



Moderators of the internalization–body dissatisfaction relationship in middle school girls[☆]

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ABSTRACT

The purpose of the present study was to replicate and extend previous research by examining the moderating effects of self-esteem, physical self-concept, physical appearance comparisons, BMI, pubertal status, and cardiorespiratory fitness, on the internalization–body dissatisfaction relationship in middle school girls. Hierarchical multiple regression (HMR) was used to examine direct and moderating effects of these variables. Internalization was related directly and significantly to body dissatisfaction, as were the proposed moderators (i.e., self-esteem, physical self-concept, physical appearance comparisons, BMI, pubertal status, and cardiorespiratory fitness); however, these variables failed to significantly influence the internalization–body dissatisfaction relationship. Possible explanations for the lack of moderating effects and directions for future research are discussed.

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Introduction

The Internalization–Body Dissatisfaction Relationship

Internalization of the “thin ideal” is defined as the extent to which women and girls adopt societally based standards of beauty and physical attractiveness (Thompson & Stice, 2001), which are communicated in two primary ways. First, the media, which portrays an ideal body that is much thinner than exists among women (Stice, 2001), communicates that there is a certain body size and shape that is representative of being feminine and beautiful, and should be pursued as a means of being valued. Second, family members and friends, who comment directly and indirectly about weight, dieting, food choices, clothing styles, and appearance, send the message that girls and women should not be satisfied with their bodies or how they look, but rather strive to diet and lose weight (Stice, 2001). Through this socialization process, and exposure to such messages, girls learn that being feminine is synonymous with a physical beauty ideal that is unattainable for most.

As girls internalize the societal physical ideal, it becomes the lens through which they view and evaluate their body size, shape, and appearance. The greater the discrepancy between their actual body

and the internalized ideal, the more likely girls and women are to experience body dissatisfaction (e.g., Bearman, Presnell, Martinez, & Stice, 2006; Cafri, Yamamiya, Brannick, & Thompson, 2005; Halliwell & Harvey, 2006). And, because so many girls/women are at least somewhat discrepant from the physical ideal, body dissatisfaction has begun to be viewed as a form of “normative discontent” (Tiggemann, 2011). In fact, researchers have documented high levels of overall weight concern and dissatisfaction for U.S. and international men and women, ranging in age from 18 to 65 years and 18 to 40 years, respectively (Frederick, Peplau, & Lever, 2006; Swami et al., 2010). Amongst non-Black, and Black women, Cash, Morrow, Hrabosky, and Perry (2004) noted, despite a steady increase in actual body size (as represented by BMI), a decrease in overweight preoccupation and increase in body satisfaction from the mid-1990s to the early 2000s. Even so, they concluded that far too many women still struggle with negative body image issues.

Researchers have examined the potential effects of internalization of the thin ideal on the body image of many different groups of girls and women (e.g., Fitzsimmons-Craft et al., 2012). For example, Halliwell and Harvey (2006) found that internalization of the thin ideal was related negatively to body satisfaction among girls age 11–16 years, whereas Stice and Whitenton (2002) reported that thin ideal internalization, increased adiposity, and perceived pressure to be thin predicted increases in body dissatisfaction in a sample of girls aged 11–15 years. In a study with 16-year old Swedish girls and boys, Frisén and Holmqvist (2010) found that the girls' body ideal internalization was related significantly to their appearance and weight body-esteem (i.e., two subscales from the Body-Esteem Scale of Adolescents and Adults [BESAA]; Mendelson,

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Mendelson, & White, 2001). Finally, in a cross-cultural study of women's body image across 26 countries, BMI and exposure to western media were associated with higher levels of body dissatisfaction (Swami et al., 2010). These studies provide consistent empirical support and suggest that the more girls and women internalize Western societal ideals about beauty and attractiveness, the more likely they are to be dissatisfied with their appearance and the size and shape of their bodies.

Researchers have proposed several theoretical models to explain the development of body dissatisfaction and eating disorders among adolescent girls and women (e.g., Cafri et al., 2005; Keery, van den Berg, & Thompson, 2004; Tiggemann, 2011). Such models are "biopsychosocial" in that they focus on a broad range of biological, psychological and social factors that may play a role, including the influences of societal pressures regarding weight, appearance, and body size/shape, and the extent to which these societal appearance standards are internalized to become part of girls' and women's self-schema. In fact, in his meta-analysis of longitudinal and experimental studies, Stice (2002) identified internalization as a risk factor for body dissatisfaction, which is considered by many to be the primary precursor to disordered eating (Smolak & Thompson, 2009).

Because the internalization–body dissatisfaction relationship is central to most biopsychosocial models of eating disorders (Tiggemann, 2011), examining moderators of it is necessary for identifying who truly is at-risk and under what circumstances risk may be elevated or lowered (Stice, 2002). Even though internalization predicts body dissatisfaction, the extent to which girls are dissatisfied with their size and shape varies (Austin, Haines, & Veugelers, 2009), suggesting that psychological factors, such as self-esteem or social comparisons, and/or physical factors, such as BMI, may serve to moderate the influences of internalization. For example, with respect to the body dissatisfaction–bulimic symptomatology relationship among female undergraduates, moderators such as body surveillance, neuroticism, and socially prescribed perfectionism have been found to worsen it (Brannan & Petrie, 2008), whereas others, such as self-esteem, optimism, self-determination, and satisfaction with life, have been shown to have buffering effects (Brannan & Petrie, 2011). Regarding the relationship between media images (e.g., "average sized" models) and body dissatisfaction, Dittmar and Howard (2004) found support for thin ideal internalization and social comparisons as moderators of the relationship between exposure to thin models in the media and body-focused anxiety in a sample of women aged 20–60 years. The combined influence of internalization and social comparisons accounted for 46.8% of the variance in women's body-focused anxiety (Dittmar & Howard, 2004). Despite these promising findings regarding the moderating effects of psychosocial variables, few studies (e.g., Kehoe, 2002) have examined them in the context of the key relationship between internalization and body dissatisfaction.

During early adolescence, which covers the timeframe when children are in middle school, girls undergo extensive physical changes, including increases in adipose tissue and changes in body structure (e.g., widening of the hips). The extensive physical changes are often associated with emotional distress. O'Dea and Abraham (1999) found that post-pubertal 7th/8th grade girls had higher levels of depression and body dissatisfaction than did those in the same grade who had not yet reached menarche. Further, during this timeframe, girls become increasingly influenced by sources outside of the family, including peers and the media. In a large sample of adolescent girls (ranging in age from 11 to 17 years), McCabe and Ricciardelli (2003) found that pressures from the media and family/friends about weight and feedback from female friends about body size/shape predicted body dissatisfaction, body changes (e.g., increase/decrease weight), and changes in

eating behaviors (e.g., binges). Given that early adolescent girls are concerned about their weight, shape, and appearance (Ricciardelli & McCabe, 2003) and feel pressure to conform to the societal physical ideal communicated by peers and the media (Halliwell & Harvey, 2006), examining the effects of moderators on eating disorder relationships, such as between internalization and body dissatisfaction, may be particularly salient during this developmental timeframe (Ricciardelli & McCabe, 2004; Tiggemann, 2011).

Based on previous research and biopsychosocial models of eating disorders (e.g., Halliwell & Harvey, 2006; Keery et al., 2004; van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002), we identified biological and physical (i.e., BMI and pubertal status, and cardiorespiratory fitness), psychological (i.e., self-esteem and self-concept), and social factors (i.e., physical appearance comparisons) that would be expected to moderate the internalization–body dissatisfaction relationship. In the following sections, we define these six variables and discuss how they may serve as moderators of this relationship with middle school girls.

Biological Factors: Body Composition and Pubertal Status

Body composition can be represented through body mass index (BMI), which is the ratio of weight to height used to determine overweight status (Centers for Disease Control [CDC], 2011). Pubertal status refers to the extent to which girls have achieved full pubertal development (Petersen, Crockett, Richards, & Boxer, 1988). In a study of girls in grades 7–10, McCabe and Ricciardelli (2003) found that their BMI was related significantly to body dissatisfaction. Similarly, Petrie, Greenleaf, and Martin (2010) reported a significant inverse relationship between BMI and body satisfaction in girls grades 6–8. In separate studies of girls whose ages ranged from 11 to 16 years (Time 1) and 13 to 17 years (Time 2), being further along in pubertal development predicted negative affect and body dissatisfaction over a 16-month period (McCabe & Ricciardelli, 2009). Because higher BMIs and pubertal development are associated with increases in adipose tissue and other physical changes that move girls' bodies farther away from societal physical ideals we would expect these changes to interact negatively with internalization, increasing girls' level of body dissatisfaction.

Cardiorespiratory fitness. Cardiorespiratory fitness represents ones' ability to engage in sustained physical activity (Carnethon, Gulati, & Greenland, 2005), and has been related to positive psychosocial outcomes, including lower levels of depression and anxiety, higher self-esteem, and improved academic performance (Ruiz et al., 2010). Its relationship to body dissatisfaction, however, has not been well documented. Because cardiorespiratory fitness is associated with less adipose tissue (Ruiz et al., 2010), girls who are fit are more likely to approximate the societal body ideal they have internalized. As such, there may be less real-ideal weight and shape discrepancy among physically fit girls than girls who are not. Thus, we would expect high levels of cardiorespiratory fitness to weaken the internalization–body dissatisfaction relationship.

Psychological Factors: Self-esteem and Self-concept

Self-esteem, defined as an overarching sense of ones' self-worth, encapsulates attitudes, beliefs, and perceived competencies individuals hold about themselves (Marsh, Richards, Johnson, Roche, & Tremayne, 1994; McConnell, 2011) and has been associated with positive psychosocial outcomes, such as higher educational and career aspirations, adaptive striving behaviors, and improved achievement/performance in school and work (Craven, Marsh, & Burnett, 2003). Researchers suggest that self-esteem is comprised of domain-specific self-concepts (e.g., physical self-concept) that

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