



Weighing in on risk factors for body dissatisfaction: A one-year prospective study of middle-adolescent girls

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ABSTRACT

Body dissatisfaction is a common problem among adolescent girls that is linked to serious outcomes, including the development of eating disorders. This study tested to what degree five theorized risk factors (weight-related teasing, thin-ideal internalization, body mass index [BMI], self-esteem, and perfectionism) predicted prospective changes in body dissatisfaction. At baseline, 393 10th and 11th grade girls ($M = 15.8$ years) completed questionnaires and had their height and weight measured. One year later, 316 participants' body dissatisfaction was reassessed (80.4% retention). Results suggested that self-esteem was the most potent risk factor, followed by BMI, when used to categorize girls into high- and low-risk groups for body dissatisfaction at follow-up. However, weight-related teasing, thin-ideal internalization, and perfectionism did not prove to be risk factors. These results suggest self-esteem and BMI are relevant variables for helping to identify middle-adolescent girls who may be at risk for subsequent increases in body dissatisfaction.

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Introduction

Body dissatisfaction, defined as a negative self-evaluation of one's body shape and weight (Cash & Pruzinsky, 1990), is a serious problem that is common among adolescent girls (Jones, Bennett, Olmsted, Lawson, & Rodin, 2001) and is associated with a variety of risky behaviours, including early sexual activity, self-harm behaviour, and suicide planning (Cook, MacPherson, & Langille, 2007). Prospective studies have shown that body dissatisfaction predicts subsequent increases in dieting (Stice, Mazotti, Krebs, & Martin, 1998), negative affect (Stice & Bearman, 2001), and lower levels of physical activity (Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006). Moreover, body dissatisfaction is a primary risk factor for the development of eating disorders (Stice & Shaw, 2002). Despite evidence of these serious consequences, our current appreciation of variables and mechanisms underlying the etiology and development of body dissatisfaction is limited (Stice & Whitenton, 2002). The range of ages studied and varying durations of follow-up have complicated the picture. Consequently, the purpose of the present study was to test to what degree a set of postulated risk factors predicted longitudinal changes in body dis-

satisfaction, over and above initial levels of body dissatisfaction among middle-adolescent girls.

Biopsychosocial models of the etiology of body dissatisfaction postulate that body dissatisfaction results from a combination of sociocultural, biological, and psychological factors (Wertheim, Paxton, & Blaney, 2004). The present study examined potential risk factors from each of these three domains. Although a host of postulated risk factors have been theorized, the present study focused on five variables, which were chosen for at least one of two reasons: (a) previous research has generated conflicting empirical support for each factor's contribution to body dissatisfaction, and (b) the variable has not been examined thoroughly using a longitudinal study design. We targeted middle adolescence because past research has demonstrated that adolescents over the age of 15, relative to younger adolescents and children, are more likely to show a positive response to programs aimed at preventing and decreasing body dissatisfaction (Stice & Shaw, 2004). The present study aimed to examine distinct risk factors of this age group, a developmental phase that has not been adequately examined. Building on existing longitudinal examinations of body dissatisfaction, this study attempts to aid in the interpretation of the findings by computing the Reliable Change Index and calculating potency of the significant risk factors, adding sophistication to the traditional regression approach.

Sociocultural Variables

One of the most frequently cited theoretical explanations for body dissatisfaction is the sociocultural model (Stice & Whitenton,

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2002). This model asserts that societal factors promote unrealistic standards of beauty that are impossible for most girls to achieve (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999), which in turn places individuals at risk for body dissatisfaction (Striegel-Moore, Silberstein, & Rodin, 1986).

Weight-related teasing. One way that Western societal preferences about weight are communicated to adolescent girls is through weight-related teasing (Barker & Galambos, 2003). Presumably, repeated teasing related to one's body weight and shape results in body dissatisfaction. A relationship between weight-related teasing and body dissatisfaction is supported by a longitudinal study that found weight-related teasing to predict subsequent increases in body dissatisfaction among adolescent girls three years later (Cattarin & Thompson, 1994). However, other longitudinal studies of adolescent girls using one-year (Jones, 2004; Stice & Whitenton, 2002) and five-year time frames (Paxton, Eisenberg, & Neumark-Sztainer, 2006) have failed to replicate such results. A caveat related to Stice and Whitenton's (2002) study is that the measure of weight-related teasing consisted of only two items that were each rated on a 5-point scale, which yielded relatively low internal consistency ($\alpha = .67$). If these negative results were due in part to unreliability of measurement, further longitudinal research utilizing a more reliable measure of weight-related teasing and consistent time frame should increase our confidence in the findings.

Thin-ideal internalization. Internalization of the thin ideal, or the extent to which an individual accepts socially defined ideals of attractiveness and overvalues the importance of appearance, has been theorized to increase body dissatisfaction. Individuals who internalize the thin ideal tend to associate thinness with a number of positive attributes such as happiness, desirability, and status (Tiggemann, 2002). Several longitudinal studies have shown high levels of thin-ideal internalization predict subsequent increases in body dissatisfaction among adolescent girls (Bradford & Petrie, 2008; Chen, Gao, & Jackson, 2007; Stice, 2001a; Stice, Presnell, & Bearman, 2001; Stice & Whitenton, 2002). However, three recent longitudinal studies unexpectedly found that thin-ideal internalization did not significantly predict subsequent changes in body dissatisfaction (Bearman, Presnell, Martinez, & Stice, 2006; Jones, 2004; Presnell, Bearman, & Stice, 2004). It is notable that in the Presnell et al. (2004) study, attrition analyses indicated that participants who dropped out of the study prematurely differed significantly from those who completed the study on several baseline predictors, including body dissatisfaction. Such results may be biased towards a specific subgroup of adolescent girls and should be generalized with caution and replicated in other samples. Reasons behind the Bearman et al. (2006) and Jones (2004) null findings remain unclear, and further research is required to make sense of the equivocal findings.

Biological Variables

Certain biological factors may also play a role in the onset of body dissatisfaction. For example, higher levels of body mass index (BMI) are theorized to promote body dissatisfaction because the current ideal for feminine beauty (in Western societies) is an ultrathin physique (Graber, Brooks-Gunn, Paikoff, & Warren, 1994). In support of this theory, several longitudinal studies have demonstrated that initial elevations in BMI significantly predict subsequent increases in body dissatisfaction among adolescent girls (Cattarin & Thompson, 1994; Field et al., 2001; Jones, 2004; Paxton et al., 2006; Presnell et al., 2004; Stice & Whitenton, 2002; Thompson, Coovert, Richards, Johnson, & Cattarin, 1995). However, it is notable that the relationship between BMI and body

dissatisfaction was not replicated in other prospective studies (Bearman et al., 2006; Byely, Archibald, Graber, & Brooks-Gunn, 2000; Stice & Bearman, 2001). One possible explanation for the discrepant findings is that there may be differences in the samples across studies. For example, Stice and Bearman (2001) utilized a sample with a restricted range of body mass, which may have attenuated the relation between BMI and body dissatisfaction (Stice & Whitenton, 2002). It has also been suggested that the null results in the Byely et al. (2000) study may be attributed to a small sample ($n = 52$) and lack of statistical power (Stice & Whitenton, 2002).

Psychological Variables

A third group of variables that have been studied as risk factors for body image concerns are referred to as psychological variables (Wertheim et al., 2004).

Self-esteem. It is probable that individuals who have a negative overall view of themselves are more likely to be dissatisfied with their physical appearance than individuals who have a positive overall view of themselves. To date, only two studies have examined low self-esteem as a prospective predictor of body dissatisfaction among adolescent girls; one study found evidence supporting self-esteem as a predictor of body dissatisfaction (Paxton et al., 2006), and the other did not (Tiggemann, 2005). A possible explanation for the discrepancy in findings is that the studies used different time frames, with Paxton et al. (2006) following high school girls for five years and Tiggemann (2005) following high school girls for two years. As noted by Tiggemann (2005), the role of low self-esteem as a risk factor for body dissatisfaction may differ across developmental stages, and further research examining different time points is needed.

Perfectionism. Various theorists have proposed perfectionism as a risk factor for body dissatisfaction. Because highly perfectionistic individuals have stringent evaluative criteria for themselves, they may relentlessly pursue an unrealistically thin body ideal, which in turn increases the risk of developing body dissatisfaction (Bruch, 1973). In support of this theory, cross-sectional studies have shown perfectionism to be correlated with body dissatisfaction (Ruggiero, Levi, Ciuna, & Sassaroli, 2003), eating disorders (Bastiani, Rao, Weltzin, & Kaye, 1995) and unhealthy eating attitudes and behaviours (McLaren, Gauvin, & White, 2001). In the present study, the cross-sectional correlation between perfectionism and body dissatisfaction was statistically significant ($r = .19, p < .05$), albeit a small effect. To date, no published studies have tested whether perfectionism prospectively predicts change in body dissatisfaction (but see Johnson, 2006; Ohring, 1997). Further longitudinal research is needed to clarify the possible contribution of perfectionism to the development of body dissatisfaction.

Study Aims

In sum, there is inconsistent support for the hypothesis that weight-related teasing, thin-ideal internalization, BMI, and self-esteem predict subsequent increases in body dissatisfaction. Additionally, no published longitudinal studies have examined perfectionism as a potential risk factor above and beyond the effects of initial body dissatisfaction. The present longitudinal study tested the hypothesis that among middle-adolescent girls, teasing about weight, thin-ideal internalization, increased levels of BMI, decreased levels in self-esteem, and perfectionism will each increase risk for subsequent increases in body dissatisfaction over one year. This study's methodology and one-year time lapse between the baseline and follow-up assessment were modeled after Stice and Whitenton's (2002) research. In accordance

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