



Defining body deception and its role in peer based social comparison theories of body dissatisfaction

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ARTICLE INFO

Article history:

Received 21 September 2007

Received in revised form 17 April 2008

Accepted 22 April 2008

Keywords:

Peer group

Body deception

Body dissatisfaction

Social comparison

Gender difference

ABSTRACT

The purpose of the current study was to operationalize the phenomenon of body deception, describe its theoretical importance, and validate its existence in an experimental paradigm. The definition of body deception includes the intentional misrepresentation of information about appearance to others. The present study examined body deception in a controlled experimental study of male and female same-sex peer groups using a series of hierarchical linear models. Ninety male and 90 female undergraduates were randomized to an experimental same-sex peer group or individual control condition. The results suggested that both men and women used body deception among peers, but men's body deception was muscularity driven whereas women's was thinness driven. Body dissatisfaction was significantly predictive of the degree of body deception used by both genders and it was significantly related to peer group membership. An integrated model for the role of body deception in body image disturbance is proposed.

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Introduction

Body deception refers to the purposeful misrepresentation of personal information about appearance, body size, or body composition to others. There are potentially a wide range of behaviors and activities designed to distort one's body in the eyes of others that include but are not limited to self-disclosure about shape, weight, or body composition (e.g., "These pants are size two"), camouflaging natural aspects of one's appearance (e.g., makeup, tanning, or even plastic surgery), and social comparisons (e.g., "I'm more muscular than he is"). Misrepresentation of bodily characteristics such as height and weight are well documented, and tend to be greater among women (Betz, Mintz, & Speakmon, 1994; Wada et al., 2005). To qualify as body deception, these behaviors, activities, or misrepresentations

must be distortions of an objective reality. For instance, a self-disclosure such as "these pants are size two" would be body deception only when the individual had knowledge that this disclosure was inaccurate. A number of motivations may exist for this form of interpersonal deception; for example, avoidance of body evaluation from peers, reassurance seeking about one's appearance, achievement of social status with same-sex peer groups, or increased attention from potential partners. By definition, body deception occurs in a social context and is likely to have both interpersonal and intrapersonal consequences.

A number of important theoretical questions arise from the definition of body deception, including the role of culture in dictating the direction of body deception. Richerson and Boyd (2005) define culture as "information capable of affecting individuals' behavior that they acquire from other members of their species through teaching, imitation, and other forms of social transmission" (p. 5). In Western cultures, widely accessible sources of information about body ideals (e.g., media outlets) suggest that the

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most valued appearance standards (i.e., cultural norms) fall outside the range of healthy body types in the form of excessive thinness for women (Owen & Laurel-Seller, 2000; Wiseman, Gray, Mosimann, & Ahrens, 1992) and lean muscularity only obtainable through anabolic-androgenic steroid use for men (Leit, Gray, & Pope, 2002; Pope, Olivardia, Gruber, & Borowiecki, 1999). Consequently, body deception influenced by cultural norms is hypothesized to be in the direction of excessive thinness for women and lean muscularity for men.

The phenomenon of body deception is easily integrated into the sociocultural theories of body image, in particular, social comparison theory. Social comparison refers to the innate tendency to compare oneself to others (targets) in such a way as to generate opinions about oneself with the potential to influence personal change (Festinger, 1954). In social contexts such as peer group discussions, social comparison is a dynamic process where individuals are both engaged in comparison as well as being the target of others' comparisons. When specific to one's body, social comparison can be visual (e.g., looking at a friend's body and equating it to an internal perception of one's own body) or criterion-based (e.g., comparing one's clothing size with a friend's clothing size). Theoretically, the natural consequence of social comparison should be a relatively accurate intrapersonal perception of one's body. The introduction of body deception, however, to the natural social comparison process may in fact lead to less accurate intrapersonal perceptions. For instance, an individual compares his/her weight to the misrepresented weight of a peer and consequently develops an inaccurate internal idea about his/her own size (i.e., "I am fatter than my peer").

Integrating body deception into social comparison theory raises theoretical questions about the impact of this process on both intrapersonal (i.e., one's own bodily perception) and interpersonal (e.g., group level ideas about appearance) outcomes. Perhaps the most commonly researched intrapersonal outcome is body dissatisfaction, which is typically conceptualized and measured by a self-ideal discrepancy (Strauman, Vookles, Berenstein, Chaiken, & Higgins, 1991; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). If body deception has an intrapersonal consequence, caused by inaccurate social comparisons, this consequence could be hypothesized as a greater discrepancy between one's self and one's ideal body. Furthermore, individual levels of body dissatisfaction may also be predictive of the degree of body deception used in social situations. A vulnerable individual (i.e., very dissatisfied) may wish to hide this dissatisfaction in interpersonal situations by misrepresenting certain aspects of appearance (e.g., lying about objective height, etc.) in hopes of altering other's perception of his or her body. This hypothesis is consistent with the status of body dissatisfaction as both a risk and maintaining factor for other potentially pathological behaviors such as extreme dieting, binge eating, and purging (Stice & Shaw, 2002).

The interpersonal consequences of body deception are also of strong theoretical importance as evidenced by the growing research implicating peer groups in the development and maintenance of body dissatisfaction and

extreme forms of weight and shape control (Jones, 2004; McCabe, Ricciardelli, & Holt, 2005; Paxton, Eisenberg, & Neumark-Sztainer, 2006). The peer group, particularly during adolescence and young adulthood, is believed to play an integral role in the development and regulation of body image related behaviors, emotions, and attitudes (Paxton, Schultz, Wertheim, & Muir, 1999). Within these specific social contexts, information is exchanged about physical appearance and other important factors, likely through a number of social processes, including: self-disclosure, discussion of acceptable and unacceptable behavior, and social comparison (Gifford-Smith, Dodge, Dishion, & McCord, 2005; Smetana, Campione-Barr, & Metzger, 2006). Although the degree to which an individual uses body deception may be particularly important to social comparison, it possibly moderates a number of other social processes relevant to social norm development.

During adolescence and young adulthood, one's peers and particularly one's friends become extremely important and valued social influences (Berndt, 1996). For instance, these social groups (peers in general and friends) help to shape many behaviors and attitudes across a wide range of areas from academic performance to drug use (Capaldi, Dishion, Stoolmiller, & Yoerger, 2001) and in addition, peer groups (i.e., friendship circles) also help dictate the norms and expectations related to appearance concerns (Paxton et al., 1999). For example, peer groups might engage in discussions about physical attractiveness, clothing, etc., which is a behavior that Jones (2004) refers to as appearance training. This training sets the norms and expectations for the group members and sets the parameters for what is idealized, acceptable, and unacceptable. Peers and friends may do this for example by teasing those who fail to meet these norms and expectations (e.g., criticizing another's weight). In fact, peers and friends appear to have been common childhood perpetrators of teasing (e.g., Eder, Evans, & Parker, 1995; Rieves & Cash, 1996).

However, some peer groups are more focused on appearance concerns than others. Research has demonstrated that male and female members of groups who frequently have appearance-related conversations were more likely to report greater internalized appearance ideals and higher body dissatisfaction than those who had less frequent appearance concerns (Jones, Vigfusdottir, & Lee, 2004). In other words, these appearance-concerned cliques may be viewed as "high weight/shape-preoccupied subculture(s)" (Paxton et al., 1999). Membership in such a group may be associated with an increase in the potential for body dissatisfaction and body deception.

Despite the theoretical importance of social comparison and other social processes to understand how peer groups facilitate body dissatisfaction (see Hildebrandt and Latner, 2008, for review), few experimental studies of the interpersonal effects of these processes exist. Some existing experimental studies of social comparison provide clues suggesting that the comparison target's physical characteristics influence body dissatisfaction (Stice, Maxfield, & Wells, 2003; Trampe, Stapel, & Siero, 2007) as well as the use of "fat talk" which is likely to facilitate peer

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