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Body dissatisfaction in married women: The role of spousal influence and marital communication patterns

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Abstract

Family factors and the media have been established as determinants of body satisfaction, yet little research has looked at the contribution of spousal influence in body dissatisfaction. Marital quality and satisfaction can be a protective factor in the health of women, while high rates of criticism have been associated with poorer health outcomes. The present study investigated the relationship between perceptions of family and spousal factors and body dissatisfaction in married women. Additionally, the impact of marital communication was investigated. Seventy-seven married women completed self-report questionnaires assessing familial body-focused comments, spousal evaluation of a wife's body, marital communication patterns, and body dissatisfaction. After controlling for weight status, women's perceptions of familial body-focused comments and spousal evaluation emerged as significant predictors of body dissatisfaction. It was also found that more destructive communication patterns moderated the effect of perceived spousal evaluation on body dissatisfaction. This study provides some context for understanding the impact of specific influences on women's body dissatisfaction.

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Introduction

Almost 20 years ago, Rodin, Silberstein, and Streigel-Moore (1985) described body dissatisfaction as normative in the general population. Since that time, a growing literature has focused on understanding the development and maintenance of body image dissatisfaction (Cash & Pruzinsky, 2002; Thompson,

Heinberg, Altabe, & Tantleff-Dunn, 1999). Although there is little debate that family and peers may influence the development of body dissatisfaction in younger populations (Cattarin & Thompson, 1994; Lunner et al., 2000), it is surprising that few researchers have extended this line of research to marital relationships, particularly the impact a spouse may have on body dissatisfaction in married middle-adult aged women. Research on the impact of marriage and marital quality has shown that marriage can serve as either a protective factor or a risk factor for various women's physical and mental health problems (Fincham & Beach, 1999; Whisman, 1999; Whisman, Sheldon, & Goering, 2000). Further, research on

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marital communication patterns shows that marital quality may be affected by communication patterns within the marriage (Gottman, Markman, & Notarius, 1977). These findings, coupled with the degree to which body dissatisfaction may impact a woman's sense of well-being, point to the importance of investigating the extent to which marital quality and marital communication patterns can impact women's current levels of body dissatisfaction. The present study is designed to address this gap in the literature.

Body dissatisfaction

Body satisfaction/dissatisfaction can be regarded as the valence of body image (Garner & Garfinkel, 1997). Whereas body satisfaction is the degree to which an individual has a positive regard for his/her body, body dissatisfaction is a subjective evaluation of the degree of distress an individual experiences with his/her body. Body dissatisfaction is related to a number of psychological problems such as low self-esteem, depression, and eating disorders (Heatherton & Polivy, 1992; Stice, 1994). Given the growing rates of body dissatisfaction in our society, an emerging literature attempts to identify and explicate risk factors in the development of body dissatisfaction and the mechanisms that maintain it.

Cash (1998) explains the emergence of body dissatisfaction in terms of distal and proximal causal factors. Cash argues that the foundation for body image is laid early through influences of family and peers. Much of the literature points to teasing as an interpersonal factor in the development of body dissatisfaction. Several studies have found that body-focused teasing and comments by family or peers predict body dissatisfaction (Cattarin & Thompson, 1994; Lunner et al., 2000). In an adult sample of overweight women, frequency of teasing while growing up was related to degree of body dissatisfaction and general negative regard of overall appearance (Grilo, Wilfley, Brownell, & Rodin, 1994). Others report that body dissatisfaction mediates the relationship between teasing and disturbed eating behavior (Thompson, Coovert, & Stormer, 1999).

In addition to the direct influence of body-focused teasing and comments by family and peers, research has shown that the communication patterns of families also may affect the emergence of body dissatisfac-

tion. Negative familial communication, defined as the frequency of negative comments about appearance from family members and encouragement to diet, has been found to moderate the effect of maternal modeling on daughter's body dissatisfaction, after controlling for the daughter's weight status (Kichler & Crowther, 2001). Negative family communication regarding appearance and the need to diet also emerged as the most potent predictor of bulimic symptoms. This family variable was more potent than either general family dysfunction or family eating attitudes and behaviors (Crowther, Kichler, Sherwood, & Kuhnert, 2002). Further, conflictual family relationships were associated with greater body dissatisfaction in adolescent girls (Byely, Archibald, Gruber, & Brooks-Gunn, 2000). These results, taken together, strongly suggest that patterns of communication within families may negatively affect their daughters' body image.

While distal factors such as a history of family and peer teasing and negative familial communication may contribute to the development of body dissatisfaction, Cash explains how proximal factors maintain established body image attitudes through internal mechanisms. Cash (1998) proposes that the body image developed during childhood and adolescence, whether positive or negative, is maintained by appearance schema processing. Everyday events are interpreted through either a positive body image filter or a negative body image filter. These interpretations can maintain or exacerbate body dissatisfaction and affect the individual's affect (negative affect) and behaviors (i.e., avoidance of mirrors).

Much of the research on body dissatisfaction focuses on the impact of these proximal and distal factors in adolescent and young adult populations. Research has established that familial influences, including perceived negative family communication, contribute to body dissatisfaction in girls and women (Byely et al., 2000; Kichler & Crowther, 2001). Adult populations have been studied primarily in terms of distal factors (i.e., history of teasing) (Cash, 1995; Garner, 1997; Grilo et al., 1994). Clearly, family relationships are formative for the well-being of girls and young women; however, relationships with significant others become as important later in life. Interestingly, although a recent review suggests that women's levels of body dissatisfaction remain stable throughout the

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