Body Image Self-Discrepancy and Depressive Symptoms Among Early Adolescents

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ABSTRACT

Purpose: This study examined whether body image self-discrepancy was a correlate of depressive symptoms among 556 early adolescents (45% girls; M age = 11.65, SD = .94 years).

Methods: Participants completed self-report measures of their self-perceived actual and ideal body shapes and depressive symptoms. Sex-stratified polynomial regressions were used to examine the associations between depressive symptoms and (1) agreement (i.e., similar actual and ideal body shapes); (2) discrepancy (i.e., different actual and ideal body shapes); (3) direction of discrepancy (i.e., actual > ideal or actual < ideal); and (4) degree of discrepancy (i.e., how different actual and ideal body self-perceptions are).

Results: For both sexes, depressive symptoms were more frequent when the direction of the discrepancy was such that participants perceived their actual body was larger than their ideal body. Furthermore, depressive symptoms were more frequent when the degree of the discrepancy between actual and ideal body shape perceptions was larger.

Conclusions: Based on these findings, body image self-discrepancy may be a risk factor for depressive symptoms among early adolescents.

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A discrepancy between self-perceived actual body (e.g., how one believes their body looks) and ideal body (e.g., how one wants their body to look) has been used as a cognitive measure of body image dissatisfaction [7]. However, body image dissatisfaction comprises of cognitive and affective elements, while this discrepancy remains strictly cognitive [7]. This discrepancy has been assessed using sex- and age/developmental-specific contour drawings of body shapes whereby participants select a figure that they feel best represents their actual and ideal body shapes [8]. These ratings have been traditionally used to calculate a difference score between self-perceived actual and ideal body shapes to represent a body image self-discrepancy (BISD) and infer greater body image dissatisfaction. Higher discrepancy scores have been linked with clinically significant levels of depression in women [9], in addition to disordered eating [10] and lower self-esteem [7] among adolescent and college-aged women. A discrepancy between self-perceived actual and ideal body shapes has also been associated with greater depression, lower self-esteem, and reduced satisfaction with life for men [11]. To date, the association between BISD and depressive symptoms is underexplored in early adolescents (ages 9–13 years), a time when girls’ and boys’ bodies undergo significant physical alterations [12] and physical self-perceptions are forming [13]. As well, there is an over-reliance on studying BISD among females in midadolescence and young adulthood, who typically want smaller silhouettes compared with their actual bodies [14]. In contrast, boys start to desire a larger and more muscular shape in adolescence and adulthood [15], and as such, a perceived discrepancy between their actual and ideal body shape is also likely to be detrimental to mental health [16]. More research is needed to help understand the nature of BISD among early adolescents, and in particular boys.

The methodological approach used to analyze BISD also warrants attention, whereby BISD are commonly measured as a calculation of difference scores between one’s self-perceived actual and ideal body shape scores (i.e., actual body shape score minus ideal body shape score [17]). However, the use of difference scores suffers from methodological problems, such as reliance on a single-item assessment that falsely merges two distinct constructs (i.e., ideal and actual body shapes [17]). Single-item measures are susceptible to measurement error, and difference scores are less reliable than using actual and ideal body shape scores as individual predictors [17]. Polynomial regression analysis with response surface methods can be used to test whether self-perceived actual and ideal body shapes are independently associated with a specific outcome rather than merging two distinct constructs into a single score. Contrary to simple linear regressions, several calculations are used to transform beta weights from the polynomial regression model to response surface values. Interpretation of these response surface values enables the examination of how outcomes are associated with the degree of agreement (i.e., no discrepancy) between actual and ideal body perceptions, which is a novel approach in the BISD literature. Furthermore, the examination of the specific direction of the discrepancy (i.e., when actual is greater than ideal or vice versa), and the degree of the discrepancy (i.e., a greater discrepancy in scores between actual and ideal body perceptions [17]) can also be examined. The flexibility in the polynomial regression approach is particularly appropriate to study BISD among boys and girls who may report sex-specific actual and ideal perceptions based on sociocultural norms (e.g., the drive for masculinity vs. thinness, respectively [14,15]).

Examining a specific direction of the BISD may better inform sex-specific experiences of poor body image.

The purpose of the present study was to test the relationship between BISD and depressive symptoms in early adolescent boys and girls. To this effect, the following research questions were examined: (1) How does the degree of agreement (i.e., no discrepancy) between self-perceived actual and ideal body shapes relate to depressive symptoms? (2) How does the direction of the discrepancy between self-perceived actual and ideal body shapes relate to depressive symptoms? (3) How does the degree of discrepancy between self-perceived actual and ideal body shapes relate to depressive symptoms? Based on self-discrepancy theory [18] and empirical evidence [19], it was expected that an agreement (i.e., no discrepancy) between self-perceived actual and ideal body shapes would not be related to depressive symptoms. It was also hypothesized that for girls, a greater discrepancy between actual and ideal body shapes would be positively associated with depressive symptoms when they selected an actual body shape that was larger than their ideal body shape, indicating a drive for thinness that has been supported in the literature [10]. No specific direction was hypothesized for boys as it was expected that healthy weight boys would want to have a larger body shape (indicating a drive for masculinity) [15] while overweight boys would strive for a smaller body shape [20]. In this way, there may be different directions for the BISD for girls and boys that warrant exploring the data separately by sex. Nonetheless, the strength and direction of the relationship between BISD and depressive symptoms are not expected to be different for girls and boys. Finally, it was further anticipated that depressive symptoms would be more frequent if the degree of the discrepancy between actual and ideal body was larger, regardless of the direction, for boys and for girls. Moreover, heavier adolescents and adolescents who are in later stages of puberty report heightened BISD [21,22] and higher depressive symptoms [4]. As such, the present study used sexual maturity and fat mass index as covariates in the analyses.

**Method**

The Institutional Ethics Review Boards at the Centre Hospitalier Universitaire Sainte-Justine and Laval University approved the study protocol. All participants (and their parents) provided formal written consent to participate in the study.

**Participants**

Participants were 564 youth who took part in the second data collection of the Quebec Adipose and Lifestyle Investigation in Youth Cohort (QUALITY; [23]), which is a large study examining the psychosocial, biological, genetic, and environmental determinants of excess weight [23]. Though data have been collected from the parents, only adolescent data were used in the present study. Of these participants, eight were excluded from the analyses due to missing data (<2%). The analytical sample included 556 (306 boys; 250 girls) early adolescents aged 9–13 years ($M = 11.65, SD = .94$). Participants were initially recruited in primary school and were eligible if they were Caucasian of Western European ancestry, were between the ages of 8 and 10 years at the time of recruitment, and had at least one obese biological parent (i.e., a minimum body mass index of 30 kg/m² or a waist circumference >102 cm for fathers and >88 cm for mothers).
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