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The role of the breast and the uterus in a woman's feminine self-concept: a cross-cultural investigation

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of the woman's attempt to retain her body image intact.

2.8 SUMMARY

In summary, it appears that mastectomy has two major implications. These involve the fear of the disease requiring mastectomy as well as the loss of a major body part. In addition to the loss of the breast, the woman is usually left with extensive scars. Studies of the emotional reactions to mastectomy imply that the impact on the woman's body image and feminine self-concept is perhaps even greater - initially at least - than the longer term threat of cancer to her life. Even those studies of the phantom breast phenomenon following mastectomy lend some support to this conclusion.

CHAPTER 3

REVIEW OF THE LITERATURE ON HYSTERECTOMY

3.1 THE UTERUS AND FEMININE SELF-CONCEPT

> Because of its role in menstruation, pregnancy and childbirth, the uterus is central to those perceptions and attitudes of social role, gender function, and body image in women that are usually referred to as the 'feminine self-concept' or the 'Feminine identity' (Wolf, 1970, p. 165).

> It is probable that every woman has certain concepts of what constitutes femininity and what anatomic structures are related to femininity. We recognise that many women regard the uterus and its functions as important symbols of femininity (Drellich and Bieber, 1958, p. 334).

The concern with the concept of femininity is rooted in the fact that a woman tends to find her identity through her 'femininity'. Ideas of what consitutes femininity are derived from the commonly held concepts of the culture as well as the privately held views centred in individual developmental experiences. These views are often related to the biological determinants of a woman's sexuality, i.e. her breasts, genitals and reproductive organs. Polivy (1974) stresses the psychological importance of these organs. She maintains that women

whose feminine identification rests strongly on these physical attributes would be at risk if these were threatened.

A woman's sense of femininity is to a large extent affected by the three-fold functions of the uterus:-

(a) The reproductive function.

(b) The menstrual function.

(c) The sexual function.

Only the reproductive and menstrual functions of the uterus are actually affected by hysterectomy, a procedure in which the uterus only or the uterus and one or both ovaries (ovariectomy) may be removed. The intervention of the emotional variable may affect the woman's sexual functioning, but this disruption will not be the result of the hysterectomy per se. It is important therefore to distinguish between the physical and emotional effects of hysterectomy.

3.1.1 The Reproductive Function of the Uterus

Drellich and Bieber (1958) maintain that it is not the desire to have more children that is significant, but the loss of the potential to bear children: 'The loss of childbearing ability was viewed as rendering a woman something less than a complete female' (Drellich and Bieber, p. 134).

Several other researchers support this viewpoint (Hollender, 1960; Barglow et al., 1965; Steiner, 1970; Wolf, 1970). The latter adds an interesting addendum when he says that women of the lower socio-economic classes more frequently feel defeminized than their middle class counterparts. He explains this by the fact that these women tend to think more concretely than do middle class women. They and their husbands are more likely to think that 'a woman is here to have children' and 'if you don't have a womb, you're not a woman' (p. 167).

Researchers in this field are in general agreement that women facing hysterectomy usually express regret at the loss of their childbearing ability. It is clear, according to these writers, that the ability to have children fulfils diversified needs in the adaptation of different women. It has been suggested that women who are vulnerable to loss tend to 'look on hysterectomy as a permanent deprivation' (Menzer, Morris, Gates, Sabbath, Robey, Plant and Sturgis, 1957, p. 386).

This view, that it is the loss of the childbearing ability as such that seems to influence post-operative reactions rather than whether or not a woman already has children, is supported by Barker (1968). In Barker's study, 6 per cent. of nulli-parous women and the same percentage of parous

women were referred for psychiatric treatment post hysterectomy. Nulliparity appeared to have no special effect on psychiatric referral. Other researchers have, however, reported good post-operative adjustment to be correlated with parity.

3.1.2 Menstrual Function of the Uterus

Inextricably linked to childbearing is the uniquely feminine phenomenon of menstruation. Whether a woman bears a child or not, the monthly reappearance of menstruation is a visible confirmation of her feminine role. Drellich and Bieber (1958) support the importance of this in the feminine psyche. The majority of their subjects experienced the cessation of menstruation after hysterectomy as a loss of a necessary and important experience. Menstruation acts as a monthly reminder of a feminine identity. Similarly, the cessation of menstruation acts as a reminder that a woman can no longer fulfil her gender role expectation.

Other ideas which may affect attitudes towards the cessation of menstruation while belonging more to fiction than fact nevertheless appear to exert an influence on a woman's reactions. Women frequently feel that the sexual orgasmic response is dependent on menstrual functioning. Menstrual functioning may be thought of as a cyclical occurrence which

regulates and maintains a woman's health and well-being. As well as acting as a monthly cleansing process, menstruation may be regarded as a timing device controlling and regulating other bodily functions. To upset this physiological metronome may be seen by women as a disruption of order and rhythm (Drellich and Bieber, 1958).

3.1.3 Sexual Function after Hysterectomy

A commonly held idea about hysterectomy is that it causes a lessening of sexual desire and responsiveness. Drellich and Bieber (1958), for instance, report anxieties about sexual functioning in women undergoing hysterectomy. Drellich and Bieber (1958) have suggested that the power of this concern rests on the psychoanalytic concept of 'castration' extended to include a threat to a valued organ of either sex (e.g. penis or uterus).

> Loss or injury to this organ may be conceived as rendering the individual less effective or totally ineffective in both sexual and non-sexual activities, which are viewed as uniquely male or female respectively (p. 334).

While this is speculative, it nevertheless is possible that when disturbances in sexual functioning occur, they are based on irrational fears and beliefs in relation to the loss of the symbolically

significant organ (Hollender, 1960; Munday and Cox, 1967).

Ford and Beach (1970), in reviewing the literature on hysterectomy with conservation of the ovaries, report that there is no biological foundation for the anxiety about the loss of sexuality. Intact ovaries ensure that the regular cyclical hormonal function continues until the woman reaches her natural menopause. This pattern of normal hormonal function after hysterectomy has been confirmed by Beavis, Brown and Smith (1969), who assert that this is doubly important in so far as the woman -.

> ... can easily understand that ovarian hormone production is an important component of femininity, and can comprehend that it continues after hysterectomy with ovarian conservation (p. 977).

The literature on animal sexual functioning reveals that lower mammals are dependent upon their normal hormonal function for their sexual drive. This is, however, not the case for human subjects where the sexual drive is not under strict hormonal control. Given this finding, sexual functioning in women should theoretically not be affected by hysterectomy, with or without ovariectomy.

Post-operative sexual malfunction has, however, been

reported in a number of studies (Dalton, 1975; Hollender, 1960; Patterson and Craig, 1963). Dalton's (1975) study of thirty-four married women reported that of these, three women (9 per cent.) who were divorced after hysterectomy, had normal sexual intercourse pre-operatively but not post-operatively. Twelve (36 per cent.) had marital problems for which they sought marriage guidance. Of the remainder of the sample, 76 per cent. reported normal intercourse pre-operatively but only 22 per cent. reported normal sexual relations post-operatively. Thirty-six per cent. claimed that sexual relations were unsatisfactory after hysterectomy, while 42 per cent. had not resumed intercourse.

There is some evidence to show that husbands react negatively to their wives' hysterectomies. Wolf (1970) found that men, particularly working class men, queried their masculinity in the context of a wife without a womb. Lack of support and understanding by husbands towards their wives' hysterectomies was evidenced in Chynoweth's study (1973). Ten per cent. of the husbands in Patterson and Craig's (1963) study were also found to be unsympathetic towards their wives. Barker (1968), too, indicated that 22 per cent. of husbands showed disturbed behaviour. A husband's negative response to his wife's hysterectomy may pose a threat to a woman's feelings about her sexual desirability and consequently to her

feelings of femininity. In sharp contrast are studies, for example (Dodds et al., 1961), which report that the majority of subjects and their husbands are satisfied with the results of hysterectomy.

3.2 HYSTERECTOMY VERSUS TUBAL LIGATION

In both hysterectomy and tubal ligation the woman loses her ability to bear children. However, in tubal ligation the uterus remains intact, while in hysterectomy it does not.

A survey of the literature comparing the psychological effect of these two sterilizing procedures echoes the lack of clarity to be found in the research into hysterectomy generally.

For instance, Barglow et al. (1965) have found that hysterectomized women are at greater psychological risk than a tubal ligation group. Hysterectomized women were found to have a higher level of pre-operative anxiety related to the anticipation of sterility, sexual changes and body mutilation. It was postulated that the more successful adjustment of the tubal ligation subjects was influenced by the fact that they viewed this less extensive operation as reversible. This, according to Barglow et al. (1965), supported a fantasy of becoming pregnant again which protected the woman from the nar-

cissistic assaul: experienced in the finality of hysterectomy. A reversal of the operation is in fact possible, although it cannot always be guaranteed (Hyde, 1979). Hollender (1960) points to the importance of this when he says that the woman feels intact and complete as a female as long as there is even a theoretical possibility of becoming pregnant.

Contrary to Barglow's (1965) findings, Hampton and Tarnasky (1974) reported that there are no significant differences between the effects of hysterectomy and tubal ligation. This study is supported by Meikle et al. (1977). Ellison (1964), on the other hand, noted that depressive reactions resulted from sterilization per se, whether it was brought about by hysterectomy or tubal ligation. Ellison (1964) held that both operations -

> ... because of their meaning in terms of sexual and childbearing functions, may profoundly affect the patient's feelings of being a woman, which are so crucial to her self image (p. 623).

3.3 HYSTERECTOMY AND THE PREMENOPAUSAL WOMAN

Because of its implications for childbearing, the impact of hysterectomy is likely to be more profound on premenopausal women than on postmenopausal women. In women who have reached their natural menopause, the cessation of menstruation, loss of childbearing potential and the

woman's perception of herself as having moved from one stage of development to another is in line with the anticipated developmental cycle. In contrast, the pre-menopausal woman undergoing hysterectomy is faced with a dramatic change which is not appropriate to her developmental stage and which could therefore be stress-ful to her coping mechanisms (Seiden, 1976).

This suggestion is supported by Bagg (1965), who reports that women in the thirty to thirty-nine age group were particularly at risk following hsyterectomy. These women required more frequent psychiatric hospitalization and were more psychiatrically symptomatic than a group of older women who had undergone hysterectomy. In addition, a number of investigators have linked premenopausal hysterectomies with depression. Richards (1973); Moore and Tolley (1976); Martin, Roberts, Clayton and Wentzel (1977); and Patterson and Craig (1963), also in support of this proposition, have found that the older the woman the more indifferent she was to her sterility. Drellich and Bieber (1958) maintain that the reasons underlying this study are that premenopausal woman projects many of her attitudes towards her femininity on to her uterus.

A few studies have, however, not supported the hypothesis that hysterectomy is less traumatic after or around meno-pause (Meikle et al., 1977; Ackner, 1960; Barker, 1968).

The findings on hysterectomy and the premenopausal woman are as divergent as the findings on hysterectomy in general.

3.4 HYSTERECTOMY AND EMOTIONAL DISORDERS

The significant place assigned to the uterus in the life of a woman has been a source of interest from the early days of medicine (Veith, 1965). The significance of its place in mental life is shown by the very early use of the term 'hysteria', meaning 'wandering womb', to describe certain nervous disorders.

In more modern times, Kraft-Ebing (1890) maintained that a woman's childbearing potential was psychologically important and that removal of this function could result in emotional damage. He claimed further that psychoses were more frequently caused by hysterectomy than by any other surgical procedure. Recently, Levenstein (1981) has pleaded for a greater awareness of the serious psychiatric sequelae of 'an operation which has begun to approach epidemic proportions' (p. 3).

He states that it has been clearly shown that the operation is responsible for a variety of psychiatric disorders as well as profound feelings of loss of femininity. While this finding is contradicted by some researchers, a plethora of studies on the psychological sequelae of hysterectomy reveals an ongoing concern with

these issues.

A pioneering study by Lindermann (1941) reported that a depressive reaction was twice as frequent after pelvic operations as after cholecystectomy. Lindermann (1941) maintained that the depression usually appeared three to four weeks post-operatively and lasted more than six months.

A number of studies have followed which have supported a correlation between hysterectomy and depression (Ananth, 1978). For instance, Melody (1962) found that a relatively small percentage (4 per cent.) suffered depressive reactions to hysterectomy. Mai (1969), on the other hand, reports that approximately 33 per cent. of women become depressed while Kroger (1974) put post-operative depression as high as 40 per cent.

Richards (1974) places the figure even higher, at 79 per cent. Barker (1968), too, reported that 7 per cent. of his large sample of hysterectomized women were referred to a psychiatrist within about four and a half years after the operation. Of these, 85 per cent. were depressed. The incidence of referral for psychiatric help following hysterectomy was twice as high as patients undergoing other forms of surgery. In addition, it was three times higher than the expected psychiatric referral rate in the general population.

The finding that many women who experience emotional disturbance post-operatively have had psychiatric symptoms pre-operatively has been supported by the work of Ackner (1960); Barker (1968); Dalton (1957); Hollender (1960); Lindemann (1941); and Melody (1962). These early reports have been supported by later research work, notably Martin et al. (1977); and Moore and Tolley (1976). Both these later studies supported the contention of a post-hysterectomy syndrome but found a high prevalence of psychiatric illness, especially hysteria and depression, antedating the hysterectomy. Barker (1968), too, cites several earlier studies that indicate that hysterectomies not motivated by definite medical pathology are more likely to result in subsequent emotional disorder.

While the above research strongly supports a correlation between post-hysterectomy psychiatric sequelae and the pre-operative personality, other research rejects such findings (Barker, 1968; Kroger, 1974; Richard, 1974). The hypothesis that hysterectomy per se, and not pre-morbid personality, accounts for depression, is supported by Richards (1974), who found that 77 per cent. of his subjects who manifested post-operative depression had no pre-operative morbidity.

Research in the field has been given a different slant by the work of Patterson and Craig (1963). Patterson and Craig (1963) took cognizance of the fact that an apparently high percentage of psychiatric admissions

were hysterectomized women. While expecting to find confirmation of the generally held view of the traumatic effects of hysterectomy, they were surprised to find instead that more than half of their sample regarded themselves as being better than before their hysterectomies. Patterson and Craig (1963) concluded that hysterectomy did not necessarily contribute to the development of mental illness - an interesting negative finding among many positive ones. Similar findings to those of Patterson and Craig (1963) have been reported by Dodds, Potgieter, Turner and Scheepers' (1961) and Hyde (1979) in two South African studies of white women.

Further support for the view that the psychological significance of the uterus does not render the woman vulnerable to post-operative mood disturbances has been put forward by Meikle, Brady and Pysh (1977). Meikle et al. (1977) compared three groups of women subjected to surgery (hysterectomy, tubal ligation, cholecystectomy) and found no significant difference in their post-operative response. This methodologically sound study was supported by the findings of Hyde (1979) who compared white South African subjects who had had hysterectomies with those who had had cholecystectomies. She found, too, that the removal of the uterus did not involve an extra psychological risk over comparable surgery. In addition, Chynoweth (1973) reports that hysterectomized women are both physically and mentally adjusted post-operatively.

Studies investigating the emotional impact of hysterectomy are subject to variations in interpretation due to the presence or absence of denial. For instance, Dodds et al. (1961) and Patterson and Craig (1963) report a lack of trauma consequent on the loss of the uterus. However, Drellich and Bieber (1958); Benedek (1952); and Deutsh (1965) caution against accepting such findings which they believe are influenced by 'a denial of intolerable feelings of impending loss' (Drellich and Bieber (1958), p. 223).

3.5 SUMMARY

A review of the relevant literature on the relationship between hysterectomy and mental disorder highlights disparate findings. At the one end of the scale are to be found correlations between hysterectomy and depression, particularly agitated depression, and psychosis. In sharp contrast are views which maintain that hysterectomy per se does not impose any psychological threat. Various studies which have attempted to link post-operative reactions to pre-morbid personality have also been inconclusive. Thus, in general, the emotional effects of hysterectomy remain a contentious field.

CHAPTER 4

REVIEW OF THE LITERATURE ON BODY IMAGE

4.1 BODY IMAGE DEFINED

Body image and its interrelated concept of self has occupied a significant place in the literature of personality. It has also played a central role in the psychology of women (Deutsch, 1965).

Schilder (1935) has given a comprehensive and well-known analysis of the body, defining the construct as 'the picture of our body we form in our mind, the way in which we experience it as a distinct unity' (p. 11).

Hammer (1975), in writing about the female body image, describes it as an expression of the interplay of biology and culture which refers to 'the internal image of the space a woman occupies and how she perceives herself' (Lichtendorf, 1983, p. 5).

Goin and Goin (1981) define the difference between the actual body shape and the mental picture of the body as the discrepancy between the physically measurable body in the flesh and the body as reflected in the

mind's eye.

What the above definitions make clear is that while the body image incorporates the physical body, it is much more than a mental representation of the physical self. This proposition is explicated by the phenomenon of the phantom limb or breast where the amputated limb or breast is experienced as intact. A lengthy period of time may elapse before the body image and the objective body again co-exist (Maddison, 1959). Goin and Goin (1981), in an attempt to ascertain the body image adjustments of mastectomized women seeking breast reconstruction, ask whether they dream of themselves as having one or two breasts.

4.2 THE DEVELOPMENT OF BODY IMAGE

Observational studies of infants indicate that the very young child is unable to distinguish between itself and the outside world. Thus a body image is not present at birth. It is acquired, develops and changes by contact with the outside world (Gyllensköld, 1976). Initially the infant learns about itself through its sense organs. Exposure to a variety of sensory stimuli (feeding, defecation, urination and tactile sensation, for example) as well as gradual motor exploration enables the infant to differentiate between that which is its own body and that which is not.

Apart from the child's emerging independent awareness of its body, it is subjected from the beginning to the reactions of others significant to him. Fisher et al. (1981) stresses that body image will be affected by the way in which the infant is accepted into the family. It is from the reactions of others that perceptions about the body are developed and give rise to concepts such as good/bad, clean/dirty and beautiful/ugly (Gyllensköld, 1976).

Schoenberg et al. (1970) point out that attitudes and values about the body are an integral part of the body image. Miller (1969) concurs and underlines that no individual starts out with the idea that he is beautiful or ugly, acceptable or unacceptable. Initially it is the parents and later the siblings and peers who begin to implant the idea of how a child's body rates in comparison with others. The treatment of the child by the parents themselves is often indicative of a child's physical appearance.

4.3 PHYSICAL ATTRACTIVENESS

The psychological impact of physical appearance is supported by numerous studies (Berscheid et al., 1973; Berscheid and Walster, 1972; Berscheid and Gangstad, 1982; Kalick, 1978; Goin and Goin, 1981). These authors have noted the significant emphasis that Western society places on physical appearance. For example,

extensive research has revealed that people judge others on the basis of physical attractiveness (Walster, Aronson, Abrahams and Rottman (1966).

There are are strong indications that physically attractive people are perceived as more socially desirable than those considered unattractive. Not only are people judged as desirable by others on the basis of their appearance, but people seem to judge themselves as acceptable or not based on their own appearance (Berscheid et al., 1973). Support for this conclusion is provided by the finding that childhood taunts and teasing about physical appearance are incorporated into a negative body image in a way that has a lasting effect (Berscheid et al., 1973).

4.4 BODY IMAGE AND CULTURE

Fisher (1981) stresses the cultural underpinnings of body image. The development of body image and the attitudes of people towards their own bodies depends largely on the concept of the normative body image. This is the image which is regarded as 'normal' because physically and aesthetically it conforms to social norms and expectations. It is against this that a person measures his perceptions as well as the reactions of others to him. Thus beauty or the 'ideal' norm is valued not only for its physical quality, but also for the reactions it elicits from others. However, the

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idealized body image differs from society to society, from culture to culture, and over time (Goin and Goin, 1981).

Goin and Goin (1981) suggest that the rhinoplasty operation presents a particularly good experimental opportunity for the investigation of sociocultural and ethnocultural influences on body image. They explain that this is because the nose ranks, along with the penis and the breast, as one of the most psychologically important body parts.

> Obviously, the socioculturally normative nose is not the same for Masai warriors as it is for English aristocrats or Parisian fashion models or Egyptian fellahin ... Thus the psychological significance of a rhinoplasty for a Jewish or Armenian girl from a close-knit, religious and ethnically-proud family may be quite different than that of the same operation in the case of another girl of the same age who is the only female in the family not to have the attractive and desired 'family nose' (p. 65).

The cultural pendulum swings slowly from one extreme to the other in the matter of body fat. The modern ideal of slimness has long been fashionable amongst women in the Western world. The constant bombardment of advertisements for slimming tablets, slimming diets, exercise regimes, and clothing to emphasise slimness attest to the slim-is-beautiful ideal. However, not more than a few decades ago, photographs of the bathing belles of the time linked plump female bodies with

feminine desirability. Going back in time, great artists show even heavier bodies to be the ideal. This was exemplified by the fleshy beauties painted by Rubens (1577-1640).

According to Guze (1969), the current Western ideal of slimness may be in conflict with a woman's natural femaleness. He believes that the calendar type of ideal girl embodied in the mass media has become a kind of caricature. Nevertheless, the pressure of the ideal is so great that if a young girl believes that she cannot fulfil the culturally laid down standards of appearance, she may feel unacceptable. One may see the prevalence of Anorexia Nervosa - an eating disorder as well as a body image disturbance - in this light. However, Goin and Goin (1981) point out that many contemporary fat people are able to feel comfortable with their size if their fatness has been sanctioned by familiar or socio-cultural 'and other as yet unknown influences' (p. 212).

4.4.1 Cultural Differences in Body Image

Examples of cultural differences in preferred body image may be seen in several African tribes where the full firm breast of the Western ideal gives way to fattened and elongated breasts. Stanway and Stanway (1982) report that in these tribes it is customary to bind the breasts so tightly that they are flattened against the body.

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Other examples of cultural variations include the abnormal lengthening of the neck in some North African tribes. This is done by successive applications of more and more metal rings to the neck over a long period of time. The ancient Chinese custom of constricting the feet, which were considered ugly appendages, into slippers that were far too small and the Victorian corset and waist-nipper point to body image ideals which actually distorted the natural form of the body (Stanway and Stanway, 1982).

4.4.2 Cultural Impositions of Body Image

Apart from body image preferences within a particular culture which may even seek to change the natural body appearance by artificial means, cognizance must be taken of the invasive effect that one culture has on the preferences of another. Certain racial characteristics throughout the world exist naturally in population groups for example. The insidious effect of the media, and contact in certain cases, would tend to impose the body preferences of one culture on another.

For instance, after World War II, the American occupation forces made strong inroads into Japanese culture. Japanese women's body image ideal was, in consequence, influenced. It became relatively

common for Japanese women to exaggerate the contours of their breasts instead of supporting the flat, almost imperceptable breasts of traditional Japan. In addition, it became the practice for some Japanese women to have their eyes surgically altered to make them approximate the shape of Western eyes.

Similarly, in the past, many American blacks straightened their hair to be more in line with the hair styles of the dominant white culture. However, with the advent of the black consciousness movement, this practice has fallen into disfavour.

4.4.3 South African Cultures

It is difficult to determine just how far the melding of body image preferences has affected the two cultures under consideration in the present study. Manganyi (1973) maintains that it is necessary to deal with reactions to the body in order to understand the true nature of black and white experience of life in general in South Africa. Apart from difficulties and privileges associated with skin colour, little has been written in respect of the psycho-sociological impact of the body in different cultures, especially when these cultures are in intimate contact with each other. However, Manganyi (1973) believes that one of the legacies of colonialism in Africa has been the

development of dichotomy, namely, the 'good' and the 'bad' body. The white person's body has been projected as the norm of beauty and accomplishment, at least in respect of outward appearance. On the other hand, the black body has been projected as inferior and unwholesome. Thus, it would seem that the trend in change of preferred body image has been for blacks to be influenced by whites rather than the converse.

Leibowitz (1984) has empirically investigated racial and sexual variations in body satisfaction in a sample of black and white university students in South Africa.

According to Leibowitz (1984), body satisfaction in black women decreased with increasing deviation from Western body norms. The body parts that attracted the least satisfaction were the buttocks and hips. This would, however, be in keeping with the fact that the buttocks and hips, as opposed to the breasts, appear to be sexually loaded body parts for black women (Motlane, 1982).

In contrast to Manganyi's view, Leibowitz (1984) found that black subjects consistently evidenced higher body image scores than their white counterparts. Leibowitz (1984) suggests that this may have been due to the changing status of the blacks

in South Africa. This may well have been a factor in his study. His sample was drawn from a student population where the black consciousness movement and its associated slogan 'Black is Beautiful' would have made its strongest impact.

In South Africa, however, the picture of cultural groupings is a complex one. The blacks do not present a homogeneous group. A wide gap exists between the African peasant still closely rooted in a traditional culture and the urban black. Within the latter group there are disparities between growing sophistication on the one hand and those that bear the brunt of discrimination and proverty on the other.

4.5 SUMMARY

Body image is extremely important in psychological development and is a product of social living. In each Culture there is a preferred or 'normative' body image which depends on a combination of complex factors. To a large extent the cultural pressures are mediated through the parents in the early years. Later, direct cultural influences through peers and the wider society in general become more powerful.

Benedict (1938) and Mead (1949) have stamped the social sciences with the principle that human behaviour in any

culture can be understood and evaluated only in terms of the particular assumptions and values of that culture. In spite of this, little authoritative literature has been published regarding the variations in normative body image from culture to culture. Nor has the effect of body image of one culture on another, where such cultures are contiguous, been adequately explored.

The present study hopes to shed some light on this issue.

CHAPTER 5

BODY IMAGE AND FEMININE SELF-CONCEPT

Hammer (1975), in exploring the ways in which body and culture affect the sexual life of women, states that the female self-concept is loaded with overtones of what it means to be a female in a particular culture. This statement underlines the view, so pertinent to the present study, that body and culture are inextricably related in our perception of the meaning of femininity.

> The body is more intimately ours than any other object which might be included as part of the me (Berscheid *et al.*, 1973, p. 4).

This statement addresses the core of the relationship between the body image and the self-concept because it reflects the difficulty of separating the body from the concept of self. Multiple meanings are attached to all body parts and these meanings are subject to individual as well as cultural determinants. Fisher (1973), for example, amplifies the emotional and psychological significance attached to various body parts when he says:

> The face ... is not simply the front of the head, it is also the site of emotional expression, a prime visible representative of yourself or identity, a major criterion of personal attractiveness ... (p. 8).

While there is a rich tradition in social psychology about how we perceive ourselves and others, physical appearance has until relatively recently seldom been included as an important variable in this connection (Berscheid et al., 1973).

For instance, although James (1910) was very interested in the development of self-esteem, he did not appear to discuss how the body integrated into the self or how one's cathexis of the body might affect one's emotional status. Allport (1955) somewhat later acknowledged the importance of bodily sense but did not take account of the body as an object of self-evaluation.

Considerable evidence, however, has indicated that a positive body image, i.e. satisfaction with one's body, is correlated with high self-esteem, while a negative body image is accompanied by low self-esteem. Bard and Sutherland (1955); Maddison (1960); Polivy (1977); and Secord and Jourard (1955) go so far as to state that for some women self-worth and acceptability as women have been predicated on body attractiveness throughout their lives.

Central to the development of a positive body image and resultant self-esteem is the ability to attract members of the opposite sex. In every culture there exists a set of body symbols designed to reinforce this attraction. In Western culture, for instance, well-built, lean and muscular men are generally considered more attractive to women than small, soft and obese individuals. In the sixties the preferred female body-shape was the thin-hipped, small-breasted figure of Twiggy. Today this ideal seems to be returning to the slim but full-breasted woman. Evidence of this is to be found in the archetypal heroes and heroines whose images pervade the mass media.

5.1 THE ELABORATION OF BODY IMAGE INTO SELF-CONCEPT

The image that the individual has of him/herself as a physical person involves an evaluation of the self as beautiful or ugly, strong or weak, etc. While the development of the body image begins during infancy, the interest in the body becomes particularly marked during adolescence. For the girl the development of the breasts and the onset of menstruation elaborates the concept that she has of herself as a total female person.

Implicit in self-concept is essentially the concept of oneself as a male or female person, whatever the self-description. However, this is more than an awareness

of the identity of one's body. Self-concept involves an awareness of one's psychological identity as a person. These self-concepts are heavily dependent on the attitudes of other members of the same sex, and feelings of attractiveness to members of the opposite sex.

Guze (1961), for example, states that feminine self-concept depends particularly on male preference throughout a woman's life. Secord and Jourard (1956) also maintain that the status and security of a woman are largely affected by her perceived and demonstrated attractiveness to the male. This holds true even if she possesses many independent attributes such as special skills, talents or high intelligence. Thus, if she does not feel beautiful or attractive to the male, she suffers a loss of self-esteem.

Having a positive body image may have implications for other aspects of one's self-concept. For instance, Berscheid et al. (1973) have reported that subjects with an above average body image think of themselves as more likeable, more assertive, more conscientious and even more intelligent than those with a low or negative body image.

The positive results that flow from a positive body image spill over into many different areas. For instance, a woman who has poor self-esteem based on feelings of

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