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.

Keywords: Eating disorders, Sociocultural, Internalization, Body image, Middle school girls

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 and friends, who comment directly and indirectly about 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,
of longitudinal and experimental studies, Stice (2002) identified appearance, and body size/shape, and the extent to which these factors may play a role, including the influences of societal pressures regarding weight, biological, psychological and social factors that may play a role, 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 psychological, social 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 physically fit girls than girls who are not. As such, there may be less real-ideal weight and shape discrepancy among physically fit girls than girls who are not. Therefore, girls who have internalized. As such, there may be less real-ideal weight and shape discrepancy among physically fit girls than girls who are not.

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).

Cardiorespiratory fitness. Cardiorespiratory fitness represents one's 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 ideals 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 one’s 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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