



Athletic-ideal and thin-ideal internalization as prospective predictors of body dissatisfaction, dieting, and compulsive exercise

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ARTICLE INFO

Article history:

Received 12 October 2009

Received in revised form 2 February 2010

Accepted 2 February 2010

Keywords:

Internalization

Body dissatisfaction

Compulsive exercise

ABSTRACT

Although internalization of the thin ideal has been extensively researched and is now regarded as a risk factor for eating disturbance, endorsement of the firm, athletic body ideal has received only minimal attention. This short-term longitudinal study explored whether internalization of two aspects of the current cultural ideal (thinness and athleticism) prospectively predicted three potentially deleterious outcomes: body dissatisfaction, dieting, and compulsive exercise. Undergraduate women ($N = 231$) completed self-report measures at the beginning of the academic year and again 7 months later ($N = 156$ at Time 2). Athletic-ideal internalization predicted change in compulsive exercise over the 7-month study period but not body dissatisfaction or dieting; thin-ideal internalization predicted change in all three outcomes. When both internalization measures were tested simultaneously, neither contributed unique variance. Results suggest that athletic-ideal internalization is not as detrimental as thin-ideal internalization.

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Introduction

Media influences promoting an ultra-thin ideal are widely believed to contribute to body image and eating disturbances. Internalization of such media images and messages has received a great deal of attention and is now regarded as a causal risk factor (Thompson & Stice, 2001). Despite a shifting emphasis toward an ultra-fit, toned body as the cultural ideal, little research has explored the correlates or outcomes of internalization of the athletic ideal. This short-term longitudinal study prospectively explored the relationship between athletic-ideal internalization and body dissatisfaction, dieting, and compulsive exercise.

Internalization refers to a cognitive endorsement of the cultural ideal of attractiveness. It involves affirming the desirability of socially defined ideals and engaging in behaviors to achieve those ideals (Heinberg, Thompson, & Stormer, 1995). Because the current ideal body for women involves extreme thinness, most studies of internalization have focused on the thin ideal and substantial evidence indicates that thin-ideal internalization is a risk factor for eating and shape-related disturbances. Both cross-sectional and longitudinal studies have shown that internalization of cultural ideals predicts increased body dissatisfaction (Homan & Boyatzis, *in press*; Shroff & Thompson, 2006; Stice & Whitenton, 2002) and weight and shape concerns (Low et al., 2003). It also prospectively

predicted the onset of bulimic symptoms among adolescent girls (Stice & Agras, 1998). Interventions designed to reduce thin-ideal internalization through a cognitive dissonance program produced reductions in levels of internalization, as well as decreased body dissatisfaction, dieting, and bulimic pathology (Stice, Shaw, Burton, & Wade, 2006).

Thin-ideal internalization is thought to directly promote body dissatisfaction (because the cultural ideal is unattainable for most women) and dieting (as a means of achieving a slender body). Both of these variables, in turn, increase the risk for eating pathology. For example, body dissatisfaction predicted increased rates of dieting (Shroff & Thompson, 2006; Stice, 2001; Stice, Mazotti, Krebs, & Martin, 1998) and onset of disordered eating (Johnson & Wardle, 2005; Stice & Agras, 1998). Various researchers have independently found that self-reported dieting predicted future onset of eating disorder symptoms (Leon, Fulkerson, Perry, Keel, & Klump, 1999; Neumark-Sztainer et al., 2006; Stice, Presnell, & Spangler, 2002) and restrained eaters scored higher on a measure of thin-ideal internalization (Vartanian, Herman, & Polivy, 2005). Thus, both body dissatisfaction and dieting are regarded as risk factors for future eating pathology and both are believed to arise from elevated internalization of the thin ideal.

Some scholars have noted that the cultural ideal of physical attractiveness has shifted toward an emphasis on an extremely fit, toned body in addition to extreme thinness (Grogan, 2008; Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004). Media images, including advertisements and celebrities, have evolved toward a “tighter, smoother, more contained body profile”

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(Bordo, 2003, p. 188). Consistent with this shift, the percentage of women dissatisfied with their muscle tone nearly doubled from 1972 to 1996, based on large-scale surveys conducted by *Psychology Today* (Cash, 1997).

Few studies have explored the possible effects of exposure to idealized athleticism, but existing evidence suggests a link with eating pathology. For example, female patients in a residential treatment center for eating disorders had higher scores on a measure of athletic-ideal internalization than college students (Calogero, Davis, & Thompson, 2004). Harrison and Cantor (1997) found that frequency of reading fitness magazines, featuring images of strong, well-toned bodies, was related to disordered eating symptoms even when controlling for interest in fitness and dieting. Follow-up studies showed that fitness magazine reading predicted anorexia tendencies in regression analyses that included multiple aspects of media exposure (Harrison, 2000). Female college students who were exposed to a fit peer while exercising experienced lower body satisfaction relative to those who were exposed to an unfit peer or no peer (Wasilenko, Kulik, & Wanic, 2007). However, exposure to images and internalizing the desirability of those images are two distinct constructs (Cusamano & Thompson, 1997) and the impact of internalization of the athletic ideal has not yet been explored. Given the importance of internalization in the development of eating pathology, research on the role of the athletic ideal is warranted.

The popular media often promotes exercise as a means of achieving both the thinness and the firmness that comprise the current body ideal. Content analysis of leading women's magazines over a 30-year period found that the proportion of exercise-related references steadily increased with the frequency of exercise articles now surpassing that of diet articles (Wisemann, Gray, Mosimann, & Ahrens, 1992). Another content analysis reported that models in both fitness and fashion magazine advertisements were primarily young, thin Caucasians (Wasylikiw, Emms, Neuse, & Poirier, 2009). Magazines such as *Shape* or *Fitness* explicitly endorse exercise to lose weight and sculpt body parts and television programs such as *The Biggest Loser* feature overweight contestants exercising for hours daily to achieve radical weight loss. The media strongly insinuates that the lean, firm ideal is attainable for anyone willing to devote the time and energy to "work out". However, the inability to achieve this body ideal may leave women feeling dissatisfied with their bodies and experiencing shame or guilt for failing to meet their exercise goals.

Although exercise is regarded as an important health behavior for most people, "excessive exercise" is listed as a compensatory behavior for the diagnosis of bulimia (DSM-IV; American Psychiatric Association, 1994). In addition, excessive exercise has been linked to more severe eating disorder symptomatology (Shroff et al., 2006), longer inpatient treatment (Solenberger, 2001), and increased depression in both anorexia and bulimia patients (Penas-Lledo, Vaz Leal, & Waller, 2002). Finally, one retrospective study reported that excessive exercise preceded the onset of eating disorders for patients requiring intense hospital treatment (Davis, Kennedy, Ravelski, & Dionne, 1994).

Accumulating evidence indicates that in regard to eating disturbance, the amount of exercise is not as important as the negative emotionality associated with missing an exercise session (i.e., "compulsive" exercise). Various researchers have independently reported that compulsive exercise, rather than exercise quantity, is most strongly associated with increased disordered eating attitudes and behaviors (DeYoung & Anderson, 2010). For example, among young adults who exercised primarily for appearance and weight control, compulsive exercise positively predicted disordered eating symptoms but exercise quantity negatively predicted symptoms (Adkins & Keel, 2005). Factor analysis of the Obligatory Exercise Questionnaire (Thompson &

Pasman, 1991) yielded three factors; of these, a factor addressing the emotional component of exercise was the strongest correlate of overall eating disorder symptoms, drive for thinness, and body dissatisfaction (Steffen & Brehm, 1999). The same study reported that exercise frequency and intensity was uncorrelated with overall eating disorder symptoms and was negatively correlated with body dissatisfaction. A large-scale epidemiological study reported that the experience of guilt following postponement of exercise was the strongest predictor of elevated eating pathology and that there was no relationship between exercise frequency and eating disturbance (Mond, Hay, Rodgers, & Owen, 2006). Even though evidence suggests that compulsive exercise may play a role in the development or maintenance of eating disorders, little is known about its sociocultural precursors. In particular, research has not addressed whether elevated internalization of either the athletic ideal or the thin ideal leads to increased compulsive exercise.

The present study explored the relationship between athletic-ideal internalization and three outcome variables that have been linked to disordered eating and attitudes: body dissatisfaction, dieting, and compulsive exercise. It was hypothesized that stronger endorsement of this ideal would lead to increased body dissatisfaction because the ideal is unattainable for most women. Stronger endorsement was also hypothesized to lead to increased dieting (because most media images of fitness are simultaneously thin) and negative affect associated with missing exercise (as a consequence of unrealistic exercise goals). The study also sought to replicate previous prospective studies of thin-ideal internalization, and to evaluate the unique predictive effect of athletic-ideal internalization relative to thin-ideal internalization.

Method

Procedure

Participants were 231 female students recruited from 2-semester sequenced courses at a private liberal arts college. After hearing a brief description of the study, interested students completed the measures in a classroom setting. The mean age of the participants was 19.2 years ($SD = 1.1$) and average body mass index was 22.0 ($SD = 3.0$). The sample was primarily White (97%). Course credit was offered for participation. The study was approved by the Institutional Review Board and all participants were treated in accord with the ethical guidelines of the American Psychological Association.

Students completed an initial assessment in the first month of the academic year (T1) and a second assessment 7 months later (T2). The initial assessment included a demographic questionnaire that asked their age, height, and weight (within a 10 lb. range). Body mass index was computed from these self-reports of height and weight $\{BMI = [weight \text{ in pounds}/(height \text{ in inches})^2] \times 703\}$. At T2 participants again completed all measures except the demographic survey.

Measures

Athletic-ideal internalization

Internalization of the athletic ideal was measured with the Athlete subscale of the Sociocultural Attitudes Toward Appearance Questionnaire-3 (Thompson et al., 2004). This measure taps the extent to which individuals affirm the desirability of a toned, athletic appearance. Participants indicated agreement with five statements (e.g., "I wish I looked as athletic as the people in magazines") using a 5-point scale (1 = *completely disagree*, 5 = *completely agree*). The SATAQ-3 subscales were supported by confirmatory factor analysis (Markland & Oliver, 2007) and

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