



## Sport type and interpersonal and intrapersonal predictors of body dissatisfaction in high school female sport participants

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### ABSTRACT

Through multiple group structural equation modeling analyses, path models were used to test the predictive effects of sport type and both interpersonal (i.e., mothers' body dissatisfaction, family dynamics) and intrapersonal factors (i.e., athletic self-efficacy, body mass index [BMI]) on high school female sport participants' ( $N = 627$ ) body dissatisfaction. Sport types were classified as esthetic/lean (i.e., gymnastics), non-esthetic/lean (i.e., cross-country), or non-esthetic/non-lean (i.e., softball). Most participants reported low body dissatisfaction, and body dissatisfaction did not differ across sport types. Nevertheless, mothers' body dissatisfaction was positively associated with daughters' body dissatisfaction for non-esthetic/lean and non-esthetic/non-lean sport participants, and high family cohesion was predictive of body dissatisfaction among non-esthetic/lean sport participants. Across sport types, higher BMI was associated with greater body dissatisfaction, whereas greater athletic self-efficacy was associated with lower body dissatisfaction. These findings highlight the complex relationship between interpersonal and intrapersonal factors and body dissatisfaction in adolescent female sport participants.

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### Introduction

According to objectification theory (Fredrickson & Roberts, 1997; Moradi, 2010), women's internalization of social constructions about the female body leads to "objectified body consciousness" or "self-objectification," which is manifested as body surveillance, internalization of cultural body standards, beliefs about the controllability of appearance and sometimes, body shame. Fredrickson and Roberts (1997) assert that one way girls can resist the internalization of these social constructions is to encourage sports participation and related forms of physical activity. That is, sports promote an active, instrumental experience of the self, and therefore may be less likely to promote self-objectification.

Nevertheless, research has been inconclusive in terms of whether sport participation affords risk to or protects women's psychological well-being, including body dissatisfaction. Findings often vary by sport, level of athletic performance, age of participants, and methodology. In a meta-analysis of 34 studies, Smolak, Murnen, and Ruble (2000) found that body dissatisfaction was lower in high school female sport participants, including gymnasts

and cross country runners, than non-sport participants. Additionally, in their meta-analysis of 78 studies, Hausenblas and Downs (2001) found that sport and non-sport participants did not differ on body image measures at the high school level. However, when sports were classified as lean (e.g., gymnastics) or non-lean (e.g., basketball) and compared, lean sports participants reported more eating problems (Smolak et al., 2000). In contrast, high school girls who participated in non-elite, non-lean sports exhibited the lowest levels of eating problems.

Due to these sport-level differences, Parsons and Betz (2001) proposed a metric by which high school female sport participants could be described. This metric includes the degree to which the sport emphasizes physical appearance (i.e., a lean line might increase her judged score). Sports that emphasized physical appearance were more likely to be negatively related to measures of psychological well-being. Coupled with the finding that lean sports might also be negatively related to measures of well-being (Smolak et al., 2000), we distinguished between three types of high school sport participation in the present research, esthetic/lean (i.e., gymnastics), non-esthetic/lean (i.e., cross-country), and non-esthetic/non-lean (i.e., softball).

Gymnastics was considered an esthetic/lean sport because a portion of the participant's score may be based on an esthetic quality of her performance, and a lean physique might enhance one's ability to execute difficult moves. Cross country was considered a non-esthetic/lean sport because performance is not based on

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appearance, yet a lean physique is often correlated with successful performance (Ferrand, Magnan, & Philippe, 2005). Lastly, softball was defined as a non-esthetic/non-lean sport because neither appearance nor leanness is necessary for enhanced performance. Our classification is consistent with the metric proposed by Parsons and Betz (2001), who found that cross country and softball received lower mean “focus on appearance” ratings than gymnastics.

Since Hausenblas and Downs (2001) and Smolak et al.'s (2000) meta-analytic reviews, more recent research has yielded mixed results with regard to protective and risk factors being associated with sport type participation when esthetic and leanness dimensions were varied. One overarching reason for these inconsistencies in findings may be the range of symptoms measured, including body dissatisfaction, eating attitudes, eating disorders, and general measures of psychological well-being. In the original reviews, age of participants was also found to be a moderately robust determinant of symptoms, with younger, high school-aged girls appearing to be more protected by sport participation than older, college-aged women (e.g., Hausenblas & Downs, 2001; Smolak et al., 2000).

Recent findings have also shown that body attitudes vary by sport type. At the college level, sport participants in esthetic and/or lean sports have reported greater pressures to be thin than females participating in non-esthetic/non-lean sports (Bryne and McLean, 2001; Muscat & Long, 2008). Among high school students, some studies have shown that females participating in esthetic sports reported less body esteem than non-esthetic athletes or controls. For example, Ferrand et al. (2005) found that high school females who participated in synchronized swimming reported greater negative feelings about their appearance, and thought others evaluated their bodies more negatively, than their counterparts participating in non-esthetic sports.

Conversely, one recent study found that girls and women between the ages of 13 and 35 who participated in esthetic sports did not differ from non-athletic controls on any measures of body satisfaction (Bachner-Melman, Zohar, Ebstein, Elizur, & Constantini, 2006). Non-esthetic sport participants reported greater body satisfaction and less drive for thinness than those who did not participate in organized sport activity. Bachner-Melman et al. (2006), however, did not consider age effects at length, with results collapsed across adolescence and adulthood.

Although findings have been mixed, sufficient evidence exists to suggest that participating in an esthetic/lean sport (i.e., gymnastics), and perhaps slightly less so, a non-esthetic/lean sport (i.e., cross country), would result in greater body dissatisfaction than participating in a non-esthetic/non-lean sport (i.e., softball) at the high school level (Bachner-Melman et al., 2006; Ferrand et al., 2005; Ravalidi et al., 2003). However, other variables are likely to predict body dissatisfaction among adolescent girls, including interpersonal (e.g., maternal and familial influences) and intrapersonal factors (e.g., girls' athletic self-efficacy and BMI). Indeed, a wealth of empirical literature has shown that body dissatisfaction in adolescent girls may be the result of a combination of factors, and that research designs that incorporate both interpersonal and intrapersonal factors are necessary in order to account for the complexity of the body dissatisfaction construct (Cash, 2011; Grogan, 2008).

In regard to interpersonal factors, there is little doubt that mothers are often the source of much information, and a significant source of emotional support, for their adolescent daughters (Hanna & Bond, 2006). Thus, it is not surprising that studies have shown a relationship between maternal factors and daughters' level of sport participation, as well as maternal messages to daughters about daughters' weight and shape and adolescent daughters' body attitudes (e.g., Byely, Archibald, Graber, & Brooks-Gunn, 2000; Hanna & Bond, 2006).

Additionally, parental support in relation to sport participation has been linked with greater engagement in physical activity among adolescent girls (e.g., Holt & Sehn, 2008; Ornelas, Perreira, & Ayala, 2007). In particular, maternal involvement in daughters' sport participation, from enrolling their daughters in sport activities to transportation to and attendance at events, has been associated with increased participation in physical activity and increased positive health behaviors in adolescent girls (see Beets, Cardinal, & Alderman, 2010, for a review). However, while maternal support has been shown to increase daughters' participation in sports and other healthy physical activities, comments regarding a daughter's weight and appearance, as well as mothers' preoccupation with the weight and appearance of their daughters, have been shown to have negative effects on body satisfaction in adolescent girls (e.g., Byely et al., 2000; Hanna & Bond, 2006; Leung, Schwartzman, & Steiger, 1996). In fact, even positive commentary from mothers about weight and appearance has been shown to promote body dissatisfaction and disordered eating symptoms in elementary and high school-aged girls (e.g., Anschutz, Kanter, Van Strien, Vermulst, & Engels, 2009; Wertheim, Martin, Prior, Sanson, & Smart, 2002). Furthermore, mothers' concern about their own weight and appearance has been associated with increased body dissatisfaction in their adolescent daughters (e.g., Canals, Sancho, & Arijia, 2009; Elfhag & Linné, 2005; Keery, Eisenberg, Boutelle, Neumark-Sztainer, & Story, 2006).

Degree of conflict within the family, low family cohesiveness, negative expressiveness, and a lack of communication between mothers and daughters have also been shown to be significant predictors of daughters' body dissatisfaction and disordered eating (e.g., Ackard, Neumark-Sztainer, Story, & Perry, 2006; Al Sabbah et al., 2009; Byely et al., 2000). In an study of adolescents from 24 countries, difficulty talking to one's parents and perceived lack of caring by parents were found to be significantly associated with body dissatisfaction in adolescent girls (Al Sabbah et al., 2009). In other studies, including a three-year prospective study of parent-adolescent relationships, May, Kim, McHale, and Crouter (2006) found increases in adolescent girls' weight concerns with corresponding increases in family conflict over time. In a cross-sectional study of adolescent girls and young women, high family conflict was associated with high body dissatisfaction (Hanna & Bond, 2006).

In addition to interpersonal factors, factors specific to adolescent girls can also contribute to body dissatisfaction. As past research has shown, self-efficacy can be vitally important to the adolescents' sense of well-being and belief in themselves (Feltz & Magyar, 2006). From a self-objectification perspective, if sports promote an active and instrumental perception of the self (Fredrickson & Roberts, 1997; Parsons & Betz, 2001), athletic self-efficacy should also impact this perception. Self-efficacy in relation to physical activity in particular has been linked with positive body attitudes and reduced social physique anxiety among women (Annesi, 2010; McAuley, Blissmer, Katula, Duncan, & Mihalko, 2000; McAuley, Marquez, Jerome, Blissmer, & Katula, 2002). Furthermore, it has been found that through engagement in physical activity, females experience fewer concerns about self-presentation and fewer negative attitudes toward one's body (Annesi, 2010; McAuley et al., 2002). It is possible that when a female athlete's perceived self-efficacy is high, she will not only have strong, positive beliefs about her performance, but may also hold strong positive beliefs about her body (Bandura, 1997; Feltz & Magyar, 2006).

Another intrapersonal factor that has been shown to affect body dissatisfaction in adolescent girls is BMI. A number of longitudinal studies have shown that a higher BMI among adolescents is not only predictive of immediate body dissatisfaction, but also predicts body dissatisfaction at later points in time (Jones, 2004; Paxton, Eisenberg, & Neumark-Sztainer, 2006; Presnell, Bearman,

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