional dissatisfaction with their actual appearance. The subjects are dissatisfied with their weight and they tend to desire a much slimmer (ideal) body. It seems that evaluation of body image in this group of females is determined by socio-cultural factors and the cult of thinness which is the key to success.

A psychological differential diagnosis of the types of body perception and body-related experiences can support prophylactic activities aimed at preventing eating disorders (such as anorexia and bulimia nervosa), and facilitate the process of detecting the so called risk factors behind eating disorders in the population of adolescent girls and young Polish women. It emphasizes the cultural impact of the cult of thinness and the separation anxiety on the individual's perception of his or her body, and on increasing dieting tendencies among women who do not exhibit any eating disorders, but who often make increasingly restrictive attempts at slimming down in order to maintain an attractive body, a symbol of prestige and success in life. The research results presented in this study demonstrate the in-

fluence of socio-cultural factors on body image among women, which was described in the scientific literature [1, 2, 3, 7, 8, 9, 11, 12, 13]. However, there is still lack of research conducted on a considerable population, aimed at a psychological diagnosis of the structure of the body self. The typology of different configurations of the body self presented in his study provides empirical knowledge which might facilitate the aforementioned psychological diagnosis.

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