

Drive for muscularity, body comparison, and social physique anxiety in men and women

Donald R. McCreary^{a,b,*}, Deborah M. Saucier^c

^a York University, Toronto, ON, Canada

^b Brock University, St. Catharines, ON, Canada

^c University of Lethbridge, Lethbridge, AB, Canada

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ABSTRACT

The presented study tested a model of the relationship between the drive for muscularity (DM), three aspects of body comparison (general, weight-, and muscle-related), and social physique anxiety in college men and women. The findings demonstrated that those with higher levels of DM engaged in more frequent body-related comparisons in all three areas. Greater frequency of both Weight- and Muscle-Related Body Comparison was then predictive of higher levels of social physique anxiety. Constraints placed on the path coefficients showed that the association between DM and Muscle-Related Comparisons was significantly stronger than the association between DM and Weight-Related Comparisons. The model was similar for both genders. The results from the structural models were discussed in terms of Cash's (2002) cognitive-behavioral model of body image and the dual pathway model of boys' and men's body image (Jones & Crawford, 2005).

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Introduction

Over the past decade, research exploring men's body image has grown substantially (Thompson & Cafri, 2007). Driving this development has been the realization that, while women are concerned primarily with a thin ideal, men are focussed more on a muscular ideal and the desire to become more muscular themselves (McCreary, 2007; Pope et al., 2000). The saliency of muscularity has been demonstrated in research showing that men's self-ideal discrepancies differ substantially on perceptions of muscularity, but much less so on perceptions of body fat (Olivardia, Pope, Borowiecki, & Cohane, 2004; Pope et al., 2000). Research findings also show that higher levels of the drive for muscularity tend to be associated with several adverse outcomes, including lower levels of self-esteem and life satisfaction, as well as higher levels of depression and body dysmorphic disorder, including muscle dysmorphia (Cafri, Strauss, & Thompson, 2002; Maida & Armstrong, 2005; McCreary & Sasse, 2000; Olivardia et al., 2004; Phillips & Diaz, 1997).

In his cognitive-behavioral model, Cash (2002) argued that body image concerns can lead to negative body image emotions. One adverse emotion that has particular relevance to the drive for muscularity (DM) is social physique anxiety (SPA; Hart, Leary, & Rejeski, 1989). SPA describes the anxiety and discomfort people feel when showing their bodies in public (e.g., wearing a swimsuit or other tight-fitting clothes). The anxiety is a result of people feeling that, by displaying their bodies in public, their physiques are being evaluated and they are being devalued as a person. Thus, Cash's model would predict a positive correlation between DM and SPA. This association has been observed in three recent studies. In a study examining body image concerns in gay and heterosexual men, Duggan and McCreary (2004) showed that higher scores on the Drive for Muscularity Scale (DMS) were correlated with higher scores on the Social Physique Anxiety Scale (SPAS). Similarly, McCreary, Dorsch, & Rennebohm (2001) showed that DMS and SPAS scores were positively correlated among both adolescent boys and girls. Lastly, Martin, Kliber, Kulinna, & Fahlman (2006) showed that men's SPAS scores were modestly correlated with the positive muscularity attitudes subscale of the Swansea Muscularity Attitudes Questionnaire (Edwards & Launder, 2000).

However, Cash's (2002) cognitive-behavioral model also suggests that the relationship between DM and SPA may be mediated by body-related social comparison. For example,

* Corresponding author.

E-mail address: mccreary@yorku.ca (D.R. McCreary).

Thompson, Coovert, & Stormer (1999) showed that the degree to which women compared parts of their bodies to others was associated with both a negative body image and disordered eating tendencies. The extent to which comparing one's body to others is correlated with related dimensions in men (e.g., DM and SPA) has yet to be determined, though preliminary evidence with boys suggests that the associations may be present. For example, Smolak, Murnen, & Thompson (2005) demonstrated that boys' frequency of engaging in muscle building activities (i.e., a proxy for DM) was negatively correlated with body esteem, while being positively correlated with both general social comparison activities and depressive symptomatology. Similarly, Smolak and Stein (2006) observed that adolescent boys' DMS scores were positively correlated with general social comparison tendencies, while being negatively correlated with self-esteem. However, Jones (2004) observed that body-related social comparison was not predictive of muscularity-related dissatisfaction in adolescent boys.

One possible reason for the inconsistent findings in the research conducted with adolescent boys is the way body-related social comparison was operationalized. Most studies have used a general index of the extent to which people compare their bodies to others (e.g., Jones, 2001; Smolak et al., 2005; Thompson et al., 1999). However, these types of measures were created for research on women's and girls' body image and may reflect a bias towards the thin ideal. Given that the social standard of bodily attractiveness for men is based on muscularity, researchers should be certain that they are assessing muscularity-based comparisons separately from Weight-Related Comparisons.

With this issue in mind, Fisher, Dunn, & Thompson (2002) reported that the measure of body-related social comparison used by Thompson et al. (1999) actually clusters into three distinct groups: Weight-Related, Muscle-Related, and General Body

Comparisons (i.e., neither weight- nor muscle-related). The distinction between these three types of body comparison is especially important for men because, in order for people to display their muscularity to its best advantage, they must also have lower levels of body fat. In other words, men with higher levels of the drive for muscularity should be making both Muscle- and Weight-Related Body Comparisons, and both of these types of body comparisons should predict adverse outcomes such as SPA. However, because muscularity should be more salient for men than weight (McCreary, 2007), the relationship between DM and muscle-based comparisons should be stronger than the relationship between DM and weight-based comparisons. For the same reason, the association between muscularity-based comparisons and an adverse outcome (e.g., SPA) should be greater than the association between weight-based comparisons and the same outcome.

Thus, the present study utilized Cash's (2002) cognitive-behavioral model of body image to build on the previous DM research in three important ways. First, we used Cash's model to develop a model of the relationships between DM, body comparison, and SPA. In this model, DM is expected to predict the degree to which people make body-related social, and body comparisons are then expected to predict SPA (see Fig. 1). Second, we examined the unique contributions of three related aspects of body comparison on the relationship between DM and SPA. Third, we explored the proposed model in women, as well as men. The reason for this is that past research has shown that women do have a drive for muscularity (i.e., while their mean scores tend to be less than men's, from a statistical significance perspective, their scores are still far from being zero; McCreary, 2007; see also Gruber, 2007), but bivariate relationships show that DM tends to be unrelated to adverse outcomes in this population (e.g., McCreary &

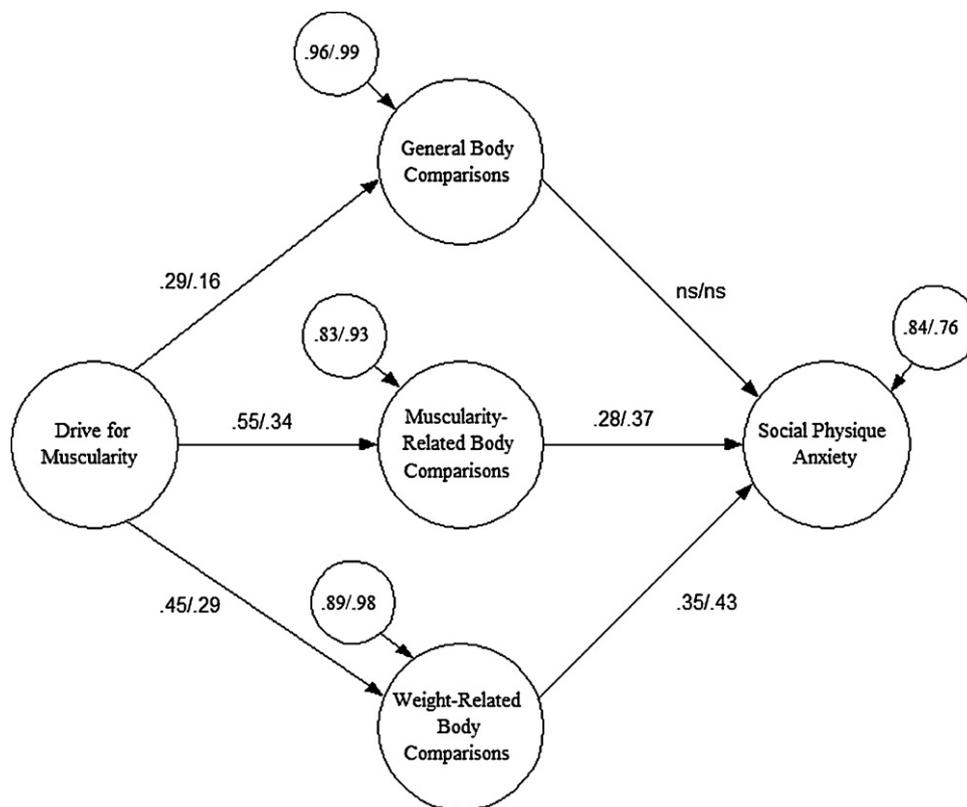


Fig. 1. Proposed structural model for men and women. Large circles are latent constructs, small circles are latent factor residual terms (disturbances), and single-headed arrows are directional paths. All given parameter estimates are standardized and significant ($p < .001$) unless otherwise indicated. Coefficients to the left of the slash are from the men's data, while the coefficients to the right of the slash are from the women's data.

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