

# Emotional reactions following exposure to idealized bodies predict unhealthy body change attitudes and behaviors in women and men

Sara Cahill, Alexander J. Mussap\*

*School of Psychology, Deakin University, Melbourne, Australia*

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## Abstract

**Objective:** We explored the extent to which changes in emotional states following exposure to images of idealized bodies predict unhealthy body change attitudes and behaviors in women and men, and whether particular psychological traits mediate these effects. **Method:** One hundred thirty-three women and 93 men were assessed for unhealthy attitudes and behaviors related to body weight and muscles using the Eating Disorder Inventory-2 (EDI-2), the Obligatory Exercise Questionnaire, and the strategies to increase muscles subscale of the Body Change Inventory. Psychological traits assessed included body dissatisfaction (EDI-2), internalization of the thin/athletic ideal (Sociocultural Attitudes Towards Appearance Questionnaire-3), body comparison (Body Comparison Scale), self-esteem (Rosenberg Self-Esteem Inventory), depression (Beck Depression Inventory-II), and identity confusion (Self-Concept Clarity Scale). Participants were then exposed to photographs of thin female models

and muscular male models, and visual analogue scales were used to measure changes in postexposure state body dissatisfaction, anger, anxiety, and depression. **Results:** Postexposure increases in state anger, anxiety, depression, and body dissatisfaction correlated with drive for thinness and disordered eating symptomatology in women, while postexposure increases in state body dissatisfaction correlated with muscle development in men. Analyses revealed that internalization and body comparison mediated these relationships, with trait body dissatisfaction, trait depression, self-esteem, and self-concept/identity confusion serving as mediators for women only. **Conclusion:** These results are indicative of gender differences in: (a) reactions to idealized bodies; (b) psychological traits that predispose individuals to experience these reactions; and (c) types of body change behavior that are associated with these reactions.

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## Introduction

According to the tripartite influence model, sociocultural pressure from peers, family, and the media to conform to unrealistic physical ideals can contribute to negative body image and unhealthy body change attitudes and behaviors [1]; the thin ideal is implicated in drive for thinness and disordered eating in women [2,3], and the athletic/muscular ideal is implicated in drive for muscularity, compulsive overexercising, overeating, and use of chemical supplementation in men [4–6]. Consistent with a role for the media are

the results of correlational studies suggesting that a history of exposure to the media predicts level of body dissatisfaction, weight concerns, and disordered eating symptomatology in women, and body dissatisfaction, muscle concern, and symptoms of unhealthy muscle development in men [7–11], and experimental studies suggesting that even short-term exposure to images of idealized bodies can negatively impact on body satisfaction and mood in both women and men [12–19].

To account for individual differences in unhealthy body change attitudes and behaviors (especially given that idealized bodies are almost ubiquitous in Western societies) [20], it has been suggested that certain psychological traits predispose individuals to react emotionally to images of idealized bodies, and that unhealthy body change reflects an accumulated impact of these emotional

\* Corresponding author. School of Psychology, Deakin University, 221 Burwood Highway, Melbourne 3125, Australia.

*E-mail address:* mussap@deakin.edu.au (A.J. Mussap).

reactions over a lifetime [1,21]. In the present study, an experimental design was employed to identify which psychological states are most reactive to short-term exposure to idealized bodies, the extent to which these reactions are similar for females and males, and whether certain psychological traits mediate the relationship between state reactivity and long-term symptoms of unhealthy body change. Identifying relevant psychological factors would not only enhance our understanding of the sociocultural origins of unhealthy body change but also facilitate the identification and early intervention of individuals who are most vulnerable to sociocultural pressures on body image.

The psychological factors in the present study were chosen on the basis of sociocultural models and the results of previous research. In the dual-pathway model [22], sociocultural pressures on appearance (e.g., via the media), coupled with internalization of the physical ideal (e.g., the thin ideal), lead to body dissatisfaction, which in turn contributes both to body change behaviors (dieting in the case of dissatisfaction with weight) and to negative affect associated with failure to achieve and maintain the internalized ideal. Together, dieting and negative affect promote unhealthy body change attitudes and behaviors characteristic of disordered eating. If the dual-pathway model is correct, women with elevated trait body dissatisfaction, who internalize the thin ideal, value and frequently engage in body comparisons, and experience depressed mood, would be vulnerable to experiencing negative emotional reactions to thin models. Since individuals with an unclear body image would be most susceptible to sociocultural pressures, it is also expected that elevated trait identity confusion and diminished trait self-esteem would be associated with negative emotional reactions to idealized bodies. Research has confirmed each of these relationships in terms of vulnerability to experiencing decreases in state body satisfaction and increases in anger, anxiety, and depression in women following exposure to thin female models [12,21,23–25].

On the basis of these results on females, together with emerging evidence of similar negative emotional reactions to idealized muscular bodies by males [11,17,26], it was hypothesized that viewing idealized same-sex bodies would result in increased state body dissatisfaction, depression, anxiety, and anger in both women and men. If these emotional reactions are of clinical relevance, then they should also correlate with unhealthy body change attitudes and behaviors; in the present study, we evaluated drive for thinness, symptoms of bulimia, obligatory exercise, and participation in strategies to increase muscles. Most importantly, if the psychological traits identified above actually predispose individuals to experiencing negative emotional reactions, then any relationship obtained between change in emotional state and unhealthy body change should be mediated by trait body dissatisfaction, internalization of the thin/muscular ideal, body comparison, self-esteem, depression, and identity confusion.

## Method

### Participants

Participants were a self-selected sample of 93 males (age: mean=22.34, S.D.=4.21) and 133 females (age: mean=22.42, S.D.=4.59), predominantly Australian students of Deakin University. An invitation to participate was announced during lectures across a range of faculties and classes. No reward for participation was offered. There is evidence to suggest that university exposes both females and males to peer pressure on appearance that can impact on their body image, self-esteem, and adoption of unhealthy body change attitudes and behaviors [27].

### Materials and procedure

Two versions of a questionnaire were produced: one for women (with photographs of thin female models) and one for men (with photographs of muscular male models). Both versions contained the same scales, completed in the order presented below. Participants were given only a broad overview of the study; hypotheses were not discussed.

### Body mass index (BMI)

BMI (for women: mean=22.3, S.D.=3.8; for men: mean=23.5, S.D.=2.9) was calculated from self-reported weight and height [ $BMI = \text{weight (kg)} / \text{height (m)}^2$ ]. Applying National Institutes of Health guidelines, 7.5% of females and 3.2% of males were “underweight” ( $BMI < 18.5$ ); 80.5% of females and 68.8% of males were of “normal” weight ( $BMI = 18.5–24.9$ ); 7.5% of females and 23.7% of males were “overweight” ( $BMI = 25.0–29.9$ ); and 4.5% of females and 4.3% of males were “obese” ( $BMI \geq 30.0$ ).

### Trait measures

#### Body dissatisfaction

The body dissatisfaction subscale (DISS; for women:  $\alpha = .86$ , mean=3.0, S.D.=0.8; for men:  $\alpha = .76$ , mean=2.6, S.D.=0.6) of the Eating Disorder Inventory-2 (EDI-2) [28] was used. Participants responded to statements such as “I think my hips are too big.” Three additional items were included from the Body Change Inventory (BCI) [5] to assess male-relevant concerns, such as “I think that the size/width of my shoulders is just right.” All EDI-2 and BCI responses were scored between 1 (*never*) and 5 (*always*).

#### Internalization

The TV-magazine and athlete subscales of the Sociocultural Attitudes Towards Appearance Questionnaire-3 [29] (INTERN; for women:  $\alpha = .84$ , mean=2.9, S.D.=0.8; for men:  $\alpha = .90$ , mean=2.6, S.D.=0.9) were used to assess agreement with appearance-related information. Responses were scored between 1 (*never*) and 5 (*always*).

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