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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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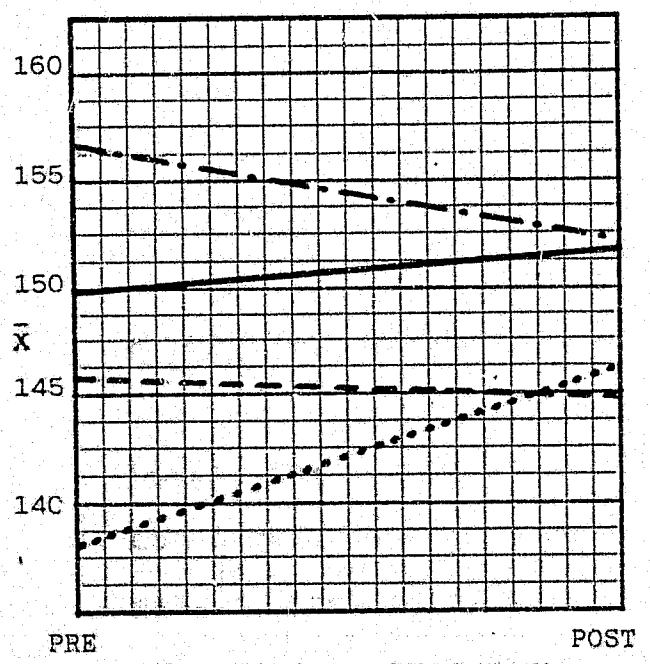


FIG. 1 TOTAL FEMININITY

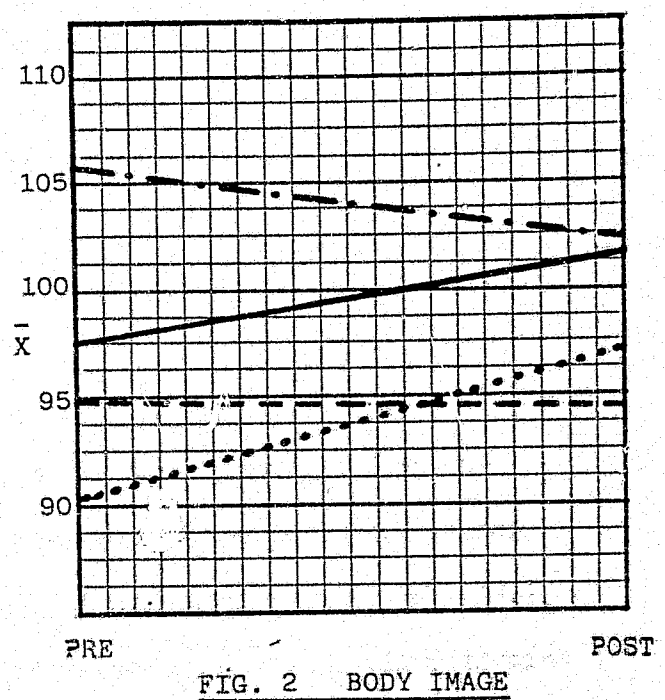


FIG. 2 BODY IMAGE

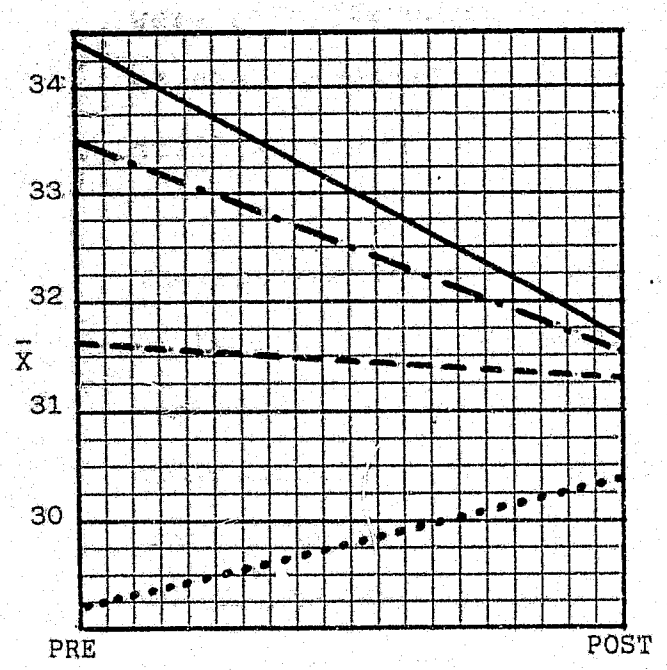


FIG. 3 SELF CONCEPT

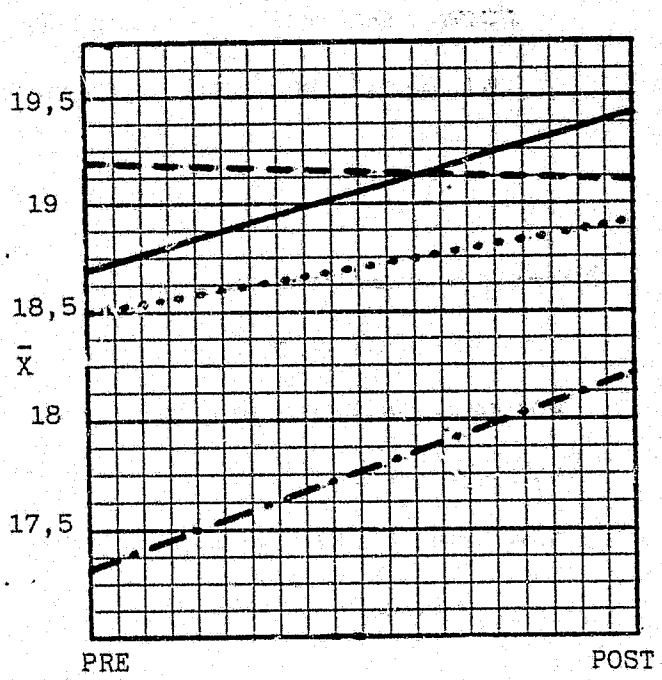


FIG. 4 S.I.R.

KEY

BLACK MASTECTOMY
BLACK HYSTERECTOMY
WHITE MASTECTOMY
WHITE HYSTERECTOMY

FIGS. 1 TO 4 $\bar{X}$ PRE AND POST OPERATION TEST SCORES ON VARIOUS SUB-SCALES

CHAPTER 9

ANECDOTAL RESULTS

During the course of the interviews a number of open-ended questions were put to the women, which encouraged many of them to talk very openly about themselves. The statistical analysis of the results indicated that there were no differences between the groups. However, much of the anecdotal evidence suggested that the issue is still worthy of consideration.

The information which emerged from the interviews appeared to be rooted in two major issues. The first focused on the effect of mastectomy and hysterectomy on the woman's relationship with her partner. The second issue revolved around the major class differences between the black and white subjects, which are coloured by the political structure of South African society.

9.1 RELATIONSHIP WITH PARTNERS

The interviews suggested that the black women found the prospect of a hysterectomy more anxiety-provoking than their white counterparts. In fact, some of the opinions stated and the questions asked implied that the procedure

posed some threat to the women as well as to their men.

There is some support in the literature for the contention that the uterus, as well as the breast, has a place in the psyche of the male and how he sees the woman (Barker, 1968; Chynoweth, 1973; Patterson and Craig, 1963; Wellisch et al., 1978). Wolf (1970) reports that feelings of defeminization appear to be more frequent among women of lower socio-economic classes. He suggests that this is because there is a tendency among less educated women to think more concretely than more educated individuals. This applies to the male partners of women undergoing hysterectomy as well, who evidence a good deal of anxiety over the operation. The thought that seems most pervasive amongst these men is:

> If my wife has a hysterectomy, she doesn't have a womb. If a woman doesn't have a womb, then she really isn't a woman. Then, if she really isn't a woman, what am I if I have intercourse with her? (p. 167).

9.2 CLASS DIFFERENCES BETWEEN BLACK AND WHITE WOMEN

White and black women are very differently placed in South African society. The cultural gap between them is woven into a system of wide political, social and economic disparity.

> While both black and white women are subject to discrimination on the basis of sex, the system of racial domination provides white women with mechanisms of escape from this structure of constraints (Cock, 1980, p. 240).

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Black women, on the other hand, are often locked into a system of precarious living conditions and poor wages. These factors and others (e.g. influx control) discourage marital and family cohesion, which are important components of a woman's sense of identity (Melody, 1961).

9.3 OCCUPATIONAL DIFFERENCES AND ROLE IDEALOGIES

All the white subjects had either full-time or part-time domestic help. The black subjects were, for the most part, representative of that domestic service. (Seven out of the ten hysterectomized women were in domestic employ, as were seven of the mastectomized women.)

Cock (1980) suggests that femininity is identified with domesticity and passivity. She cites Oakley (1976), who maintains that these 'feminine' attributes are supported by an 'idealogy of gender'. According to Oakley (1976), two 'myths' serve as a rationale for the ideology of gender. The first 'myth' relates to the division of labour by sex whereby woman's domestic role is seen as a law of nature. Similarly, the 'myth' of motherhood upholds the view that the raison d'être of women is to bear children.

Cock (1980) maintains that this idelogical stereotype underlies both the cultural groups of this study:

> In both traditional African, and European culture, the maternal function is the basic or pivotal attribute of women's role. A lecturer at a youth camp run by the Transvaal Education Department told his charges 'A woman's job is to produce babies and keep the homefire burning for those on the border (p. 258).

Similarly, but for different reasons, childlessness is regarded as a grave misfortune in traditional African society (Ngubane, 1977). Moreover, it would seem that the African man counts his blessings in the children that he has fathered. In support of this, Cock (1980) cites a Human Sciences Research Council study which found that 38 per cent. of African men prefer large families (six to eight children), while one-third will not allow their wives to use any form of modern contraception.

It is enlightening to look at the profiles that emerged in each group in the light of the above discussion.

9.4 BLACK HYSTERECTOMY

All the black women revealed high levels of anxiety about their operations and, in particular, expressed some unhappiness with the nature of the surgery. In spite of this, about half the women considered that the operation had one positive aspect - they could no longer have babies. 'Men are quick to give us babies and then leave us to look after them.' This statement was expressed by many women, indicating a concern with lack of support and desertion.

The idea that the uterus is important in maintaining sexual functioning was verbalized by all the women. They expressed concern about their own sexual responsiveness as well as that of their partners. Six women talked about having resisted the operation for many years. They had finally agreed to it because their physical symptoms had become too debilitating. Eight subjects talked at length about anxieties relating to the possibility of desertion by their partners. One woman said, 'Black men only think about themselves. They will leave you when you are no longer any use to them. We women suffer.' She appeared to be suggesting that the man considered the woman useless after a hysterectomy. Two subjects had not in fact seen their partners since they had had the operation, at the time of the post-operative interview. Those women whose anxieties had been misplaced told the interviewer at the time of the second interview that they had been wrong or 'that they had worried for nothing'. Only three women felt certain that they would be with their partners ten years hence and even when they stated that their husbands were reliable and supportive, they seemed to express a slight reservation. One woman put it this way when she said, 'My husband is a good man but we will see after this operation.' Four women did not reveal the true nature of the operation to their partners.

9.5 WHITE HYSTERECTOMY

A few of the white women commented on the fact that they

had heard that some women felt depressed after a hysterectomy. None of the women, however, anticipated this reaction themselves. On the contrary, they appeared to look forward to better health and an improvement in the quality of their lives. Four women actually expressed the hope that their sex lives would improve with increased health and energy. Only one subject voiced some concern about her sexuality in the pre-operative interview. In the post-operative interview she reported that her fears about her sexual responsiveness had been unfounded. She had been on an overseas holiday with her husband in between the pre- and post-operative interviews and had never felt better. Three other subjects had also had overseas holidays and reported similar feelings. In answer to question No. 37 of the questionnaire: 'How certain are you that you will be with your partner ten years from now?', all subjects answered in the affirmative. This appears to have reflected a sense of security in these women which may well have influenced their attitude towards hysterectomy. The picture that emerged was, in general, of a group of women who responded positively to the surgical removal of the uterus.

9.6 BLACK MASTECTOMY

The black women talked about the serious nature of their condition, explained to them for the most part by the doctors and the nurses. However, they did not give indications of the same degree of distress as the white

women. For instance, as opposed to many of the white women, none of the black women wept openly. (This may, however, have been influenced by cultural factors.) One woman, when asked how she felt her partner would respond to the loss of her breast, expressed surprise at the question. 'Why should he be worried? I'm not having my womb out!' Three women, in reply to a question about their feelings with regard to the loss of their breast, commented that their children were big and that they had no intention of having any further children. They implied that the loss of the breast was not as serious a loss as it might have been had their child-bearing and nurturing role still have been important to them. One subject, the youngest member of the group, stood out when she complained about feeling less confident without her breast. However, this young woman had still not returned to work at the follow-up interview as she was having radiation treatment. She expressed a great deal of insecurity about this, as well as anxiety about her small children. Her husband had been extremely supportive throughout her illness but her ill-health jeopardized both the family's living standard and the care of the children.

One final observation that the author regarded with interest related to the readiness of three of the black women to bare their mutilated breasts. The three women, when seen one week post-operatively, reported that they were feeling well and that the doctors were satisfied

with the way in which their wounds were healing. Unsolicited, these women lifted their nightdresses as if to prove the accuracy of their statements. This action appeared to indicate a certain acceptance about the loss of the breast, which was not evident in any of the white women visited at a similar post-operative stage.

9.7 WHITE MASTECTOMY

The primary concern verbalized by all the white women revolved around the issue of survival. All the women had discovered lumps in their breasts and had sought immediate medical advice. The prompt action of these women in seeking treatment is in line with studies which indicate that denial and delay in seeking treatment is diminishing (Hinton, 1973; Polivy, 1977). This trend over the past decade toward faster consultation with a doctor appears to have been influenced by the publicity given to breast cancer and the importance of early detection and treatment (Polivy, 1977).

Five of the subjects had young children and spoke about this as their major concern and pre-occupation. Five of the women expressed some concern about the mutilating effects of mastectomy and some worry about how their husbands would cope with this. However, they felt that this consideration paled into insignificance in the light of their anxieties about their survival. This impression is contrary to previous research findings (Fitzpatrick,

1970; Katz et al., 1970; Polivy, 1975; Renneker and Cutler, 1952).

There was, however, one woman who quite clearly was preoccupied with the defeminizing aspects of the operation. She was a beautician and was standing at the mirror and creaming her face when the interviewer arrived at her ward. She wept openly as she said that she had always regarded her breasts as her best physical asset. She lifted the neck line of her nightdress, peered down at her right breast and said, 'I can't believe that they are just going to take it away.' At the post-operative interview, she still expressed no anxiety about her health but talked instead about the breast reconstruction she was planning to have. One subject was lost to the study because at the follow-up interview it was discovered that she had, in fact, already had a breast reconstruction.

In conclusion, it may be said that the views expressed by the black and white women were often strikingly dissimilar. This, however, was not reflected in the statistical results.

CHAPTER 10

DISCUSSION

No significant differences were found between black and white women undergoing either a mastectomy or a hysterectomy as assessed on the Berscheid, Walster and Bohrnstedt Body Image Scale. The results indicated that there is no difference between the role of the breast and the uterus in the feminine self-concept of black and white women. This implies that the loss of the breast does not constitute a greater blow to femininity than the loss of the uterus in either black or white women.

The findings of the present study support the sparse number of studies which claim that there is no change in a woman's feminine self-concept following (a) mastectomy (Craig, Comstock and Geiser, 1974; Worden and Weisman, 1977); or (b) hysterectomy (Dodds et al., 1961; Hyde, 1979; Patterson and Craig, 1963) regardless of cultural group.

No support was found for the more numerous studies in the mastectomy literature (Fitzpatrick, 1970; Katz et al., 1970; Polivy, 1977; Renneker and Cutler, 1952) or the hysterectomy literature (Drellich and Bieber,

1958; Barglow et al., 1965; Hollender, 1960; Steiner, 1970; Wolf, 1970), which indicate that the loss of the breast or the loss of the uterus undermines a woman's feelings of femininity. A review of the mastectomy and hysterectomy literature revealed no studies which took cultural variables into consideration, nor any which included mastectomy and hysterectomy in one design.

The statistical findings of the present study were not supported by the impression gained from much of the feelings and thoughts expressed by many of the women during interviews. A number of factors may have influenced the findings of the present study.

10.1 SAMPLE SIZE

In view of the extreme difficulty in obtaining suitable samples for this research and the length of time involved in doing so, the sample size for each group was necessarily small. Statistics calculated from somewhat larger samples than those used in the present study are generally more accurate, other things being equal. It is therefore possible that the small size of the samples tested may have contributed to large sampling error.

10.2 THE MEASURING INSTRUMENT

In spite of the strong theoretical underpinning and satisfactory reliability, the Berscheid, Walster and Bohrnstedt Body Image Scale can be criticized in the

context of the present study.

The original studies done by Berscheid et al. (1973), Bohrnstedt (1977) and Polivy (1977) involved samples drawn from an educated American population. As the investigator was aware of some of the difficulties that could arise in the present study, considerable effort was made to obtain accurate translations of the questionnaire into Sotho and Zulu.

The technique of back translation was used in the case of both languages on a small sample of African Sotho- and Zulu-speaking women and satisfactory results were obtained after a few modifications were made. However, it cannot be taken for granted that merely translating a text accurately makes it a satisfactory tool.

Durgan and Sinha (1983) discuss a number of factors that contribute to difficulties in cross-cultural research. These authors maintain that communication between experimenter and subject can be difficult because of regional diversities and differences in cultural traditions. For instance, even relatively literate people from different regions interpret the meaning of expressions in different ways, especially in the case of personality and attitude scales.

Even regions using the same language may have a localized idiosyncratic dialect, and the investigators may have

difficulty in the use of particular verbal expressions, vocabulary and language styles of the respondent. According to Durgan and Sinha (1983), regional difficulties of this nature have been observed in similar tests done even in Western countries.

While every attempt was made to guard against such difficulties, the fact remains that the investigator was part of the cultural world of the white subjects and not the black subjects.

Certain observations during the course of the investigation gave further cause for concern. The white subjects completed the questionnaire in approximately fifteen minutes, while the black women averaged about three times longer. The difference in the time of administration suggested that answering the questionnaire was a simpler task for the white women. The investigator's observation suggested that the black subjects had some difficulty with the multiple choice nature of the questions and with the differentiation of subtle graduations of choice with which they were faced for each item.

In this context one may query the familiarity with and understanding of the questionnaire as a means of assessment for the average working class black. It would seem that whites are subjected to questionnaires in one form or another regularly. Filling in a questionnaire may well be regarded as a matter-of-fact undertaking. This

is unlikely to be the case with working class blacks. In addition, it is likely to be associated with the concept of authority and concomitant fears and suspicion that are often aroused in blacks in this regard.

Durgan and Sinha (1983), in their experience of testing in India, defined the problem as 'the special nature of the respondent, the investigator and the interaction between the two'. Usually the investigator in Durgan and Sinha's (1983) study was seen as an urban middle class and educated person, and the general impression gained was that he was a government official. This gave rise to fear and suspicion on the part of the respondent. The net result was evasiveness and inhibition in the completion of the questionnaire.

Durgan and Sinha (1983) suggest a number of ways in which such pitfalls can be guarded against. One suggestion recommends the use of female investigators for female respondents and male investigators for male respondents. In the present study the black female research assistant was considered essential, but even then a few of the black subjects questioned her bona fides. For example, two women told the research assistant that their reference books were not in order and questioned the necessity of furnishing their names and addresses. Even in the face of a clear explanation about the research and its purpose, and an assurance of confidentiality, one subject suggested that the white lady may be paying the research assistant

well to hide the true nature of the exercise. The fact that these anxieties may have been serious ones was supported by the fact that four hysterectomy subjects had given false addresses which could not be traced for retesting.

10.3 THE NATURE OF THE QUESTIONNAIRE

Many of the questions were concerned with intimate body parts as well as with sexual relationships. In traditional black culture there are taboos against speaking out about intimate subjects. For example, within Zulu culture, when a girl begins to menstruate she hides while her peers inform her mother. She is forbidden to approach her mother about a matter of such an intimate and personal nature (Ngubane, 1977).

One woman, in fact, said to the research assistant, 'Our grandmothers were too circumspect to talk to us about menstruation; now you ask such funny questions about our buttocks and breasts.' In Western culture, on the other hand, the sexual revolution and a relaxation of censorship in the media support a more open discussion or acknowledgement of intimate matters.

The interviewer believed that the above considerations were important ones and an effort was made to put black subjects, in particular, at their ease in this respect. However, cultural factors may have been operative in restricting the ability of black subjects to answer

certain items accurately.

10.4 CROSS-CULTURAL CRITERIA

Kline (1983) maintains that three criteria have to be met in order to compare different cultures in a meaningful way. The first is functional equivalence, in which different cultures are related to the same problem in the same way. The second is conceptual equivalence, which involves the demonstration that the tests and concepts have identical meanings in the cultures being examined. An example of difficulties encountered in this connection, especially in the case of questionnaires, is translation of the instrument as mentioned above. In addition to the use of back translations, Kline (1983) suggests further that simple sentences should be employed, and pronouns, idiomatic speech and colloquialisms should be avoided.

The final criterion, metric equivalence, is important in the comparison of mean scores between cultures. The difficulty in this respect is caused by the weighting or endorsement rates of different items in a questionnaire. For instance, the numerical value of scores applied to the assessment of the feet and the face in the Berscheid, Walster and Bohrnstedt Body Image Scale were identical. This may be acceptable in the case of a single culture but in a different culture the face might assume far more importance in body image than the feet (or vice versa). Thus, the score-loading of various items in

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culture comparison studies should be investigated further and taken into account.

Despite the major methodological problems involved in the present study, the examination of cross-cultural issues are considered of vital importance. This is particularly urgent in a country like South Africa, where a large number of cultures live in close proximity. The field is to a large extent untapped and it is felt that research in this area could contribute to a better understanding and integration of South African society as a whole.

While the results of the present study were not significant, the existing literature and the anecdotal evidence reported is nonetheless suggestive of the psychological implications of mastectomy and hysterectomy for black and white women. It may be of benefit to patients if the medical profession paid regard to the possible psychological effects as well as cultural influences in the treatment of breast and uterine diseases. Careful and complete preparation of the patient for the psychological as well as the physical effects of the operation may help to curtail possible psychological sequelae to mastectomy and hysterectomy.

Operations which are not essential should be carefully considered. Browde and Nissenbaum (1983) report that there is evidence to indicate that breast-preserving

surgery and radiation therapy have given results equal to those of mastectomy. In support of their choice of tumour excision and radiotherapy as an alternative to mastectomy, Browde and Nissenbaum (1983) refer to the negative psychological effects of mastectomy.

Similarly, there is a strong suggestion in the literature that many hysterectomies could be avoided. Sloan (1978) points out that more hysterectomies are performed in the United States of America than any other surgical procedure.

He regards with suspicion the fact that half the number are performed in England: "Perhaps if one looks closely, many were performed for indications that are less than would universally be acceptable or creditable" (p. 604).

10.5 CULTURAL IMPOSITION OF ONE GROUP ON ANOTHER

In Chapter 4 it was pointed out that significant changes in body images can occur due to the impact of one culture on another. Manganyi (1973) maintains that in South Africa the white person's body has been projected as the norm of beauty and that this has influenced black body image preferences. Liebowitz (1984) found that black women evidenced decreasing body satisfaction with increasing deviation from Western body norms.

Both the black and the white subjects were drawn from an urban population who live in close, if disparate, proximity.

The impact of Western culture among the various African groups is ubiquitous. It is therefore possible that the invasive effect of white body image norms on black body image norms may have significantly affected the results of the present study. While Ngubane (1981) states that urban blacks have their roots in a traditional culture, one may question whether the choice of a more insulated rural black sample would have resulted in a different finding.

10.6 SUGGESTIONS FOR FURTHER RESEARCH

The contaminating effects of cultural variations appeared to have presented a major difficulty in the present study. Further research on the subject might make it necessary to improve the questionnaire, or to devise a new measuring instrument altogether. For instance, the investigator suspected that the reduction of the semantic scale to a dichotomous questionnaire such as one which asked: "Are you satisfied or not satisfied?", would more easily have been dealt with in the present study. This would eliminate difficulties with the understanding of the gradations of choice in the questionnaire with which black subjects may be unfamiliar.

Previous work done on the subject of feminine self-concept indicates a strong correlation between feminine self-concept and body image (Berscheid, 1973). There is also a demonstrated correlation between the latter and male preference (Berscheid et al., 1973). It might,

therefore, be possible to devise a simple measuring instrument based on male preference of archetypal female body images.

This could be done by means of drawings of the female body, with emphasis on breast and mid-torso development. For example, an emphasis on well-shaped breasts could be used to signify the Western ideal. Large hips could be emphasized to suggest the woman's child-bearing potential. Various pictorial representations of the female body could be rated according to the preferences indicated.

This would be an entirely new approach which would obviate many of the difficulties which were felt to undermine the present study.

These may be listed as follows:-

1. The difficulty experienced by some subjects in coping with a questionnaire in general.

2. Language difficulties and communication.

3. Difficulties in interviewer/subject relations.

4. Difficulties in data collection.

5. Difficulties in obtaining suitably large samples.

6. Possible side effects due to the traumatic nature of all surgery.

The new approach suggested above, by relying as it would more on visual images than language, could act as an impetus to further research. In addition, this may make it possible to investigate the role of the breast and uterus in a woman's feminine self-concept without using mastectomy and hysterectomy as a vehicle for the research.

Further work in the field might provide some contribution to the question of intra-cultural body image influences by separating groups of black urban and rural subjects in the same type of study. In this respect it would be important to investigate the origin of urban subjects. If possible, subjects should be chosen who have been living in urban areas for two or three generations.

In conclusion, the large body of literature dealing with the significance of the breast and the uterus attest to their importance in female psychology. This field, therefore, provides rich opportunities for further research, particularly in the case of black women in a society where two widely disparate cultures meet.

APPENDIX 1

OPEN-ENDED QUESTIONS ADMINISTERED EITHER

PRE- OR POST-OPERATIVELY

1. What was your first reaction to learning that you needed the operation?

2. How do you feel about your operation now?

3. How do you feel about the prospect of losing your breast/uterus?

4. How do you feel about having lost your breast/uterus?

5. How do you feel about not being able to have more children?

6. How does your partner feel about your operation?

7. Did you feel that the doctors and nurses were supportive and understanding?

APPENDIX 2

THE BERSCHEID, WALSTER AND BOHRNSTEDT

BODY IMAGE QUESTIONNAIRE

NAME: .....

ADDRESS: .....

.....

DATE OF BIRTH: ..... AGE: .....

DATE OF OPERATION: .....

I am a psychology student at the University of the Witwatersrand. The following questionnaire is part of a research study aimed at improving the quality of doctor/patient relationships, nursing care and post-operative treatment with a view to enhancing the patient's emotional well being. Your co-operation in filling in the questionnaire will be greatly appreciated and will be strictly confidential.

Please answer the following questions by circling the letter next to your chosen response.

1. How satisfied are you with the way your body looks?

   A. Extremely satisfied
   B. Quite satisfied
   C. Only just satisfied
   D. Only just dissatisfied
   E. Quite dissatisfied
   F. Extremely dissatisfied

2. How satisfied are you with your HEIGHT?

   A. Extremely satisfied
   B. Quite satisfied
   C. Only just satisfied
   D. Only just dissatisfied
   E. Quite dissatisfied
   F. Extremely dissatisfied

3. How satisfied are you with your WEIGHT?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

4. How satisfied are you with your HAIR?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

5. How satisfied are you with your EYES?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

6. How satisfied are you with your EARS?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

7. How satisfied are you with your NOSE?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

8. How satisfied are you with your MOUTH?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

9. How satisfied are you with your TEETH?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

10. How satisfied are you with your VOICE?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

11. How satisfied are you with your CHIN?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

12. How satisfied are you with your COMPLEXION?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

13. How satisfied are you with your PRETTINESS OF FACE?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

14. How satisfied are you with your BREASTS?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

15. How satisfied are you with your ARMS?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

16. How satisfied are you with your HANDS?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

17. How satisfied are you with your SIZE OF STOMACH?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

18. How satisfied are you with your BUTTOCKS (SEAT)?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

19. How satisfied are you with your HIPS?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

20. How satisfied are you with your LEGS AND ANKLES?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

21. How satisfied are you with your FEET?

A. Extremely satisfied
B. Quite satisfied
C. Only just satisfied
D. Only just dissatisfied
E. Quite dissatisfied
F. Extremely dissatisfied

22. Compare your physical attractiveness now with others of your age. I am

A. Much more attractive
B. Considerably more attractive
C. Slightly more attractive
D. About the same
E. Slightly less attractive
F. Considerably less attractive
G. Much less attractive

23. How did you feel about the way your body looked when you were pregnant?

A. Very attractive and feminine
B. Funny and humorous
C. Clumsy and awkward
D. Very ugly and unfeminine
E. Didn't think about it
F. Have never been pregnant

24. How important do you think physical attractiveness is in day-to-day social interaction for most people?

A. Very important
B. Quite important
C. Slightly important
D. Not important

25. How important do you think physical attractiveness for most people is in acquiring mates?

A. Very important
B. Quite important
C. Slightly important
D. Not important

26. How important do you think physical attractiveness is for most people in acquiring sexual partners?

A. Very important
B. Quite important
C. Slightly important
D. Not important

Author Kuny H
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