



Overconcern with weight and shape is not the same as body dissatisfaction: Evidence from a prospective study of pre-adolescent boys and girls

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ABSTRACT

Overconcern with weight and shape and body dissatisfaction have both emerged as significant predictors of disordered eating. However, it is unclear how these constructs relate to each other, and if each has different antecedents and consequences. This study aimed to identify prospective predictors of each construct and to determine their relative importance in predicting dietary restraint and binge eating. Eight- to 13-year-old boys and girls ($N = 259$) were assessed at baseline and one-year follow-up, using a range of measures that included the Child Eating Disorder Examination. Psychosocial variables predicted overconcern with weight and shape whilst objective weight predicted body dissatisfaction. Body dissatisfaction and weight and shape concern predicted restraint, and weight and shape concern and restraint predicted binge eating. Findings provide support for the theoretical differences between body dissatisfaction and overconcern with weight and shape, and highlight the importance of focusing on specific body image variables.

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Introduction

Overconcern with weight and shape refers to a preoccupation with, or overconcern about, issues relating to weight and shape, and to the evaluation of self-worth largely in terms of weight and shape or the control of weight and shape (Fairburn, Cooper, & Shafran, 2003). It can be distinguished from body dissatisfaction, which refers to the subjective negative evaluation of one's body or body parts (Stice & Shaw, 2002). Both constructs have been identified as significant predictors of disordered eating and eating disorders (Leon, Fulkerson, Perry, Keel, & Klump, 1999; Stice & Shaw, 2002; The McKnight Investigators, 2003; Wade & Lowes, 2002). Overconcern with weight and shape and body dissatisfaction have not, however, been

studied simultaneously in long-term prospective studies. It is thus unclear how the two constructs relate to each other over time, if different variables predict the development of each construct, and if each construct has a different effect on the development and maintenance of disordered eating.

Overconcern with weight and shape and body dissatisfaction are both components of body image, a multifaceted construct that refers to the internalised representation of one's weight, shape and appearance (Grogan, 2007; Thompson, Roehrig, Cafri, & Heinberg, 2005). Body image incorporates perceptual, evaluative, affective and cognitive/investment components, which relate to an individual's ability to accurately perceive their body shape and size (perceptual), their evaluation of their shape and size (evaluative), the degree to which body evaluations provoke distress or concern (affective) and the degree to which weight and shape influence self-evaluation (cognitive/investment) (Cash, 2002; Cash, Melnyk, &

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Hrabosky, 2002). Body dissatisfaction spans evaluative and affective body image components, whilst overconcern with weight and shape spans affective and cognitive/investment components.

A comprehensive understanding of body image requires that the antecedents, correlates and consequences of different body image components are clearly delineated. This is also necessary if links between body-related concerns (including overconcern with weight and shape and body dissatisfaction) and eating disorder symptoms are to be fully understood. Several studies have made promising contributions to this area, particularly with distinguishing between attitudinal (i.e., evaluative, affective and cognitive/investment) and perceptual aspects of body image. Results suggest that attitudinal factors are better predictors of eating disorder symptoms and psychological distress, in eating disordered and non-eating disordered samples, than are perceptual factors (Cash & Deagle, 1997; Thompson, Penner, & Altabe, 1990).

Studies have also focused on differences between body dissatisfaction or weight and shape concerns and the evaluation of self-worth largely or entirely in terms of weight and shape (hereafter referred to as overvaluation). Results suggest that changes in low self-esteem over time are associated with changes in both body dissatisfaction and overvaluation, whilst changes in depression are associated with changes in body dissatisfaction only (Cooper & Fairburn, 1993; Masheb & Grilo, 2003; Masheb, Grilo, Burke-Martindale, & Rothschild, 2006). Overvaluation has also been found to differentiate between eating disordered and non-eating disordered participants to a greater degree than body dissatisfaction or weight and shape concern (Goldfein, Walsh, & Midlarsky, 2000), to be more powerful than body dissatisfaction in predicting eating attitudes and behaviours (Cash et al., 2002), and to predict the severity of dietary restraint, eating, weight and shape concerns, low self-esteem, and depression in men and women with binge eating disorder (BED) (Hrabosky, Masheb, White, & Grilo, 2007). These findings are consistent with theoretical perspectives, which view overvaluation as the central feature of eating disorders (Fairburn et al., 2003), and with current diagnostic nomenclature, which includes overvaluation as a diagnostic criterion for anorexia and bulimia nervosa (APA, 2000).

Despite this, and as noted earlier, there is an absence of *prospective* research on overconcern with weight and shape (including both weight and shape concerns and overvaluation) and body dissatisfaction. This makes it difficult to determine which aspects of body image are most powerful in predicting the development of eating disorder symptoms. In addition, previous studies have tended to utilise adult participants. Differences between body image sub-components in pre-adolescent children, where overconcern with weight and shape and body dissatisfaction may be expected to develop, have rarely been considered (Smolak, 2004).

One study of 8–11-year-old boys ($n = 237$) and girls ($n = 270$) did differentiate between body dissatisfaction (assessed with Collins' figure rating scales) and weight importance (assessed with the item "how important to you is your weight?") (Ricciardelli, McCabe, Holt, & Finemore,

2003). Body dissatisfaction in male and female participants was positively predicted by higher BMI and pressure to lose weight, with girls' body dissatisfaction scores also being negatively predicted by pressure to increase muscles. Boys' weight importance was positively predicted by low self-esteem and pressure to lose weight, whilst girls' weight importance was positively predicted by negative affect (Ricciardelli et al., 2003). Body dissatisfaction, rather than weight importance, predicted weight loss efforts in both sexes. These findings confirm that body image sub-components can be distinguished in children, and suggest that gender differences exist in the variables that are associated with each sub-component. The study is limited by cross-sectional data, however, and does not assess overvaluation *per se*, nor consider affective components of body dissatisfaction.

Other research with pre-adolescent samples has found that weight and shape concerns and dieting behaviours are present in children as young as five (Davison, Markey, & Birch, 2003; Hill, 1993; Ricciardelli & McCabe, 2001), but that body evaluations are frequently unreliable in children younger than eight (Smolak, 2004). From middle childhood, body dissatisfaction is generally higher in girls and overweight/obese children than in boys and healthy weight children, and tends to increase with age, peaking in early adolescence (Littleton & Ollendick, 2003). Studies have also shown that increased BMI, negative affect, low self-esteem, and perceived sociocultural pressures (including media influences, peer influences, internalisation of the thin-ideal, and comments from others regarding appearance) are associated with evaluative and affective components of body dissatisfaction (Clark & Tiggemann, 2006; Cusumano & Thompson, 2001; Dohnt & Tiggemann, 2006; Lawrence & Thelen, 1995; Littleton & Ollendick, 2003; Phares, Steinberg, & Thompson, 2004; Ricciardelli & McCabe, 2001). Sociocultural pressures have also been linked to weight importance in 9–12-year-old girls, and weight importance has been found to mediate links between perceived sociocultural pressure and body dissatisfaction in this age group (Clark & Tiggemann, 2007).

Collectively, these studies provide insight into the variables that are likely to predict body dissatisfaction, weight and shape concern and overvaluation in childhood. However, studies have typically used cross-sectional designs, and data on the associations *between* different body image components are lacking. As a result, it remains unclear which factors predict the development of which body image components (including the sub-components of overconcern with weight and shape and body dissatisfaction) in childhood.

The current study aimed to extend previous research by examining the antecedents and consequences of evaluative body dissatisfaction, weight and shape concern, overvaluation, and body distortion in 8–13-year-old boys and girls. More specifically, the study aimed to determine:

1. The relative importance of different biological (age, BMI z-score) and psychosocial (depression, self-esteem, media pressures, overweight-related comments, perfectionism) variables in prospectively predicting the four body image constructs.

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