



## Testing a model of the predictors and consequences of body dissatisfaction

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### ARTICLE INFO

#### Article history:

Received 3 April 2008

Received in revised form 7 August 2008

Accepted 8 August 2008

#### Keywords:

Body dissatisfaction

BMI

Perceptions of how others view one's body

Upward social comparison

Weight-loss intention

### ABSTRACT

A cross-sectional study, testing a model of predictors and consequences of body dissatisfaction, was undertaken in Taiwan from December 30, 2006 to January 10, 2007. Two hundred and thirty-two female college students enrolled at a major university completed the self-administered questionnaire. Analytical results revealed that body dissatisfaction among respondents increased with BMI ( $\beta = .32, p < .001$ ), perceptions of how others viewed their bodies ( $\beta = .38, p < .001$ ), and upward social comparisons ( $\beta = .17, p < .01$ ). Body dissatisfaction also markedly influenced respondent weight-loss intentions ( $\beta = .51, p < .001$ ). Results imply that medical, psychological and social factors must be considered by school health educators wishing to understand the causes and consequences of body dissatisfaction among female college students.

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### Introduction

Obesity/overweight has been stigmatized culturally and this stigmatization is not excluded in Taiwan (Tsou & Liu, 2006). Studies conducted in different countries have found that individuals who are obese are perceived as self-indulgent, lethargic, and slovenly (Ogden, 1992), which, in turn, may affect their interpersonal relationships (Harris, 1990) and perceptions of physical attractiveness (Chang, Liou, Sheu, & Chen, 2004). These aforementioned negative consequences of obesity/overweight are of particular concern among females. Ku's (2003) cross-sectional study on young females in Taiwan found that 91.2% of respondents reported that they were dissatisfied with their body figures. It is not surprising that a qualitative study conducted by Chang et al. (2004) concluded that a slimmer figure was preferred among females in Taiwan.

Researchers have found that body perception (satisfaction/dissatisfaction), defined as individuals' subjective feelings of being satisfied/dissatisfied with their physical appearances (Wood, Becker, & Thompson, 1996), is not only influenced by medical indicators (e.g., the calculation of body mass index) but also built by socio-cultural or psychological factors (e.g., social comparison). Based on theoretical considerations (e.g., social comparison

theory) and several prior studies, body mass index (BMI) (e.g., Jones, Vigfusdottir, & Lee, 2004), perceptions of others' views on one's body (e.g., Cash, Theriault, & Annis, 2004; Jones et al., 2004), and upward social comparison (Dittmar & Howard, 2004; Engeln-Maddox, 2005) are found to be predictive of body dissatisfaction.

The body mass index (BMI), which is the weight in kilograms divided by the square of height in meters, has been adopted to define obese/overweight. A BMI greater than 30 kg/m<sup>2</sup> is accepted as obese and a BMI ranging from 25 to 30 kg/m<sup>2</sup> is considered overweight among adults (Lobstein & Frelut, 2003). In Taiwan, a BMI ranging from 24 to 26.99 kg/m<sup>2</sup> is considered as overweight and greater than 27 kg/m<sup>2</sup> as obese (Department of Health, Taiwan, 2006). Although the normal BMI range varies due to geographic, ethnical, racial, and cultural differences (James, Leach, Kalamara, & Shayeghi, 2001), Jones et al. (2004) found that BMI directly contributed to body dissatisfaction among adolescent girls and boys. Similarly, Shroff and Thompson (2004) found that BMI had an impact on body dissatisfaction among Indian females mediated by teasing and media internalization. This evidence suggests that BMI can be positively predictive of an individual's body dissatisfaction.

An ideal body image, however, is mainly a socially constructed phenomenon. An individual's perception about his/her body shape is affected by referents' comments. According to interpersonal communication studies, social interactions with others (e.g., peers and family members) are found to have a significant impact on an individual's body image (Jones et al., 2004; Keery, Boutelle, van den Berg, & Thompson, 2005). Due to increased intimacy in friendship

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among young people, individuals' belief about whether their referents (e.g., peers) approve/disapprove their body shape may increase/decrease their body satisfaction (Jones et al., 2004). Cross-sectional studies have shown that among adolescents appearance teasing or criticism from peers will highlight specific undesired appearance attributes and impact their body dissatisfaction (Cash et al., 2004; Jones et al., 2004). By the same token, Keery et al. (2005) conducted a survey on middle school girls in Florida in the USA and their cross-sectional finding showed that girls reporting being teased by their siblings demonstrated significantly higher levels of body dissatisfaction than those not teased. As such, the effect of perceptions of others' views of one's body (e.g., parents, siblings, and friends) on young females' body dissatisfaction cannot be ignored.

Factors affecting body dissatisfaction also include social comparison. According to Festinger's (1954) social comparison theory, people tend to make comparisons between themselves and those who are similar to them and who are attractive. Social comparison can be categorized as upward, lateral, and downward (Bunnk, Collins, Taylor, VanYperen, & Dakof, 1990). When individuals internalize the cultural ideal of body shapes, they evaluate themselves against such social categories (Baird & Grieve, 2006) and become motivated to improve themselves if they find themselves lacking. Therefore, social comparisons with others which are perceived as superior on relevant dimensions (upward comparisons) can increase emotional stress and decrease self-esteem (Major, Testa, & Blysm, 1991).

Dittmar and Howard (2004) found that social comparison tendencies among adult professional women were predictive of the strength with which they internalized a thin body as their personal ideal. Engeln-Maddox (2005) examined the relationship between social comparison and body image disturbance in college females and found that upward social comparisons about body shapes were significantly associated with diseases of body dissatisfaction. Likewise, Krones, Stice, Batres, and Orjada (2005) surveyed young women and found that social comparative pressure to be slim reinforced body dissatisfaction. Aiming to investigate the role of upward social comparison in females' responses to a thin-idealized female beauty, Tiggemann and McGill (2004) found upward social comparison exacerbated females' negative mood and body dissatisfaction. Lin's (1999) study conducted in Taiwan found that the Taiwanese tended to compare themselves with others by way of lateral or upward social comparison. In a cross-sectional study Taiwanese females, as compared to Taiwanese American females, reported social comparison was significantly predictive of body dissatisfaction (Tsai, Curbow, & Heinberg, 2003).

BMI, perceptions of others' views of one's body, and upward social comparison play a vital role in the development of body dissatisfaction, and the consequence of this dissatisfaction cannot be overlooked. Studies conducted in different countries (e.g., Australia, Denmark, and India) suggest that individuals dissatisfied with their body shapes have a higher intention to lose their weight than their counterparts (Donovan, Spence, & Sheffield, 2006; Heywood & McCabe, 2006; Shroff & Thompson, 2004; Waadegaard & Petersen, 2002). Furthermore, although Western scholars found that among female college students, the body was an important means of fulfilling self-definition, self-identity, and seeking social approval (Brumberg, 1997), surveys among Taiwanese scholars showed some female college students who were slim but still felt dissatisfied with their bodies (Yu, 2002).

The present study was undertaken to test a model in which BMI, perception of how others view one's body, and upward social comparison were proposed to predict body dissatisfaction, which in turn was proposed to predict weight-loss intentions.

## Method

### Participants

This cross-sectional study, officially approved from the ethics committee at a major university located in central Taiwan, was conducted from December 30, 2006 to January 10, 2007. Five general education classes (students come from different years and with different majors) were randomly sampled, but only females were invited to participate in this study. Instructors and students from the sampled classes were informed by the research assistant about the purpose of the study before the survey was administered. The study took place in an assembly setting and complied with all ethical regulations. All respondents voluntarily participated in this study and signed a consent form before responding to the questionnaire.

Of 236 female college students who completed the questionnaire, 4 did not respond to all questions and their responses were regarded as invalid. Therefore, the total sample size was 232 of which 85 (36.6%) were freshmen, 77 (32.3%) sophomores, 37 (15.9%) juniors, and 35 (15.1%) seniors. Their average age was 19.63 ( $SD = 1.37$ ).

### Measures

Instruments adopted in this study included self-reported weight and height, perceptions of others' views of one's body, upward social comparison, body dissatisfaction, and intention to lose weight. With the help of a native English speaker teaching in Taiwan, scales developed from prior studies conducted in the Western world had been back-translated in order to reach the equivalent levels of precision with the original English version. Also, two experts in nursing and health communication were invited to assess the questionnaire for content validity.

### BMI

Weight and height were reported by respondents. Then, BMI was calculated as the ratio of the weight in kilograms divided by the square of height in meters. In this study, the average BMI was 20.39 ( $SD = 2.61$ ).

### Perceptions of others' views on one's body

Questions such as "My parents feel that my body shape is no good," "My siblings feel that my body shape is no good," and "My friends feel that my body shape is no good" were asked to measure respondents' perceptions of others' views of their body shapes. Answers ranged from "1," corresponding to "strongly disagree," to "5," corresponding to "strongly agree." These 3 items loaded in a single factor. The single-factor solution explained 71.24% of the total variance (eigenvalue = 2.14). The 3-item scale yielded a coefficient alpha of .80.

### Upward social comparison

This study used a 4-item scale modified from Physical Appearance Comparison Scale (PACS) developed by Thompson, Heinberg, & Tantleff (1991) and Specific Attributes Comparison Scale (SACS) developed by Tiggemann and McGill (2004) to measure respondents' upward social comparison. Questions such as "At parties or other social events, I compare my physical appearances to the physical appearance of others I feel better than mine," "The best way for me to know if I am overweight is to compare my figure to that of others I feel better than mine," "Comparing my body shape to that of others I feel better than mine is a bad way to determine if I am attractive or not," and "In daily life, I sometimes compare my body shape to that of others I feel

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