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Psychological well-being in young women working in the promotional marketing industry: The role of body image factors

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ABSTRACT. For young women working in some industries their judged physical attractiveness is directly related to their employment. This study investigated the role of objective physical status, societal influences on body image, and self-appraisals of personal appearance in determining the psychological well-being of young women employed in the promotional industry. Participants were 132 women (mean age = 22 years) with a Body Mass Index in healthy or underweight categories. Both depression and global self-esteem scores were in the normal range. The group reported high levels of stress and self-liking but low levels of anxiety and self-competence. The body image factors significantly predicted variance in anxiety, stress, self-competence, and self-liking. Appearance Evaluation and Appearance Orientation scores were the strongest predictors of psychological well-being. These results suggest that while social comparison can result in self-enhancement effects for those who have achieved the thin-ideal, maintaining such a physique results in ongoing stress and pressure.

KEYWORDS: Body image, Media influences, Modelling industry, Social comparison, Thin-ideal, Psychological well-being

Bienestar psicológico en mujeres jóvenes que trabajan en la industria del marketing promocional: el papel de los factores de la imagen corporal

RESUMEN. Para las mujeres jóvenes que trabajan en algunas industrias, su atractivo físico juzgado está directamente relacionado con su empleo. Este estudio investigó el papel del estado físico comprobando como se desarrollan las influencias sociales en la imagen corporal y las autoevaluaciones de la apariencia personal para determinar el bienestar psicológico de las mujeres jóvenes empleadas en la industria de la promoción. Las participantes fueron 132 mujeres (edad media = 22 años) con un Índice de Masa Corporal en categorías de salud o bajo peso. Tanto la depresión como las puntuaciones de autoestima global se encontraban en el rango normal. El grupo refirió altos niveles de estrés y autoestima pero bajos niveles de ansiedad y autocompetencia. Los factores de la imagen corporal predijeron significativamente la variación en la ansiedad, el estrés, la autocompetencia y el gusto por uno mismo. Los resultados de Evaluación de la Apariencia y Orientación de la Apariencia fueron los predictores más fuertes del bienestar psicológico. Estos resultados sugieren que mientras que la comparación social puede resultar en efectos de auto-mejoramiento para aquellos que han alcanzado el ideal de delgadez, mantener tal físico resulta en estrés y presión continuos.

PALABRAS CLAVE: Imagen corporal, IInfluencias de los medios, Industria del modelo, Comparación social, Bienestar psicológico

Body Image is a complex and multidimensional construct incorporating many aspects of a person's relationship with their own body, and it has a central role in understanding both adaptive and maladaptive behaviour (Cash & Smolak, 2011; Prnjak, Pemberton, Helms, & Phillips, 2020). The eating disorders are the maladaptive behaviours most frequently associated with body image factors (Munguia, Mora, & Raich, 2016; Sepulveda, Botella, Leon, 2001). Disturbance or distortion of body image has been consistently implicated as a major risk

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factor for the development and maintenance of eating disorders (Barnett & Sharp, 2016; Striegel-Moore & Bulik, 2007).

However, in addition to its clinical relevance, the construct of body image has assumed increasing social relevance due to its role in understanding psychological functioning in non-clinical groups, especially in young women. For many individuals, body image is central to their self-concept or self-esteem and therefore has the potential to play a powerful role in determining psychological well-being and associated behaviours (Cassone et al., 2016; Gillen, 2015; Nayir et al., 2016). Body dissatisfaction is a central component of negative body image. Body dissatisfaction is the experience of negative thoughts about one's body and has been linked to various undesirable psychological consequences such as depression, anxiety, reduced quality of life, negative self-perception, and poor self-esteem (Aderka et al., 2014; Bardone-Cone et al., 2016; Ferguson et al., 2011; Scheffers et al., 2017).

Body image is strongly related to an individual's physical status as reflected in their Body Mass Index (BMI), with a higher BMI often being associated with body dissatisfaction (Nikniaz et al., 2016). However, a healthy weight-for-height ratio does not guarantee positive body image, and even those with a healthy BMI may develop body-focused concerns and anxiety (Brockhoff et al., 2016; Czepczor-Bernat, Koscicka, Gebauer, & Brytek-Matera, 2017; Laus, Vales, Oliveira, Costa, & Almeida, 2020; Newman et al., 2006; Sheffield et al., 2005). Therefore, there is a considerable subjective component to the determination of an individual's body image.

The sociocultural model is one of the most prevalent theoretical explanations throughout the literature on body dissatisfaction (Tiggemann, 2011). Essentially, this model argues that exposure to (unrealistic) media images of the thin-ideal makes women feel dissatisfied with their bodies, with consequences such as lowered self-esteem and increased depression. For some women the effects extend to encouraging excessive dieting practices which can often deteriorate into eating disorders (Rodgers, 2016). The three core components of the sociocultural model are awareness of a thin-ideal, internalization of a thin-ideal, and perceived pressures to be thin. The primary sources of these components in industrialized societies and cultures are interpersonal and, particularly, media influences (Cafri et al., 2005; Fardouly & Vartanian, 2016; Karsay, Knoll, & Matthes, 2018; Moral & Suárez, 2016; Taniguchi & Hubbard, 2020; Wang, Wang, Yang, Zeng, & Lei, 2020).

The results from the considerable amount of research that has been conducted into the impact of mass media images on women's body dissatisfaction has generally found support for the sociocultural perspective that the mass media portrays 'thin' as the ideal body for women and that exposure to such media images increases body image concerns and results in body dissatisfaction (Grabe et al., 2008; Heider et al., 2015; Lee & Lee, 2020; Levine & Chapman, 2011; Tiggemann & McGill, 2004). However, support for the sociocultural model has not been universal, suggesting that factors other than media representations of the thin woman as ideal (e.g., autonomy, self-compassion) also play a significant role in determining body image and associated dissatisfaction (Andrew et al., 2016; Choukas-Bradley, Nesi, Widman, & Higgins, 2019; Engeln & Imundo, 2020; Holmstrom, 2004).

In addition to sociocultural factors not being the sole determinants of body dissatisfaction, it is apparent that some women are not affected by these pressures and other women can find such exposure pleasurable. For those women who have a body shape approximating the ideal portrayed in the media, exposure to such images can result in positive self-evaluations (Engeln-Maddox, 2005; Jones & Buckingham, 2005). Women are not passive recipients of the thin-ideal promoted by mass media. These media images provide a reference point which an individual woman may ignore or incorporate into her self-appraisal. However, depending on the degree of perceived discrepancy between actual self and ideal self, even internalization of the thin-ideal can have either negative or positive effects. Portrayal of media-ideals may inspire or distress, depending on whether they are perceived as attainable or impossible to reach. Unfortunately, the thin-ideal is not necessarily the same as the ideal required for optimum physical health (Swami & Szmigielska, 2013).

Previous research has utilized a wide range of different types of groups in examining the factors impacting on women's body image. These have included random samples of females, overweight groups, high versus low drive for thinness groups, and unrestrained versus restrained eaters (Cash & Smolak, 2011; Mills & Fuller-Tyszkiewicz, 2016). One specific demographic that may provide further insights into the multiple dimensions of body image is women who are representative of the ideal. That is, those who are in modelling and related industries (Collison & Barnier, 2020; Ralph-Nearman, Yeh, Khalsa, Feusner, & Filik, 2020). This particular demographic are heavily invested in appearance concerns and are the focus for the current study.

An ideal physical appearance, including a thin figure, is an essential criterion for entering promotion, modelling and related industries. For these women, to a large degree, their physiques determine their employability. They would therefore be acutely aware of their physical appearance and it follows that women working in these industries would have heightened body image concerns and that their body image could be a major determinate of their psychological well-being (Szymanski & Feltman, 2015). They would also be more susceptible to both media and peer sociocultural influences. Although body image relies strongly on social comparison of physical appearance, self-appraisal factors also contribute to the overall evaluation of one's body. The primary aim of this study was to determine, in women for whom there was little discrepancy between actual self and societal ideal self, the extent to which body image factors predicted psychological functioning. The three types of body image factors considered were objective physical status, societal influences on body image, and self-appraisals of personal appearance.

METHOD

• PARTICIPANTS

Participants were 132 women recruited from promotional marketing companies located in a large metropolitan area of Australia. The average age of the participants was 22 years (*SD* = 2.09, range = 18 – 29 years). The average years of education for the sample was 14 (*SD* = 1.52, range = 11 – 17 years). All participants were employed either full-time (*n* = 71, 54%) or part-time (*n* = 61, 46%) in promotional, modelling and associated industries. The majority (*n* = 117, 89%) identified as Australian. The majority (*n* = 107, 81%) of participants reported their relationship status as 'never married', 21 (16%) as 'never married but living with partner', and the remaining 4 (3%) were 'married'.

• MEASURES

Participants completed a demographic sheet providing details of their age, years of education, employment status, nationality, and relationship status.

OBJECTIVE MEASURE OF PHYSICAL STATUS. Each participant was privately weighed and her height measured. These data were used to calculate the body mass index (BMI) of each participant.

SOCIETAL INFLUENCES. Endorsement of societal appearance ideals was assessed by the Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3; Thompson et al., 2004). This 30-item scale has four subscales that assess distinct factors of societal influence on body image. These are the 9-item Internalization (General), 5-item Internalization (Athlete), 7-item Pressures, and 9-item Information subscales. Normative data for the SATAQ-3 was based on the female college student (*n* = 380) sample reported by Calogero et al. (2004).

BODY IMAGE. Self-attitudinal aspects of body image were assessed by two appearance subscales from the Multidimensional Body-Self Relations Questionnaire (MBSRQ; Cash, 2000). These were the 7-item Appearance Evaluation, and 12-item Appearance Orientation subscales. Normative data for the MBSRQ was based on an adult female (*n* = 1070) sample.

PSYCHOLOGICAL FUNCTIONING. Depression, anxiety and stress were assessed by the Depression, Anxiety and Stress Scales (DASS; Lovibond & Lovibond, 1995). The short (21-item)

version was administered and, as described in the manual, each of the three 7-item totals was multiplied by two for the purposes of reporting and interpretation. Normative data for the DASS was based on an adult female (n = 1870) sample.

Self-esteem was assessed by the 10-item Rosenberg Self-Esteem scale (RSE; Rosenberg, 1965). A variety of response scale and scoring methods have been used with the RSE scale. In the current study the response scale used was from 1 (*strongly agree*) to 4 (*strongly disagree*), and the positively worded items were reverse scored to give a possible range of total scores from 10 (low self-esteem) to 40 (high self-esteem). As well as a total self-esteem score the RSE also provides two subscale scores of self-competence and self-liking. Normative data for the RSE was based on the Australian college student sample (n = 485) reported by Schmitt and Allik (2005).

• PROCEDURE

Ethical approval for the project was obtained from the Human Research Ethics Committee of the University of New England. Details of the project were sent to a number of promotion agencies. Those agencies who agreed to participate provided email addresses of their employees. An information sheet was emailed to potential female participants and each individual was invited to participate in the study. Those who agreed to participate provided their informed consent and agreed to meet (in groups) at a location in their general residential area.

To ensure accurate and objective assessment of BMI, height and weight were obtained individually from each participant during the small group meetings. Weighing scales were used only on a hard floor (so as not to interfere with the accuracy of individual's weight reading), and height was measured using a measuring tape, with each individual standing up straight against a wall.

The BMI information of each participant was recorded under a code number to ensure anonymity, and this code was printed on the front of the participant's questionnaire. Participants were provided with a questionnaire pack containing a demographic sheet and the four self-report questionnaires, and a postage paid envelope to return the completed questionnaires. Return and completion rates were 100%.

• DATA ANALYSIS

Interpretation of the participants' responses to the questionnaires was undertaken using the appropriate non-clinical normative data published for each measure. For the majority of measures this was completed using t-test comparisons. In addition, the categories provided by normative studies for the DASS were used to provide descriptive data.

Simultaneous regressions were then conducted to determine the extent to which the seven independent variables could be used to predict each of the aspects of psychological functioning. The independent variables were: BMI; the four subscales of the SATAQ-3; and the two subscales of the MBSQR.

An alpha level of .05 was used to determine statistical significance, but in those instances where $p < .05$, the exact alpha level is reported. Data screening to check the assumptions for multiple regression showed that on the Mahalanobis distance criterion four participants were multivariate outliers. The data from these 4 participants were deleted leaving a sample size of 132. All of the analyses were carried out using SPSS software version 24.0.

RESULTS

• OBJECTIVE MEASURE OF PHYSICAL STATUS

The average BMI of the participants was 18.9 (SD = 1.5, range = 15.6 – 23.8). A total of 80 (61%) of participants were in the 'normal weight' category, while the remaining 52 (39%) were in the 'underweight' category.

• SOCIETAL INFLUENCES

The participant group's scores were significantly different from those of the normative group on all four subscales of the SATAQ-3 (Table 1). On average, the participants scored higher on the two subscales of Internalization (General) ($p < .001$) and Pressures ($p < .001$). This indicates that, in comparison to the normative group,

the participants internalize more from generic media (TV, magazines, and movies) and felt more pressured by the media. The participants scored lower on the two subscales of Internalization (Athlete) ($p < .001$) and Information ($p < .001$), indicating that they had less internalization of athletic and sports figures, and used media less as an informational source.

•BODY IMAGE

The participant group's scores were also significantly different from those of the normative group on the two subscales of the MBSRQ (Table 1). The participants scored higher, on average, on the two subscales of Appearance Evaluation ($p < .001$) and Appearance Orientation ($p < .001$). These results indicate that, as a group, the participants evaluated their appearance more favourably, but were also were more focused on their appearance, than the normative group.

•PSYCHOLOGICAL FUNCTIONING

DEPRESSION, ANXIETY, AND STRESS. The difference between the participants and the normative group on the Depression scale was not significant ($p > .05$) (Table 1). The distribution of the participants across the severity categories of depression was: 100 (76%) normal, 18 (14%) mild, 9 (7%) moderate, 2 (2%) severe and 3 (2%) reported symptoms of extremely severe depression. The difference on the Anxiety scale was significant ($p < .001$) with the participants reporting, on average, less symptoms of anxiety than the normative group (Table 1). The distribution of the participants across the severity categories of anxiety was: 110 (83%) normal, 4 (3%) mild, 13 (10%) moderate, 2 (2%) severe and 3 (2%) reported symptoms of extremely severe anxiety. The difference on the Stress scale was significant ($p < .001$) with the participants reporting more

Table 1
Means, standard deviations and t-statistics for the participants' responses to the measures of body image and psychological functioning ($N = 132$).

Scale	Participants		Normative group		
	M	*SD*	*M*	*SD*	*t*
Sociocultural Attitudes Towards Appearance Questionnaire-3					
Internalization (General)	30.49	3.79	28.67	9.83	2.07*
Internalization (Athlete)	12.70	2.54	16.20	4.91	-7.83*
Pressures	25.77	4.89	22.51	8.31	4.26*
Information	27.80	3.05	31.18	10.06	-3.80*
Multidimensional Body-Self Relations Questionnaire					
Appearance Evaluation	3.88	0.73	3.36	0.87	6.59*
Appearance Orientation	4.21	0.60	3.91	0.60	5.42*
Depression, Anxiety and Stress Scales					
Depression	6.56	6.34	6.14	6.92	0.68
Anxiety	3.09	5.44	4.80	5.03	-3.75*
Stress	14.33	8.41	10.29	8.16	5.49*
Rosenberg Self-Esteem Scale					
Self-competence	15.98	2.08	16.84	2.46	-3.67*
Self-liking	15.55	2.55	14.22	3.12	4.50*
Total score	31.53	4.43	31.07	5.15	0.94

Note. *$p < .05$

symptoms of stress than the normative group (Table 1). The distribution of the participants across the severity categories of stress was: 69 (52%) normal, 27 (20%) mild, 22 (17%) moderate, 11 (8%) severe and 3 (2%) reported symptoms of extremely severe stress.

SELF-ESTEEM. The participants' mean self-competence score was significantly lower than the mean score of the normative group ($p < .001$), while their mean self-liking score was significantly higher ($p < .001$). However, the difference between participants' mean total score on the RSE and the mean score of the normative group was not statistically significant ($p > .05$) (Table 1). Therefore, as a group, the participants had "normal" levels of global self-esteem but saw themselves as less competent than the normative group. Despite this, they generally liked themselves more than the normative group.

• REGRESSION ANALYSES

A series of regression analyses were undertaken to examine the prediction of the different aspects of psychological functioning. The seven independent variables were BMI, the four subscales of the SATAQ-3, and the two subscales of the MBSQR.

DEPRESSION. Multiple *R* for depression was not significantly different from zero, $R = .30$, $F(7, 124) = 1.77$, $p > .05$. The combination of the seven independent variables explained only 9% of the variance in Depression scores.

ANXIETY. Multiple *R* for anxiety was significantly different from zero, $R = .41$, $F(7, 124) = 3.62$, $p = .001$ (Table 2). The combination of the seven independent variables explained 17% of the variance in Anxiety scores. In addition, the Appearance Evaluation variable made a significant

Table 2
Regression of BMI, societal influences on body image, and self-appraisal of appearance on anxiety and stress.

	R^2	adjR^2	β	*r*	sr^2
Anxiety	.17*	.12			
BMI			-.12	.04	.01
STAQ-3 Internalization-General			-.11	-.26*	.01
STAQ-3 Internalization-Athlete			.16	.23*	.02
STAQ-3 Pressures			-.17	-.26*	.01
STAQ-3 Information			-.01	-.15*	.00
MBSRQ Appearance Evaluation			-.24	-.28*	.04*
MBSRQ Appearance Orientation			.01	-.24*	.00
Stress	.13*	.08			
BMI			-.03	-.04	.00
STAQ-3 Internalization-General			-.16	.14	.01
STAQ-3 Internalization-Athlete			.06	.01	.00
STAQ-3 Pressures			.17	.27*	.02
STAQ-3 Information			.09	.18*	.01
MBSRQ Appearance Evaluation			.04	.11	.00
MBSRQ Appearance Orientation			.27	.31*	.04*

Note. *$p < .05$

($p = .016$), unique individual contribution of 4% to the prediction of anxiety. Higher satisfaction with appearance was associated with lower anxiety.

STRESS. Multiple *R* for stress was significantly different from zero, $R = .36$, $F(7, 124) = 2.65$, $p = .014$ (Table 2). The combination of the seven independent variables explained 13% of the variance in Stress scores. In addition, the Appearance Orientation variable made a significant ($p = .02$), unique individual contribution of 4% to the prediction of stress. High levels of concern with appearance were associated with higher stress.

SELF-ESTEEM. Multiple *R* for self-competence was significantly different from zero, $R = .61$, $F(7, 124) = 10.29$, $p < .001$ (Table 3). The combination of the seven independent variables explained 37% of the variance in Self-Competence scores. In addition, significant unique contributions were made by the two variables of Appearance Evaluation ($p < .001$) and Appearance Orientation ($p = .001$), with the variables uniquely explaining 23% and 6% of the variance in the Self-Competence scores, respectively. Higher satisfaction with appearance and lower levels of concern with appearance were associated with higher self-competence.

Multiple *R* for self-liking was significantly different from zero, $R = .56$, $F(7, 124) = 8.05$, $p < .001$ (Table 3). The combination of the seven independent variables explained 31% of the variance in Self-Liking scores. In addition, significant unique contributions were made by the three variables of Internalization (General) ($p < .001$), Appearance Evaluation ($p < .001$) and Appearance Orientation ($p < .001$), with

Table 3
Regression of BMI, societal influences on body image, and self-appraisal of appearance on two factors of self-esteem.

	R^2	adjR^2	β	*r*	sr^2
Self-competence	.37*	.33			
BMI			-.07	-.32*	.00
STAQ-3 Internalization-General			.15	.14	.01
STAQ-3 Internalization-Athlete			.01	-.18*	.00
STAQ-3 Pressures			.13	.09	.01
STAQ-3 Information			.02	.08	.00
MBSRQ Appearance Evaluation			.58	.54*	.23*
MBSRQ Appearance Orientation			-.34	.02	.06*
Self-liking	.31*	.27			
BMI			-.05	-.26*	.00
STAQ-3 Internalization-General			.40	.24*	.08*
STAQ-3 Internalization-Athlete			-.01	-.17*	.00
STAQ-3 Pressures			.06	.07	.00
STAQ-3 Information			-.06	.04	.00
MBSRQ Appearance Evaluation			.45	.41*	.14*
MBSRQ Appearance Orientation			-.44	-.04	.10*

Note. *$p < .05$

the variables uniquely explaining 8%, 14% and 10% of the variance in the Self-Liking scores, respectively. Higher internalization (general), higher satisfaction with appearance, and lower levels of concern with appearance were associated with higher self-liking.

Multiple *R* for global self-esteem was significantly different from zero, $R = .60$, $F(7, 124) = 9.72$, $p < .001$. The combination of the seven independent variables explained 35% of the variance in Self-Esteem scores. In addition, significant unique contributions were made by the three variables of Internalization (General) ($p = .003$), Appearance Evaluation ($p < .001$) and Appearance Orientation ($p < .001$), with the variables uniquely explaining 5%, 19% and 3% of the variance in the Self-Esteem scores, respectively. Higher internalization (general), higher satisfaction with appearance, and lower levels of concern with appearance were associated with higher self-esteem.

DISCUSSION

The overall goal of this study was to examine the role that three body image factors (objective physical status, endorsement of societal appearance ideals, and self-appraisal of personal appearance) played in determining psychological well-being in a group of women for whom ideal physical appearance was directly associated with employment. For these young women their judged physical attractiveness is directly related to obtaining and maintaining their employability. Given their occupation, the women in the current study could be expected to have both a heightened awareness of their physical appearance as well as a greater probability of approximating the media-ideal physique. As such, they presented a unique opportunity to examine both the role of these factors in psychological functioning and the possibility of positive effects from self-evaluations.

All participants had BMIs in either the normal or underweight ranges. This is to be expected given the importance attributed in their occupation to not being overweight. There was strong evidence that this group of women were, consistent with the sociocultural model of body image (Tiggemann, 2011), strongly affected by media-based societal influences. Relative to an appropriate normative group the participants in this study had greater internalization of generic media images and also reported being more susceptible to pressure from media sources. However, they were less likely to internalize media images based on athletic or sporting figures and also less likely to get as much information on ideal body shape from media. Therefore, for this group of women the muscularity associated with sporting prowess was not seen as desirable. They also valued sources other than media for information concerning the ideal body. Given their occupation, their work peers and associated industry staff would be the most likely societal sources for this type of information.

In addition to their internalization of the societal thin-ideal and the subjective sense of pressure they felt from exposure to media images, the women reported a preoccupation with their physical appearance. The group scored significantly higher than the normative group on both the Appearance Evaluation and Appearance Orientation subscales; indicating that while they felt mostly positive and satisfied with their appearance, they also had a strong focus on and investment in their appearance. Again, given their occupation, such findings are understandable as these women are more likely to approximate the commercial societal ideals of physical attractiveness and to have employment-related financial reasons for having a high investment in their physical appearance (Szymanski & Feltman, 2015).

Psychological well-being is more than the absence of psychological distress. Hence, in this study we examined for both the absence of psychological distress and the presence of a positive psychological state. The participants in this study were less anxious but more stressed than the normative group, and their reported levels of depression were not significantly different from the normative average. Therefore, while only 11% reported clinically significant levels of depression and 15% of anxiety, over a quarter of the group (29%) reported significant levels of stress.

On the measure of global self-esteem, the group were not significantly different from

the normative mean. However, their mean self-competence score, their opinion of their instrumental value, was significantly lower. Maybe their occupation, where they are valued for their appearance and sociability rather than any specific skill, contributed to their sense of low functional worth. Despite this, the women, on average, liked themselves more than the normative group. Their high self-liking score indicated that they had a positive view of their intrinsic value.

The regression analyses allowed for an examination of the relationship of the body image factors to the different aspects of psychological well-being for this group of women. On average, the group reported low levels of anxiety and the body image factors accounted for a significant 17% of the variance in anxiety scores. The contribution of the Appearance Evaluation score to anxiety suggests that the women's positive view of their own appearance could be related to their low level of anxiety as positive body image has been associated with better psychological functioning (Gillen, 2015). The women reported high levels of stress and the body image factors accounted for a significant 13% of the variance in stress. The unique contribution of the Appearance Orientation score to stress suggests that one of the sources of stress for these women could be their consistent monitoring of their appearance and their high personal investment in maintaining their physical attractiveness. Previous research has found a relationship between Appearance Orientation and constant checking behaviour (Aderka et al., 2014).

The results for the two components of self-esteem provide some indication of the pervasive impact that body image factors can have with an individual's appraisal of their own worth. The women reported low levels of self-competence and the body image factors accounted for 37% of the variance in self-competence. Both Appearance Evaluation and Appearance Orientation made unique contribution to the scores suggesting that the women who feel more competent do not focus as much on their appearance, but still consider themselves physically attractive. The women also reported high levels of self-liking and the body image factors accounted for 31% of the variance in self-liking. The vast majority of the variance was accounted for by the three variables of thin-ideal internalization, Appearance Evaluation, and Appearance Orientation. This suggests that those women who felt they met the societal standards for physical attractiveness but were not solely focused on their physical appearance were more likely to feel that they were a person of worth. Given their personal emphasis on physical appearance and the fact that their occupation indicates that they approximate the physical ideal for women, such high self-liking provides some support for the self-enhancement theories associated with body image (Jones & Buckingham, 2005).

Despite the use of a cross-sectional design which precludes establishing any causal links between the variables, and the use of a very specific occupational group which limits the generalizability of the results, the findings from the current study provide further support for the complexity of the body image construct (Cash & Smolak, 2011). The responses from the participants in this study demonstrated the pervasive nature of media impact on body image, as postulated by the sociocultural model of body image (Levine & Chapman, 2011; Tiggemann, 2011). Their internalization of general media themes related to body image and reports of feeling pressured by such images indicates that they could be considered a group 'at risk' of developing eating disorders. However, there were body image factors other than these sociocultural influences evident in this group. For some women these self-appraisals of appearance factors may represent a personalized extension and/or addition to sociocultural influences. However, for the current group, possibly due to their occupation, these factors were a distinct dimension of their body image.

The finding that both aspects of self-esteem were so strongly related to body image factors suggests that the self-esteem of this group is vulnerable. As aging and the associated inevitable effects result in an increasing gap between their ideal and real selves, members of this group may be at risk for poor self-esteem and associated psychological distress. This may result in the development of eating disorders, use of cosmetic surgery, or other maladaptive responses. Recent innovations in the delivery and evaluation of

psychological treatments (e.g., Blanco, Otero, López, Torres & Vázquez, 2017; Peñate et al., 2017) suggest possible options for interventions with this group. A longitudinal study of such a group may allow for the identification of adaptive responses which result in the development of strategies that allow for self-esteem to be maintained by factors other than those related to body image (e.g., Aboody, Siev, & Doron, 2020). As suggested by Swami and Szmigielska (2013) such strategies could then be incorporated as part of the training in these industries, thereby providing employees with the resilience that would assist them to maintain their psychological well-being when they are eventually required to find other forms of employment.

- **Conflict of interest.**

The authors declare no conflict of interest.

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