

2 Definition of Terms, Extended Introduction and Background

The following chapter focuses on the key factors of the present thesis. In order to guarantee a full understanding of all the variables, working definitions are given, influencing factors are discussed, and an extended background of the currency of the factors is presented.

2.1 Body Weight

In Western society and industrial countries, overweight and obesity is common among the population (Baum & Ruhm, 2009). Not only the United States of America are affected (US Census, 2015), as recent newspaper articles and studies show, but also countries in the European Union (WHO, 2013). The European Public Health Alliance's figures still state lower numbers for the EU 25 countries than for the United States (EPHA, 2013), but nevertheless show that 40% of the population suffers from overweight or obesity. The most recent studies by Statistik Austria (2006/2007) (Statistik Austria, 2015a) are alarming, showing that 43% of the male population is overweight and more than 12% is obese. Women show lower rates, but these are still disturbing. Almost 30% is overweight and 13% of the Austrian female population is obese. These numbers are disconcerting, but are not a recent phenomenon, since overweight and obesity numbers have been increasing continuously during recent years. The latest micro-census 1999 reveals that overweight is not only a disease, which affects adults, but also concerns adolescents. The following graph shows the people affected in Austria divided into gender, age and overweight/obesity groups.

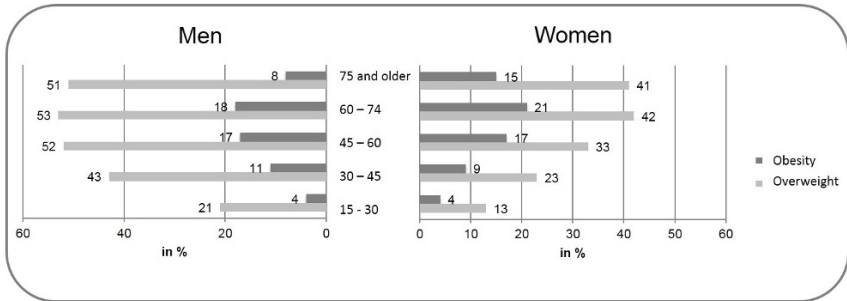


Figure 2 Overweight and obesity among the Austrian population (according to gender and age) (Statistik Austria, 2015a)

Health-related determinants can explain why numbers are continuously rising (Statistik Austria, 2015b). Physical activity is declining, since jobs mostly require sedentary occupation, and many recreational activities are preferably performed while seated. Low rates of exercising can help to explain increasing numbers of overweight and obesity (Statistik Austria, 2015c). Unbalanced nutrition can contribute additional reasons for rising numbers (Statistik Austria, 2015c).

The investigation of body weight in combination with self-esteem and skepticism towards advertising is of high importance due to the continuously rising numbers and is investigated further in this subchapter. First, a definition is given and the measurement of overweight and obesity is presented. Furthermore, reasons and influencing factors will be discussed and finally, the stigmatization of overweight and obesity in Western society is addressed to show further significance for investigating this topic.

2.1.1 Definition and Measurement of Overweight and Obesity

The World Health Organization (WHO) (2013) defines overweight and obesity as “*abnormal or excessive fat accumulation that may impair health*”. The organization created a formula for the calculation of the Body Mass Index (BMI), in order to relate weight and height. These relations are categorized and are used to create classes to diagnose underweight, normal weight, overweight

and obesity. The BMI is given by the person’s body weight in kilograms divided by the height in meters squared. The equation is the following:

$$\text{BMI} = \frac{\text{body weight in kilograms}}{\text{height in meters}^2}$$

Formula 1 Calculation Body Mass Index (BMI) (WHO, 2015a)

In order to interpret the result, the WHO created a list of ranges and a categorization of the person’s body weight and height relation. BMIs below 18.5 reveal underweight, the range from 18.5 to 25 classifies normal weight, and 25 to 30 counts as overweight. Any result above 30 is rated as obese. The following table gives more detail on the categorization.

Category	BMI
underweight	< 18.5
very severely underweight	< 16
severley underweight	16-17
underweight	17 - 18.5
normal weight	18.5 - 25
overweight	> 25
obesity	> 30
obese class I (moderately obese)	30-35
obese class II (severely obese)	35-40
obese class III (very severly obese)	> 40

Table 1: Classification of BMI for adults (WHO, 2013)

The classification can be used for adolescents and adults as well as for both genders. Nevertheless, for interpretation purposes it should be considered that women in general have a higher percentage of fat in their bodies and are generally shorter than men. Furthermore, professional athletes with higher amounts of muscle than the average person, tend to weigh more, since muscles are heavier than fat. Considering these differences, the table can be used for a reliable classification (WHO, 2013). The table cannot be reliably applied

to children. It can be considered as a guideline for development, but during the process of growth of children a separate table for girls and boys, considering developmental deviations, should be taken into consideration (WHO, 2015b, 2015c). The method of the BMI is one of the most popular. Nevertheless, using this method for research also brings disadvantages. The misreporting of weight is a crucial problem in this context (Gil & Mora, 2011). Alternatively, the hip-waist ratio method can be used. This method requires measurements of the waist and the hips of a person, and relates the two to each other in order to categorize a body into one of several categories. It is quite similar to the BMI method and the results of the hip-waist ratio also correlate highly with the outcomes of the BMI method (Gil & Mora, 2011). Moreover, the skinfold thickness measurement is also widely known. In order to measure how much fat is stored between the skin and the muscle, the skin is pulled away from the body and is pinched using calipers. This method is very time-consuming and needs calipers and advanced skills in order to deliver reliable results. Therefore, this technique seems inappropriate for larger sample sizes (Burkhauser, Cawley, & Schmeiser, 2009; Burkhauser & Cawley, 2008). Another instrument is the Area Mass Index (AMI). Besides body weight and height, the physique of a person is also considered. Studies have found that slimmer people compared to heavier people have a bigger body surface area per one kilogram and therefore, need more energy. The additional information of the body physique is needed in order to calculate the energy needed for each kilogram. Since it is quite a new method, there is only an approximation formula to determine the weight category more precisely, but no specific table is provided to simply categorize people (Schlich, Schumm, & Schlich, 2010). Indeed, this method not only needs one additional piece of information, but also requires a costly algorithm in order to calculate the more accurate result. Still, the BMI method is reliable and, compared to the other methods mentioned above, serves as a quick and cheap instrument for gaining insight into this body weight topic. Presumably, therefore, it is one of the most popular and frequently used in the research of body weight. In the following, body weight and BMI will be used as synonymous terms, since body weight has to be considered in relation to body height, in order to classify overweight or normal weight, which affects the variables and the relationship discussed in the empirical sections.

2.1.2 *Influencing Factors*

In this chapter, factors influencing body weight are listed. Even though literature covering the last 20 years has been used, no claim of completeness regarding influencing factors can be made. Nevertheless, the aim is to create a model showing the influencing factors of body weight.

Klaczynski and his research group (Klaczynski et al., 2004) have already gathered causes for a certain level of body weight and build the following three different categories:

1. Internal causes
2. Physical causes
3. Social causes

Internal causes are predominantly controlled by personal decisions. According to the authors of the study a person is responsible for their own weight and can decide how much they engage in sports, and decide on the nutrition they consume (what is eaten and how much?). This category is also ruled by the attitude towards and the evaluation of the own body weight (Klaczynski et al., 2004). Physical causes are governed by medical and genetic mechanisms. Body weight is not only influenced by the genes, but also by diseases and the overall state of health. Also, hormones play an important role regarding body weight (Klaczynski et al., 2004). Last, social causes refer to environmental determinants. The social surroundings, such as parents and family, friends or society, influence a person's behavior regarding nutrition and sporting activity and also determine a certain ideal body weight (Klaczynski et al., 2004).

These reasons only shed light on a few aspects possibly influencing body weight. Therefore, further studies and literature are considered to determine a wider range of influencing factors.

After consulting various studies six main factors can be stated:

1. Demographical criteria
2. Social identity
3. Nutrition
4. Physical health

5. Biological factors
6. Media

First, demographical criteria influence body weight. Gender determines the weight to a high extent. Women tend to weigh less than men due to their generally lower height (Klimont, Ihle, Baldaszi, & Kytir, 2008). International and Austrian studies show that women are less affected by overweight in general. This is due to a higher body consciousness and a better knowledge of nutrition. Nevertheless, women are more preoccupied with being affected by overweight than men (Gil & Mora, 2011; Klimont, Ihle, Baldaszi, & Kytir, 2008; Paeratakul, White, Williamson, Ryan, & Bray, 2002; Statistik Austria, 2015a, 2015b). Age is another factor, which exerts a strong influence on body weight. Over the past decades, more and more elderly people have started to suffer from overweight and obesity. Studies also lead to the assumption of a positive correlation of age and body weight (Baum & Ruhm, 2009; Klimont et al., 2008; Salihu, Bonnema, & Alio, 2009; Statistik Austria, 2015a, 2015b). Education plays an important role regarding body weight. Highly educated people are less at risk of suffering from overweight and obesity due to a better knowledge of nutrition and health (Costa Font, Fabbri, & Gil, 2010; Gil & Mora, 2011; Klimont et al., 2008; Statistik Austria, 2015a, 2015b). Occupation as well as income impinge on body weight. A higher income allows higher expenditures on healthy food. This also correlates with the level of education, since a higher education implies a better knowledge of nutrition. Therefore, people with a higher salary are less likely to suffer from overweight. Moreover, unemployment also influences the body weight. Due to the lower income, generally less money is available (Drewnowski & Specter, 2004; Johansson, Böckerman, Kiiskinen, & Heliövaara, 2009; Klimont et al., 2008; Ramezani & Roeder, 1995). The civil status and the number of children affect the body weight indirectly. Male singles are more often affected by overweight since they do not watch their nutrition as much as female singles. Married people or people living in a partnership suffer more often from overweight. This may be caused by a greater degree of coziness and less pressure felt to look attractive for a potential partner (Baum & Ruhm, 2009; Gil & Mora, 2011; Ramezani & Roeder, 1995; Statistik Austria, 2015a, 2015b). The number of children living in a household affects the body weight indirectly. Children affect the nutrition of the entire family and

therefore influence the body weight of all family members (Baum & Ruhm, 2009; Gil & Mora, 2011; Ramezani & Roeder, 1995; Statistik Austria, 2015a, 2015b). Ethnicity has also an influence on body weight. On the one hand, the genomes affect the body weight, on the other hand, culture impacts nutritional behavior (Baum & Ruhm, 2009; Burkhauser et al., 2009). Also, ethnicity affects the body weight indirectly, since the origin has an impact on the education, income and occupation (Ogden et al., 2006). All of the above-mentioned influencing factors may only indirectly affect the body weight, but do impact attitudes, knowledge and behavior and thus eventually, they contribute to body weight changes (Tajfel, 1982; Tajfel & Turner, 1979).

Second, social identity affects body weight in various ways. In general, the social group a person belongs to determines norms and values. Criteria regarding the body and ideal body shapes are defined. If a person matches the ideals of a group, the person does not see the necessity for change and the group supports this (Tajfel, 1982; Tajfel & Turner, 1979). Depending on the group, norms concerning sports and nutrition are different and members of this group adopt these norms. Therefore, body weight might be affected, depending on the group affiliation (Costa Font et al., 2010; Fowler & Christakis, 2009). For instance, a study shows that the choice of a lunchtime companion affects the amount of food someone ingests. If the accompanying person is overweight, the person, whether they are of normal weight or overweight, will consume more food (Hammond, 2010). Furthermore, the group identification is responsible for the body weight. A sporting group identifies predominantly with healthy nutrition; groups with overweight members tend to identify with unhealthy and fatty food. This identification process often first happens during childhood, consolidates during adolescence and leads to virtually unalterable behavior in adulthood (Craeynest, Crombez, De Houwer, Deforche, & De Bourdeaudhuij, 2006).

Third, as previously mentioned, nutrition is a very important factor affecting body weight. Nutrition knowledge is the essential foundation of nutritional behavior. The knowledge is influenced by many variables. Generally, it can be said: the greater the nutrition knowledge, the healthier the nutritional behavior, the healthier a person is and the lower the person's risk of becoming over-

weight (Barry, Brescoll, Brownell, & Schlesinger, 2009; Bell & Marshall, 2003; Craeynest et al., 2006; Drewnowski & Specter, 2004; Hammond, 2010; Klimont et al., 2008; Ramezani & Roeder, 1995).

Fourth, physical health is very important for body weight. Diseases can cause weight loss as well as gain. Furthermore, the behavior supporting the state of health is as important as the concern for the own health, guaranteeing that measures are adopted not only when diseases occur but also that preventive measures are taken. Furthermore, the knowledge of substances influencing a person's health negatively, such as nicotine, alcohol or other substances causing addiction, clearly also affects body weight (Baum & Ruhm, 2009; Costa Font et al., 2010; Craeynest et al., 2006; Gil & Mora, 2011; Klimont et al., 2008; Statistik Austria, 2015a, 2015b).

Fifth, biological factors play an important role in determining the body weight. Genes inform the outer appearance, height and the basic weight (Barry et al., 2009; Klaczynski et al., 2004).

Sixth and last, the media has a significant influence on body weight. Society determines a body ideal, which people try to conform to, but cannot, since most of the ideals depicted in the media are unattainable due to vast amounts of editing (Dittmar & Howard, 2004; Katzmarzyk & Davis, 2001; Owen & Laurel-Seller, 2000; Thompson & Stice, 2001). Furthermore, the media/TV consumption indirectly influences the body weight. Often, the media consumption substitutes exercising, team sports, or meeting with friends. This development can be observed among children in particular, who might not change their behavior during adolescence or adulthood (Barry et al., 2009; Marshall, Biddle, Gorely, Cameron, & Murdey, 2004). In the following graph, all the influencing factors are depicted.

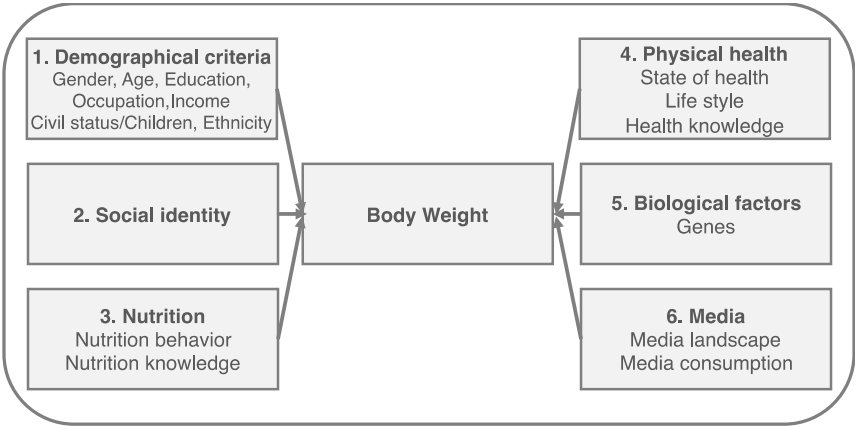


Figure 3: Influencing factors of body weight

All the above-mentioned determinants affect the body weight directly or indirectly, either to a higher or to a lower extent. It is impossible to determine a certain percentage of influence for each factor, since this is dependent on the individual. However, the collected factors are possible influencing variables and have to be taken into consideration when conducting research on overweight and obesity.

2.1.3 *Stigmatization of Overweight and Obesity in Western Society*

Every society creates norms and values for everyday occurrence in order to simplify life and to create a picture of the ideal society. Many norms are very useful, such as legislation or ways of behaving. These rules facilitate daily life and create a basis for society (Tversky & Kahneman, 1974). Other norms do not seem to be socially beneficial, since a mismatch results in the exclusion of various people from society. For instance, this is the case with outer appearance. Handicapped people but also overweight people seem to be excluded from societal life or at least treated differently. A study shows that especially people who look different, for example people from different cultural backgrounds, people in wheelchairs, people with malformations (especially in the face) and overweight people are affected most from being excluded from society, since they do not conform with the society’s ideal (Wing & Jeffery, 1999).

Furthermore, the study reveals that all of the other groups mentioned above are rated as more positive than the group of overweight people. Overweight people were judged as the most impolite group and people attributed lower success rates to the overweight group (Wing & Jeffery, 1999). Other studies using children and adults as judges came to similar conclusions (Bell & Marshall, 2003; Crocker, Cornwell, & Major, 1993; Lerner & Korn, 1972).

The development of this ideal is shaped by the Western and individualistic culture. In this culture, people believe that achievements depend predominantly on the person himself/herself. Success in various areas such as academia, occupation or private life are a result of personal motivation to attain goals (Simmons & Rosenberg, 1971). Similar assumptions can also be found in other cultures, but in the individualistic society other influencing factors such as the surroundings (support from family, friends, etc.) or the economical background of a person are not considered (Klaczynski, 1991). The highly developed individualism and the issue of personal responsibility especially affect the lives of overweight people (Crandall et al., 2001; Crystal, Watanabe, & Chen, 2000). Media and society impart an ideal of slim, attractive and successful personalities, which is unattainable (Katzmarzyk & Davis, 2001; Owen & Laurel-Seller, 2000; Thompson & Stice, 2001). If a person fails to achieve this goal (ideal body), weakness and failure are attributed. Overweight people are depicted as unable to control their own body and consequently are connected to further failures in various areas of their lives such as in their professional lives (Crystal et al., 2000). The attribution and the negative associations are not only hardened in the mindset of society and the social environment, but also in the minds of the affected overweight people. This reinforces the assumptions and attributions of society and others (Bell & Marshall, 2003; Crandall et al., 2001; Thompson & Stice, 2001). People who think that overweight is a sign of personal failure, are frequently engaged in the development of social norms and beauty ideals. Others, who think that overweight could be caused by diseases, the social surrounding, genes or other factors, generally do not create prejudice, but also do not fight prejudice (Klaczynski et al., 2004). This behavior supports others in creating and disseminating their prejudices.

Age and attitude towards the social norms play an important role in the process of stigmatization. Young children adopt the societal ideals and try to conform to them and therefore keep them alive by living them. Elderly people care about other things more than beauty ideals, and therefore tend to be less critical and stigmatizing towards overweight people than younger people often are. A general critical attitude towards the ideal reduces the stigmatization and the criticism (Barry et al., 2009; Klaczynski, Daniel, & Keller, 2009). A study shows that, for instance, white women, who tend to adopt the ideal more often than Afro-American women, stigmatize overweight people more often (Hebl, King, & Perkins, 2009). Also, men do not stigmatize as much as women do, since they are less likely to adopt social norms (Hebl & Turchin, 2005).

Overweight does not only cause physical health problems, but also leads to social, emotional and psychological problems of affected people. Stigmatization controls lives; it can lead to negative situations, which are eventually avoided. Therefore, overweight people back down and try to integrate into groups of overweight (Lewis, Puymhroeck, & Education, 2008). The integration into a new group causes attitudinal changes as well as changes in norms and values. The rest of society still marginalizes the overweight society and this supports overweight people in their belief that they have made the right decision by integrating into their current group (Katzmarzyk & Davis, 2001; Owen & Spencer, 2013). This behavior only leads to a further separation of overweight and normal weight people. Even the fact that, especially in Western society, the proportion of overweight people now exceeds the share of normal weight people, does not reduce criticism and stigmatization. On the contrary, stigmatization happens on a daily basis. Therefore, overweight people try to conform to the norms and ideals, which are unattainable. This also affects the psychological well-being. Also, the fact that overweight people are less likely to get a job, since laziness is attributed to overweight people, affects the psyche of a person (Johansson et al., 2009). The experience of failure on a daily basis can lead to depression and other chronic psychic diseases (Bell & Marshall, 2003; Puhl & Heuer, 2010).

On the surface, weight reduction would seem to be easy – it only requires a person to eat fewer calories than the body needs (Etilé, 2007). However, this is

difficult to do, especially in Western society. Food is high in sugar and carbohydrates and generally, this type of food is cheap. As mentioned above, overweight can also be connected with a lower income, for example when people on a low income predominantly can only afford cheap food, which is high in calories. Moreover, the general tendency to include less sports in daily life also prevents a weight reduction. But the expectations of others regarding repeated failure at something can also prevent overweight people from losing weight (Sapp & Weng, 2007). Therefore, it can be concluded that stigmatization and negative attributions do not help in the struggle against overweight. On the contrary, they create psychological as well as physical discomforts and can also affect the self-esteem, which might affect society in the long run (Puhl & Heuer, 2010).

2.2 Self-Esteem

The media nowadays is ubiquitous and therefore it exerts an almost continuous influence (Statistik Austria, 2014). Over the past decades, many studies have focused on how media and the societal ideals such as the drive for thinness and slim bodies have influenced self-esteem and other body related psychological constructs (e.g. Fernandez & Pritchard, 2012; Grabe, Ward, & Hyde, 2008; Groesz, Levine, & Murnen, 2002; Hargreaves & Tiggemann, 2004; Hargreaves & Tiggemann, 2003; Jarry & Kossert, 2007; Park, 2005; Thompson & Stice, 2001; Yamamiya et al., 2005). Especially girls and young women feel the pressure of the media, the thin ideal and the drive for thinness, which is currently considered as the beauty ideal in Western society (Grabe et al., 2008; Groesz et al., 2002). The pressure affects the feelings one has about oneself, the body and the body image (Grabe et al., 2008; Groesz et al., 2002; Park, 2005; Yamamiya et al., 2005). Furthermore, it can affect the importance of the physical appearance, which eventually affects the self-esteem (Fernandez & Pritchard, 2012; Jarry & Kossert, 2007). Most studies have focused on body image, even though self-esteem can be affected too and has an impact on the life of adolescent girls in the long run. Therefore, research in this area is highly relevant.

2.2.1 *Definition of Self-Esteem*

Self-esteem is a well-researched construct, which is the focus of various disciplines and yields several controversial opinions about definitions and crucial areas to explain the construct (Bednar & Peterson, 1995). In the following, various theories acknowledged by research are presented in order to create a thorough definition of self-esteem within this thesis.

According to William James (1870; as quoted by Bednar & Peterson, 1995) the self is comprised of everything a person considers as part of the self ("part of me"). In case of an attack on parts of the self, a person feels debased. A deterioration only occurs, if parts are approached, which the person considers as parts of the self. This can vary from person to person, since the composition of the self is as individual as the person itself. In James' model three main parts shape the self-esteem (Bednar & Peterson, 1995):

1. Material self (e.g. body, clothes, family, house or car)
2. Social self (e.g. reputation, approval, appreciation or respect, mostly determined by others)
3. Spiritual self (e.g. appreciation of oneself)

The material self can grow, if a person owns many things, such as a car, a nice house, or has a beautiful face, or a slim body. According to James, this part of the self is mostly subjectively driven. In contrast, the social self is based on the opinion of others. People strengthen their social self by receiving appreciation, approval or respect from others, or if they are well regarded. This can occur both in the sphere of private life and in the working environment. The spiritual self can be positively influenced, if someone realizes that own ideas or discoveries last over time and affect another person. According to James, the strategy for gaining a high self-esteem lies in focusing on the parts that a person can individually influence and excludes unswayable parts of the self. A person has to find a balance between complete indifference and absolute importance of factors, which cannot be influenced in order to attain a stable sense of self-esteem.

In 1902 Charles H. Cooley (as quoted by Bhatti, Derezotes, Kim & Specht, 1989 and Bednar & Peterson, 1995) shaped the concept of the “looking-glass self”. According to this concept people define themselves according to the reaction of others. In order to guarantee high self-esteem, people adopt a behavior, which previously received positive reactions. Therefore, opinions and reactions of others continuously form self-esteem. Cooley determines a process of three steps influencing the self-esteem (in either a positive or a negative away):

1. Individual notion of how to present oneself in front of others
2. Individual interpretation how others reacted and how others evaluated the shown behavior
3. Personal reaction to the evaluation of others

The self-esteem adjustment depends to a large extent on the situation and also on the current mood.

In 1934 George Herbert Mead (as quoted by Bhatti et al., 1989 and Bednar & Peterson, 1995) extended the ideas of Cooley. According to Mead, self-esteem is based on the individual notion of how to present oneself in front of others. Therefore, self-esteem is determined by others and can be seen as a social-esteem, since in order to attain a high self-esteem the acknowledged social-esteem has to be achieved.

In contrast to Cooley and Mead, in 1951 Carl R. Rogers assumed that self-esteem is determined by own values and does not depend on the opinions of others. According to Rogers, an individual can attain a high self-esteem by being authentic in his or her social life and can be affected by others (as quoted by Bednar & Peterson, 1995).

Morris Rosenberg and Leonard Pearlin (Rosenberg & Pearlin, 1978) were the first researchers to combine these two contradictory theories. According to the authors, an individual determines the self-esteem himself/herself, but the definition depends on the evaluation of the self by others.

John P. Hewitt (Hewitt, 2002) extended Rosenberg's and Pearlin's theory and suggested that individuals determine their self-esteem depending on how much they accept certain groups and norms. Therefore, the evaluation and comparison process can result in different outcomes and can vary depending on the situation.

Summarizing the theories mentioned above, self-esteem is not only a construct influenced by oneself, but also by the social environment. It can be seen as a product of the community and environment, but is also created by the person him- or herself. In the following both factors, self-determination and heteronomy, are included in the construct self-esteem. The following definition applies to the thesis:

Self-esteem is "the positive or negative attitude towards oneself" (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995), which is based on the self and others. The levels of self-esteem can fluctuate in specific situations (Hewitt, 2002), nevertheless, people strive for high self-esteem levels and try to protect it and even increase the levels of self-esteem (Epstein, 1979).

2.2.2 *Development of Self-Esteem*

As mentioned in the above section, self-esteem is a construct that alters over time and needs to be acquired. In order to present this acquisition process in a clear and structured way, Erikson's psychosocial stages (1982) are used as guidance for the development of self-esteem. Also, on the basis of the psychosocial crises¹, changes in self-esteem levels can be described in detail. Moreover, studies focusing on self-esteem use this concept to categorize age groups (e.g. Fernandez & Pritchard, 2012; Jarry & Kossert, 2007).

According to Erikson (1982), every individual experiences certain stages and crises. The age ranges for the individual stages can vary from person to person

¹Erikson uses the term crisis, since he believed that individuals have to overcome problems at every stage and therefore he deemed crisis to be an adequate term.

and have been, in recent years, subject to changes, since most of the stages actually take longer and therefore increase the ages for all the subsequent stages. The stages are:

1. Stage: Infancy; Crisis: Trust vs. mistrust (0 – 1.5 years)
2. Stage: Early Childhood; Crisis: Autonomy vs. shame (1.5 – 3 years)
3. Stage: Play Age; Crisis: Initiative vs. guilt (3 – 5 years)
4. Stage: School Age; Crisis: Industry vs. inferiority (5 – 12 years)
5. Stage: Adolescence; Crisis: Ego identity vs. role confusion (12 – 18 years)
6. Stage: Young Adult; Crisis: Intimacy vs. isolation (18 – 40 years)
7. Stage: Adulthood; Crisis: Generativity vs. stagnation (40 – 65 years)
8. Stage: Maturity; Crisis: Ego integrity vs. despair (from 65 years)

During the first stage, infancy, the child has not yet developed a sense of self and cannot differentiate. Therefore, the first stage can only impact the self-esteem by building trust or mistrust (Erikson, 1979; Marsh, Craven, & Debus, 1998). In the second stage, early childhood, the child starts to distinguish the self from others and has a certain self-concept. The child expresses this by claiming certain toys and wanting to possess certain things. Still depending on others, the child starts to be autonomous and can evaluate actions made by itself. A secure environment and support for autonomy create a solid foundation for a high self-esteem (Erikson, 1979; von Uslar, 2006).

The third stage, the play age, is dominated by self-evaluation. Not only physical abilities are at the center of the evaluation, but psychological factors also play an important role. Depending on the outcome of the evaluation (either positive or negative), the child can develop a positive or a negative view of itself. Parents can positively influence the development of the child's self-esteem by supporting their offspring to take initiatives (Erikson, 1979). During this stage, children do not have a high limit of tolerance and need to receive reception in order to develop a solid self-esteem. Since children cannot rank their actions, they can only evaluate themselves and decide whether they were successful or failed. Enduring failure can diminish the self-esteem and this should be avoided by parent's reception (von Uslar, 2006). During the fourth stage, school age, children start to compare themselves with other peers and are able to include

more than one person. Their comparisons are based on physical appearance, abilities and behavior. This is the first time that children base their self-esteem not only on their own evaluations, but also on the opinions of others. This can result in a strong decline of self-esteem. Therefore, parents should show children how to focus on positive aspects of the self (Marsh et al., 1998). This can lead to a stabilization of the self-esteem. In this stage, society and the media gain importance in the life of children and build a base for the self-esteem development. Ideals and norms are perceived and often adopted, but not challenged. If a child is able to adjust to this, it can result in a higher self-esteem level, since the child feels successful and adopted in the society it is living in (von Uslar, 2006). The fifth stage, adolescence, focuses on the development of the identity (Erikson, 1979). The confusion about the own identity causes a decline in the own self-esteem and can only be increased by the appreciation of others. Relationships and affiliations with groups are especially important to stop the decline. If an adolescent manages to be part of a group or enters the first relationship, this can increase the self-esteem. In case of failure, it drops again. In this stage, the self-esteem level is very volatile, since the adolescents have to gain a clear picture of who they are and what they want to be. Appreciation by parents is very important, so that teenagers are able to appreciate themselves (Rosenberg, 1965). During the sixth stage, young adulthood, the central crisis is about intimacy, with either friends or partners (Erikson, 1979). In this stage, young adults should be able to go through life events with a more or less stable self-esteem. A change of the self-esteem can be only caused by life-changing events (Rosenberg, 1965). The self-esteem is consolidated. The seventh stage, adulthood, does not affect the self-esteem anymore (Rosenberg, 1965). Adults are settled in their lives and focus on children, a professional career or on engaging socially (Erikson, 1979). The last stage, maturity, brings a decrease of the importance of the self-esteem. The self-esteem itself can remain stable, though it is very likely to decrease, but people still enjoy life by putting their focus on others rather than on themselves (von Uslar, 2006). The following figure summarizes the stages focusing on the development of self-esteem.

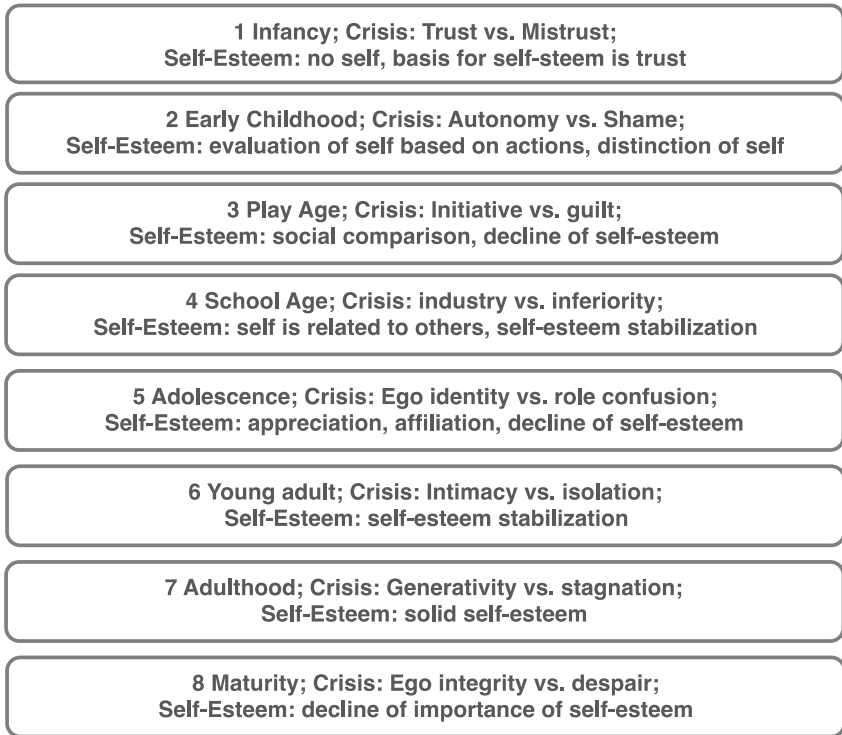


Figure 4: Psychosocial stages with a focus on self-esteem (Erikson, 1982)

2.2.3 *Influencing Factors*

Literature and studies from the last thirty years have been consulted to cover a broad range of influencing factors. A holistic list of influencing factors cannot be guaranteed. This part covers studies from the US, Europe, Asia and Australia. After gathering literature and studies, six key influencing factors can be listed:

1. Biological factors
2. Personal factors
3. Social environment
4. Cultural environment
5. Demographical criteria
6. Media

First, biological factors influence self-esteem. These predispositions are mainly unalterable, but can be developed further. Intelligence, physical appearance and the BMI are of high significance, especially in today's Western society. The physical appearance can determine the popularity and the integration into a social group. This, eventually, affects the self-esteem, since acceptance or rejection by others is a basic factor in the development of self-esteem (Cooper-smith, 1967; Hymel et al., 1999). Also, the BMI and body weight define self-esteem. The genes and a certain body weight determine the body physique. If the physique and the body weight do not match the societal ideal, the person will not be accepted by the social group, which may result in a lower self-esteem (Bergstrom & Neighbors, 2006; Etilé, 2007; Fernandez & Pritchard, 2012; Franklin, Denyer, Steinbeck, Caterson, & Hill, 2006; Geller, Johnston, & Madsen, 1997; Klaczynski et al., 2004; Mendelson, White, & Mendelson, 1996; Mirza, Davis, & Yanovski, 2008; Rubinstein, 2006). Handicaps, of the mental and physical kind, impact the development of self-esteem and can also determine a certain level. Physical handicaps, which are seen instantly by others, can result in exclusion. Thus, the important social group and the acceptance of a social group are missing, which are crucial prerequisites for high self-esteem (Leary & Downs, 1995). To others, invisible handicaps can result in a lower self-esteem too, since the impairment can result in feelings of failure and a lower acceptance of the own body (Harrison, 1983). Biological factors lay the foundation of the development of self-esteem, since they determine social acceptance. Social acceptance is based on norms and values (Epstein, 1979), which are influenced by cultural backgrounds and will be discussed as an influencing factor at a later stage.

Second, personal factors are relevant for self-esteem. The personality of a person is unique and can face acceptance or rejection by others. An extroverted person is more likely to receive acceptance, since the outgoing personality helps to approach people. In contrast, feeling ashamed or worrying that they might be rejected hinders introverted people. A lack of appreciation and little contact to others might cause lower self-esteem levels. According to the personality model (Costa & McCrae, 1992), extraversion correlates with high self-esteem and high emotional stability. These attributes vary from culture to culture and are basically considered as desirable in an individualistic culture. In

collectivist cultures, other personality traits, such as prudency, support a development of a high self-esteem. Nevertheless, independently of cultural values, the personality is a highly important influencing factor of self-esteem (Francis & James, 1996; Rubinstein, 2006). Equally important for self-esteem are personal restrictions. During the age of puberty, teenagers are in a constant process of change. Skin impurities, the breaking of the voice, and physical changes are at the center of the attention, create insecurity, and can diminish the levels of self-esteem. A gain or a loss of weight during puberty also cause rejection by social groups and can affect self-esteem in the long run (Bergstrom & Neighbors, 2006; Etilé, 2007; Fernandez & Pritchard, 2012; Franklin et al., 2006; Geller et al., 1997; Klaczynski et al., 2004; Mendelson et al., 1996; Mirza et al., 2008; Rubinstein, 2006). Furthermore, psychological restrictions, be they permanent or short-lived, can affect self-esteem. Stuttering or depression can cause severe changes in the self-esteem levels, since they do not correspond to the norm and therefore result in social rejection (Yovetich, Leschied, & Flicht, 2000).

Third, the social environment is crucial for the development of self-esteem. The family is the most important factor in early stages and can affect the self-esteem essentially (Buri, Kirchner, & Walsh, 1987). Appreciation and respect are basics in the education about and for the development of self-esteem (Jacobs, 1983). A balance between expectations, explanations and self-initiative is important for the child in order to develop sufficient self-esteem and in order not to underestimate, but also not to overestimate himself/herself (Bednar & Peterson, 1995; Carlson, Uppal, & Prosser, 2000; Hughes, Cavell, & Grossman, 1997). During the next stage, friends and peers from school gain importance. Achievements in school and the acceptance of friends and social groups are very important for attaining high self-esteem (Hewitt, 2002). According to the Social Identity Theory (Tajfel, 1982; Tajfel & Turner, 1979), every individual seeks to belong, in order to be able to identify with and belong to someone/something. According to Coopersmith (1967), the role in this group is not the essential part for developing self-esteem, but essentially it is important to belong to the group and feel acceptance. In a next step, rank, status and authority become important for self-esteem (Bednar & Peterson, 1995). A higher self-esteem, already built up in family structures, simplifies the approach to-

wards and the acceptance of these groups, which supports high self-esteem and may even increase it. Conversely, receiving little appreciation from the family determines lower self-esteem rates and may cause higher barriers to enter a social group. Rejection and negative feedback result in a lower self-esteem. Therefore, family and friends are very important for the development of self-esteem (Hewitt, 2002). Academic achievements at school encourage people to develop high self-esteem. Praise from parents, teachers and probably others are the consequence, being promoters of high self-esteem (Covington, 1989; Heyman & Dweck, 1998; Jacobs, 1983). Furthermore, the partner and relationships influence self-esteem. This form of life matches the norms of Western society and therefore results in acceptance. In addition, the social and economic position influence self-esteem, since a high appreciation from others goes along with it. Also, sports and achievements in sport as well as the consequence of a slim and athletic body can affect self-esteem (Schmalz, Deane, Birch, & Davison, 2007; Slutzky & Simpkins, 2009). Again, this yields appreciation and acceptance from others.

Fourth, culture plays an important role for self-esteem. Culture affects a person, the family and the peer groups (Braun, 1983). Norms and values depend on the culture and build the foundation of what is appreciated and desirable. Therefore, self-esteem can vary in different cultures even if, for instance, a Japanese and a US-American student have the same grade in the same subject. In Japan, modesty is desirable and the individual is not as important as the group, therefore, the good achievement is not as important for the development of self-esteem. Whereas in Western society, the individual achievement is strongly connected to the self-esteem development (Hawkins, 1994; Hewitt, 2002; Klaczynski et al., 2004). Furthermore, the ethnical background is relevant for self-esteem. Studies have shown that Afro-American people have higher self-esteem compared to other ethnicities. The family and strong support from the family in particular create a solid foundation to be content with the own person and attain a higher self-esteem level (Gray-Little & Hafdahl, 2000; Hammond, 2010; Hebl et al., 2009; Hebl & Turchin, 2005; Kimm et al., 1997).

The fifth influencing factor comprises demographical criteria. Age is very important for self-esteem. As shown in the chapter before, self-esteem fluctuates

over the first decades, remains stable in young adulthood and adulthood, and at a certain age the importance of a high self-esteem decreases (Etilé, 2007; Hebl et al., 2009; Mendelson et al., 1996). Gender affects self-esteem, since traces of primary instincts among men to be strong and be self-confident still affect present society (Buss, 2004). Studies support this assumption (Francis & James, 1996; Franklin et al., 2006; Hebl et al., 2009; Hebl & Turchin, 2005; Mendelson et al., 1996; Phillips & de Man, 2010). Another explanation may be that men base their self-esteem on personal evaluation, whereas women focus on evaluations from others (Kling, Kristen, Hyde, Showers, & Buswell, 1999; Ponsoda, Abad, Francis, & Hills, 2008). Education is very important for high self-esteem. Education is highly deemed in many cultures and therefore brings along acceptance and appreciation. However, not only the fact of acceptance, but also the ability to reflect about actions can influence self-esteem. Furthermore, a higher level of education supports the pursuit of a desired career. This can also affect self-esteem levels (Geraty, 1983; Hewitt, 2002).

Finally, the sixth influencing factor is the media. Many studies show an influence of the media on self-esteem. The media transmit a societal ideal, which seems to be desirable but is hard to achieve. Not succeeding at attaining the societal ideal can result in low self-esteem (Fernandez & Pritchard, 2012; Gottlieb & Sarel, 1991; Hargreaves & Tiggemann, 2004; Klaczynski et al., 2004). The following figure summarizes the above-described influencing factors:

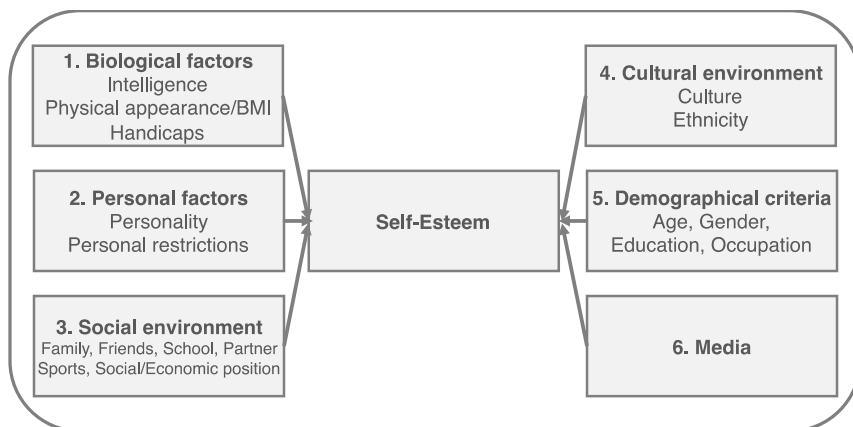


Figure 5: Influencing factors of self-esteem

It can be stated that the influencing factors are dependent upon each other and are in some places hard to separate. Furthermore, some of the factors are also caused by a lower self-esteem, therefore a one-directional influence cannot be assumed.

2.2.4 *Measurement of the Construct Self-Esteem*

The variety of influencing factors of self-esteem complicates the direct measurement of the construct self-esteem. The scientific community has come up with diverse ways to measure self-esteem. In the following, the three most common scales are presented.

First, the self-esteem scale of Rosenberg (1965) is an established scale in research. The scale consists of ten items and is very reliable (Cronbach's Alpha is from .80 to .87). Five items are positively coded and the others are reversed coded. Statements such as "On the whole, I am satisfied with myself" and "I am able to do things as well as most other people" are listed and people completing the scale are asked to agree or disagree on a five point Likert scale. The scale is a combination of self-evaluation and opinions about oneself and relations of a person to others. The fact that many authors have used this scale in their studies makes it an easily comparable scale. Moreover, the validity was

tested by a Canadian research group (Bagley, Bolitho, & Bertrand, 1997). However, the scale has one flaw. The reverse coded items may change the answers of the probands and thus, might change the overall outcome of the scale. A study shows that an overall positive formulation results in a generally higher self-esteem than the original scale (Greenberger, Chen, Dmitrieva, & Farruggia, 2003). Nevertheless, the scale is well established and often used (Blascovich & Tomaka, 1991).

Second, another scale for measuring self-esteem was created by Coopersmith (1967). This scale is also widely used, but only practicable with samples willing to spend more time on the research, since this scale contains 50 items. The number of items guarantees a specific determination of self-esteem and the list is divided into four different categories: friends, parents, school and personal interests. According to these categories, a holistic self-image is created. Originally, the scale was developed for children and thus, is very easy to understand. In 1981, Coopersmith published a second revised scale containing only 25 items, which is used more often than the longer scale. This scale lists statements, which probands can agree or disagree with. However, other authors have criticized the scale, since only one out of two answer categories can be chosen (either yes or no or agree or disagree) (Blascovich & Tomaka, 1991). The answering format could potentially affect the outcome of the test (Bagley et al., 1997).

Third, the Texas Social Behavior Inventory (1974) is also a popular way to measure self-esteem (Helmreich, Stapp & Ervin, 1974). The scale consists of 32 items and measures self-esteem and social competency. Also, in 1974 the scale was split in order to guarantee an easier, quicker and more reliable measurement (Helmreich & Stapp, 1974). The scale is based on statements, which can be accepted or rejected on a scale from 0 to 4. The statements cover evaluations of oneself and the way others might see one. The reliability of the scale is ranked from .89 to .92 and therefore it is often used by the authors of other studies (Blascovich & Tomaka, 1991).

The three scales are widely used by US-American researchers as well as the scientific community as a whole. Nevertheless, even though the scales are reliable and have been validated, interpretations can only be made after reflect-

ing the outcomes. Since human beings answer these questions, mistakes can occur and have to be taken into consideration. The Rosenberg scale seems to be the simplest to reflect, since only ten items have to be checked.

2.3 Skepticism towards Advertising

Skepticism towards advertising is very important, especially nowadays. Since the number of media channels is confusingly high, the influence of the media and especially of advertising on people has increased over the past decades (Statistik Austria, 2014). Since skepticism towards advertising is a crucial prerequisite for processing advertising messages, the development in early years and over time is important (Mangleburg & Bristol, 1998; Obermiller et al., 2005; Obermiller & Spangenberg, 1998, 2000). Advertisements often depict their products as the best choice and conceal the negative aspects of the product (Boush et al., 1994; Obermiller & Spangenberg, 2000). Even though studies have shown that being honest with the customer can promote a positive attitude towards the product and may lower the skepticism levels (Crowley & Hoyer, 1994; Eisend, 2006, 2007), most marketers stick to the flawless presentation of their products, especially in the food advertising branch (Byrd-Bredbenner & Grasso, 2000; Warren et al., 2008). Therefore, competency in dealing with advertisements and the development of high skepticism towards advertising would be desirable, since it could affect the life style as well as the person's nutrition (Bates et al., 2009; Harris et al., 2009; Seiders & Petty, 2004). In the following subchapters, a definition of skepticism towards advertising is given, the development of the construct is described, and different ways of measurement of skepticism towards advertising are discussed.

2.3.1 *Definition and Development of Skepticism towards Advertising*

The construct skepticism towards advertising is embedded in the research area of persuasion knowledge (Boush et al., 1994; Obermiller & Spangenberg, 2000; Wright, Friestad, & Boush, 2005). Knowledge about the persuasive intent of advertising and advertisement is a prerequisite in order to develop a

critical point of view and eventually, skepticism towards the advertisement (Robertson & Rossiter, 1974). According to Boush et al. (1994) skepticism towards advertising is multidimensional including the components disbelief in advertisers and mistrust in advertiser motives. An important prerequisite for skepticism towards advertising is the acquisition of cognitive skills accompanied by an understanding of the tactics that advertisers and marketers use to try to persuade the consumers (Roedder, 1981). Generally, from the time of understanding the tactics behind the persuasion of advertising claims, people develop a critical point of view. Therefore, Obermiller and Spangenberg (1998) define skepticism towards advertising as “the tendency toward disbelief in advertising claims”. According to the authors, only some aspects of the advertisement message are mistrusted. Price information or retail location are widely accepted, whereas quality, durability or performance are questioned and are at the center of product scrutiny (Obermiller & Spangenberg, 1998). Overall, skepticism towards advertising remains stable over time and can be considered as one of the “overarching propositions that compose a consumer’s implicit theory of how the marketplace operates” (Moore-Shay & Lutz, 1988). Outlining the definitions, the working definition of skepticism towards advertising for this paper is “the consumer’s negatively valenced attitude toward the motives of claims and claims made by advertisers” (Boush et al., 1994; Obermiller & Spangenberg, 1998).

As mentioned above, certain prerequisites are needed in order to develop skepticism towards advertising. As in chapter 2.2.2 Development of Self-Esteem, the following section uses Erikson’s psychosocial stages in order to determine stages in the cognitive development (prerequisite for skepticism towards advertising) of a person according to Piaget (1952, 1963). The first and the second stage form a base for intelligence and language (Piaget, 1952, 1963). Children are not able to reflect and think logically. Nevertheless, the process of thinking can be regarded as a foundation of skepticism towards advertising (Roedder, 1981; Valkenburg & Cantor, 2001). In the third stage, the child is still in the preoperational intelligence stage according to Piaget, but is already capable of speaking in full sentences and talking to others (Piaget, 1952, 1963). Children are not yet able to distinguish between the opinion of others and their own and, therefore, are not able to reflect about advertisers’

attempts of trying to persuade them and eventually develop skepticism towards that (Roedder, 1981; Valkenburg & Cantor, 2001). The fourth stage involves two steps of cognitive development. Slowly, the child can distinguish between own viewpoints and those of others, and can manipulate information mentally. This is the first milestone and a prerequisite for the development of skepticism towards advertising. This development leads to the concrete operational stage, which is predominantly situated around the age from 7 – 12 years. Children can now think logically and understand reversibility. They are able to perceive not only the most appealing and dominant stimulus in a situation. Even though children are able to distinguish between an advertisement and a program while watching TV, they are not able to perceive the marketers' or advertisers' intent to persuade them (Moscardelli & Liston-Heyes, 2005; Phillips & Stanton, 2004; Roedder, 1981; Roedder John, 1999; Valkenburg & Cantor, 2001). At this point of time children are able to formulate their own opinion, but cannot consider other viewpoints simultaneously and therefore are not aware of the persuasion attempt, unless they receive help and explanations from others (Brucks, Armstrong, & Goldberg, 1988; Tinson, 2009). Another fact, making the marketers' and advertisers' attempt harder to detect, is that children watch TV and advertisements with a lot of emotion. Since children are mostly driven by emotions and are only able to reflect external stimuli, or messages to be precise, to a certain point, they especially like advertisements, since they aim at the children's emotions and transfer happiness, joy and fun (Buck et al., 1995). In the fifth stage, the adolescent develops formal operational intelligence. Problem solving via metacognition is the key developmental factor during this stage and enables the development of skepticism towards advertising. Furthermore, the formal operational thinking qualifies for a more rational form of thinking rather than being emotionally driven (Buck et al., 1995). This fact is especially interesting for the development of skepticism towards advertising. Unlike the fourth stage, adolescents can rationally reflect the advertising message and build skepticism towards advertising. In the last three stages, young adult, adulthood and maturity, all prerequisites are provided in order to develop skepticism towards advertising. During these stages, other (influencing factors) are important and determine the levels of skepticism towards advertising, which are discussed in the next section. At the stage of young adults (18 – 40 years), some people may still be in the process of establishing and finishing prerequi-

sites for skepticism towards advertising, but most of the young adults have already finished the cognitive development in this regard. During the stage of adulthood (40 – 65 years), the skepticism towards advertising remains stable over time, as well as in the last stage of maturity (from 65 years), some people even become more critical than they used to be (Moore-Shay & Lutz, 1988;Phillips & Stanton, 2004). In the following figure, the eight stages focusing on the developing steps of skepticism towards advertising are summarized.

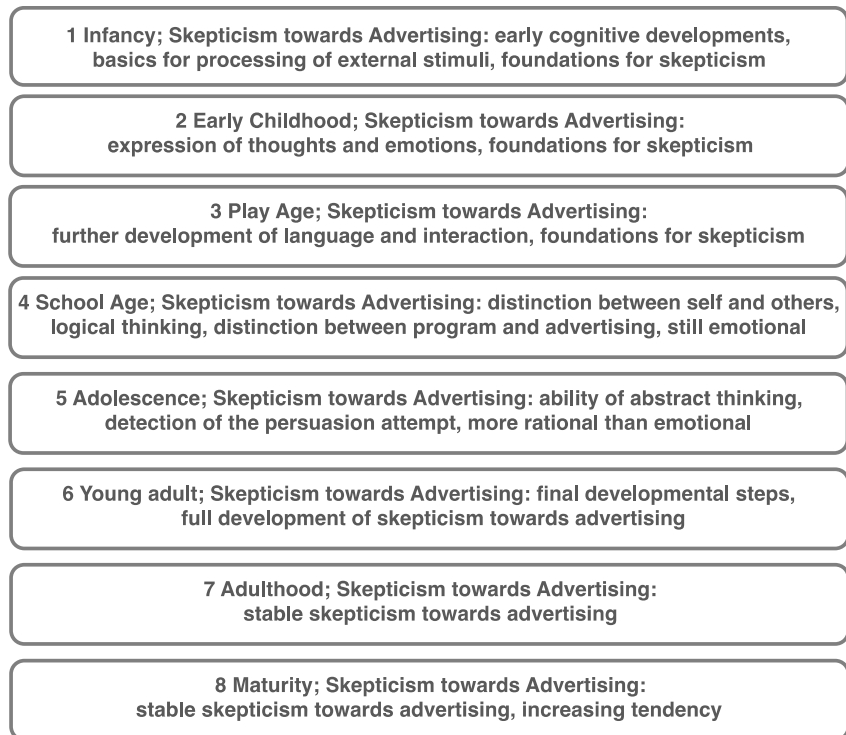


Figure 6: Psychosocial stages with the focus on skepticism towards advertising (Erikson, 1982)

2.3.2 *Influencing Factors*

Consulting literature from the past four decades, five factors influencing skepticism towards advertising can be listed. Again, there is no claim of completeness. The following influencing factors can be stated:

1. Demographical criteria
2. Personal factors
3. Social environment
4. Biological factors
5. Persuasion knowledge/Advertising literacy

First, demographical criteria influence the skeptical attitude towards advertising and advertisements. Age is one of the most influential factors of skepticism towards advertising. As already discussed in the previous subchapter, at the age from seven to twelve children develop logical thinking and can differentiate between their own opinions and those of others, but are not able to understand a persuasive attempt from the marketers' or advertisers' side (Moscardelli & Liston-Heyes, 2005; Roedder, 1981; Roedder John, 1999; Valkenburg & Cantor, 2001). The older a child becomes, the more competently it can deal with the persuasion, e.g. show skepticism towards advertising or the advertisement (Moscardelli & Liston-Heyes, 2005; Phillips & Stanton, 2004; Robertson & Rossiter, 1974; Roedder, 1981; Roedder John, 1999). Furthermore, gender has an impact on the level of skepticism towards advertising. A study (Buss & Schaninger, 1987) has shown differences in the intergenerational transfer of skepticism towards advertising by gender. The authors define "gender defined behaviors", which are not sex-related, but part of a socialization experience. Even though family roles and gender roles are changing, there is still a female majority occupied in doing the grocery shopping, even gift shopping (Bianchi, Milkie, Sayer, & Robinson, 2000; Solomon, 1996). By observing the behavior, girls adopt the mother's manner (Obermiller & Spangenberg, 2000). Another fact, contributing to different levels of skepticism towards advertising among men and women, may derive from a stronger orientation towards societal roles and ideals and a lower threshold for elaboration (Meyers-Levy & Sternthal, 1991; Meyers-Levy, 1988; Obermiller & Spangenberg, 1998). This can cause and result in lower skepticism levels among women compared to men (Prendergast,

Liu, & Poon, 2009). Moreover, education and income can affect the levels of skepticism towards advertising. The higher the education level, the higher the probable income and the more likely is the knowledge about the persuasive intent of marketers and advertisers (Phillips & Stanton, 2004; Prendergast et al., 2009; Roedder John, 1999; Valkenburg & Cantor, 2001).

Second, personal factors such as the personality, the general critical attitude a person has internalized or a person's self-esteem affect the levels of skepticism towards advertising. An extroverted person is more self-confident than an introverted person and can therefore question others' opinions more easily (Boush et al., 1994; Obermiller & Spangenberg, 1998). Moreover, the self-esteem level of a person determines skepticism towards advertising. A high sense of self-esteem decreases the need to look to others and their behavior in order to receive guidelines. Therefore, a person with high self-esteem can increase confidence in their own position and can show a higher level of skepticism towards advertising (Obermiller & Spangenberg, 1998; Rhodes & Wood, 1992). The general skepticism of a person, which is mainly influenced by the personality as well as self-esteem, impacts the specific skepticism towards advertising. If a person is generally not skeptical, it is unlikely that the person will show a high skepticism towards advertising and advertisement (Boush et al., 1994; Wright et al., 2005).

Third, the social environment determines the level of skepticism towards advertising. During childhood, the family shapes the (cognitive) abilities of a child and can therefore affect the skepticism towards advertising (Phillips & Stanton, 2004; Valkenburg & Cantor, 2001). The same influence applies to friends and the school (including teachers and the general environment at school). In order to belong, children adopt various attitudes and behaviors (Wright et al., 2005). Furthermore, partners play an important role in developing a certain skepticism level. People in relationships assimilate and adopt each other's opinions (Bush, Smith, & Martin, 1999). Therefore, this might also have an impact on the skepticism towards advertising level.

Fourth, intelligence can have an influence on skepticism towards advertising (Obermiller & Spangenberg, 1998; Rhodes & Wood, 1992). A more intelligent

person can discover a persuasive attempt more easily than a less intelligent person. The higher cognitive abilities make it easier to process the information and create an opinion (Obermiller & Spangenberg, 1998; Rhodes & Wood, 1992).

Fifth and last, persuasion knowledge and advertising literacy can also be considered as influencing factors. Whereas persuasion knowledge is more of a general construct and can also describe knowledge about persuasive attempts in many areas, advertising literacy targets the understanding of persuasive attempts in the advertising landscape. On the one hand, persuasion knowledge can influence the ability to detect the persuasion attempt of advertising or an advertisement and can therefore raise or lower the critical or negative attitude towards advertising or an advertisement (Brucks et al., 1988; Roedder, 1981; Roedder John, 1999; Valkenburg & Cantor, 2001). This is not only the case among children, but can also occur among adolescents and adults (Friestad & Wright, 1994), since the knowledge develops from a simplistic set of beliefs into a complex structure of implicit beliefs, varying from person to person (Wright et al., 2005). Therefore, persuasion knowledge seems to be a construct, possibly influencing the skepticism towards advertising over a lifetime. Advertising literacy, on the other hand, is the ability to recognize, evaluate and understand advertising (Malmelin, 2010). Therefore, it is a prerequisite but also an influencing variable over the entire lifespan. High levels of advertising literacy lead to the ability to deal competently with the messages of commercials (Spielvogel & Terlutter, 2013) and can lead to a higher level of skepticism towards advertising (Robertson & Rossiter, 1974; Roedder John, 1999).

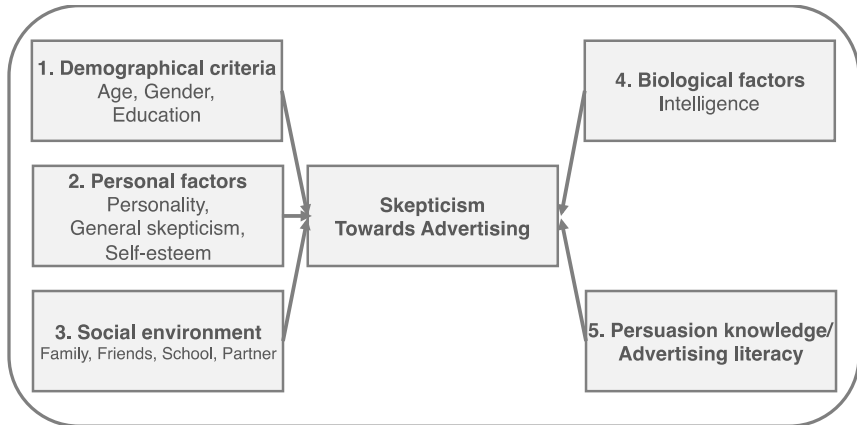


Figure 7: Influencing factors of skepticism towards advertising

The descriptions of the various influencing variables are overlapping and influence each other and the construct. Furthermore, the factors influencing skepticism towards advertising are hard to separate and the extent of the influence is difficult to assess.

2.3.3 *Measurement of the Construct Skepticism towards Advertising*

Like self-esteem, skepticism towards advertising is a construct, which cannot be measured directly or by asking one question. Therefore, the scientific community has created an operationalization means for skepticism towards advertising. First scales do not focus directly on skepticism towards advertising, but retrieve attitude towards advertising, and add items and questions gather information about the discrepancy between the viewers' and the advertisers' motives (Boush et al., 1994; Muehling, 1987; Sandage & Leckenby, 1980). Obermiller and Spangenberg (1998) developed a scale for skepticism towards advertising. The measure retrieves generalizable characteristics about advertising, rather than reactions to a specific ad or claim (Obermiller & Spangenberg, 1998). Furthermore, the authors describe the scale as a more limited (and specific) measure than other concepts such as attitudes towards advertising in general or attitudes towards marketing. The scale consists of nine items, which can be accepted or rejected using a five-point Likert scale. Items such as "We

can depend on getting the truth in most advertising” or “I feel I’ve been accurately informed after viewing most advertisements” deliver a general picture of skepticism towards advertising in general. The scale is validated and the Cronbach’s Alpha ranges from .85 to .86, which can be regarded as very reliable (Obermiller & Spangenberg, 1998). Therefore, the scale is widely accepted and used in scientific research.

The Relationship of Body Weight and Skepticism
towards Advertising

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