



Brief research report

Empowerment, feminism, and self-efficacy: Relationships to body image and disordered eating



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ABSTRACT

Sociocultural norms pertaining to an ideal of thinness for women likely play a role in the development and maintenance of disturbance in body image, and by extension, disordered eating. However, competing norms associated with feminism may buffer women from pressures associated with achieving the thin ideal. The present study explored the relationship between feminist ideology, empowerment, and self-efficacy relative to body image and eating behavior with a sample of U.S. undergraduate women ($N = 318$) attending a southeastern U.S. mid-sized university. In planned hierarchical multiple regression analyses, endorsement of feminist ideology predicted perceptions of positive body image, but did not appear to predict disordered eating. Self-efficacy emerged as a robust predictor of positive body image and lower disordered eating even after controlling for perceptions of personal empowerment and feminism. Results, although limited by correlational data, suggest that self-efficacy may protect college-aged women from disordered eating and negative body image.

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The risk of disordered eating and body image among female college students is likely related to cultural values that emphasize the importance of being attractive and thin (Levitt, 2004). Nearly 14% of college women endorse symptoms of eating disorders (Eisenberg, Nicklett, Roeder, & Kirz, 2011), and between 8 and 16% of undergraduate women specifically use unhealthy means to control their weight and shape (Luce, Crowther, & Pole, 2008). Therefore, it is important to understand sociocultural mechanisms that may protect individuals from eating and body image disturbances.

Feminism, by way of promoting critical evaluation of social imperatives and encouraging women to question physical appearance norms, may buffer women from self-destructive body image concerns and disordered eating (Rubin, Nemeroff, & Russo, 2004). Adoption of a feminist perspective is traditionally proposed to occur in discrete, developmental stages, ranging from passive acceptance of traditional gender roles to active commitment to social change (Downing & Roush, 1985). According to Murnen and Smolak (2009), the Synthesis subscale of the Feminist Identity Composite (Fischer et al., 2000) serves as an estimate of identification with feminism; during the synthesis stage, women begin to form a

positive concept of self and other women after actively questioning traditional gender roles.

Indeed, feminist beliefs and knowledge are associated with higher perceived physical attractiveness, lower body dissatisfaction (Dionne & Davis, 1995), and better ability to cope with the societal pressures to be thin amongst college women (Affleck, 2000; Rubin et al., 2004). Myers and Crowther (2007) found that feminist beliefs moderated the relationship between exposure to media promoting a thin ideal and internalization of this ideal in undergraduate women. Further, a meta-analysis found that feminist identity was associated with a lower drive for thinness, more positive body image, and lower ratings of disordered eating; however, the effect sizes varied significantly across studies (Murnen & Smolak, 2009), and the potential protective role of feminist identity has resulted in mixed findings in some studies (Cash, Ancis, & Strachan, 1997; Hurt et al., 2007). Although feminist beliefs may be useful in challenging social notions of beauty, they appear insufficient to directly change a person's thoughts or feelings about her own body (Rubin et al., 2004).

It is likely that feminist beliefs moderate rather than directly predict (Hurt et al., 2007; Myers & Crowther, 2007) disordered eating and body image. That is, specific components of feminism may relate to disordered eating and body image more reliably than the construct does globally. For example, empowerment, a facet of feminism, may protect college women from disturbed body image and eating (Peterson, Grippo, & Tantleff-Dunn, 2008). Empowerment has been defined as "a process by which individuals with lesser power gain control over their lives and influence

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the organizational and societal structures within which they live” (Segal, Silverman, & Temkin, 1995, p. 215). Peterson et al. (2008) examined feminism, as well as empowerment, among a sample of undergraduate women. They found that empowerment, consisting of both perceptions of personal control (power) and general positive self-regard (self-esteem/self-efficacy), and feminism negatively correlated with body image disturbance and disordered eating. Power remained a significant predictor of body image and disordered eating after controlling for self-esteem/self-efficacy. However, the self-esteem/self-efficacy factor of the Empowerment scale that was used did not measure “self-efficacy” per se. Rather, the subscale assessed general self-esteem rather than situationally specific self-efficacy.

Self-efficacy, defined as personal confidence to successfully engage in a specific behavior or succeed in a specific situation (Bandura, 1986), is consistent with feminism (Worell, 2001). While self-esteem is a broad evaluation of self-worth, it is theoretically based on performance and success of accomplished behaviors, making self-esteem modifiable through self-efficacy mechanisms (Bandura, 1991). Self-efficacy is associated with ability to cope with body image challenges and to engage in normative eating behaviors among females seeking treatment for problematic eating behavior (Pinto, Guarda, Heinberg, & DiClemente, 2006). Similarly, in a longitudinal study of women seeking treatment for eating problems, poor body image and low eating self-efficacy were associated with purging behaviors (Ackard, Cronemeyer, Franzen, Richter, & Norstrom, 2011). However, empowerment and situationally specific self-efficacy, although promoted as important components of feminist intervention (Worell, 2001), have not been concurrently examined in the context of feminist identity, body image and eating behavior.

We hypothesized that identification with feminism, especially empowerment, would predict decreased endorsement of disordered eating and more positive body image (Peterson et al., 2008). Additionally, we predicted that confidence specific to a particular situation, or self-efficacy, would significantly add to the prediction of self-reported body image and disordered eating (Pinto et al., 2006) beyond that explained by the more general constructs of identification with feminism, and self-perceptions of general esteem and empowerment.

Method

Participants and Procedure

Participants were 318 undergraduate women (age $M[SD]=18.76[1.13]$) recruited from psychology classes at a medium-sized university in the southeast U.S. Participants completed informed consent and questionnaires online. This study was approved by the university’s Institutional Review Board and participants received course extra-credit for participation. The majority of participants identified as Caucasian (91.3%; 2.8% African American; 2.8% Latino; 1.1% Asian), and most were college freshman (65%). Average body mass index (BMI) was 23.27 ($SD=3.94$) and 71% of the sample was in the normal weight range ($BMI < 25$).

Measures

Eating Attitudes Test (EAT; Garner & Garfinkel, 1979). The EAT is a 40-item measure used to assess self-reported eating attitudes and behaviors. Participants responded to questions using a 6-point rating scale ranging from “never” (1) to “always” (6). Responses were summed, with higher scores indicating more disturbed eating. Cronbach’s alpha for the current sample was .88.

Eating Disorder Recovery Self-Efficacy Questionnaire (EDRSQ; Pinto et al., 2006). The EDRSQ is a 23-item measure used to assess self-efficacy related to eating disorder behaviors using a 14-item Normative Eating (NE) Self-Efficacy scale and a 9-item Body Image (BI) Self-Efficacy scale. Participants respond to items about specific eating and body image behaviors, thoughts and feelings (e.g., “I can try new foods without feeling anxious”) using a 5-point scale ranging from “not at all confident” (1) to “extremely confident” (5). Responses were averaged, with higher scores indicating greater eating and body image-related confidence. Though originally developed for a clinical population, the measure is considered appropriate for use with non-eating disordered individuals (Pinto et al., 2006). Cronbach’s alpha for the current sample was .96.

Empowerment Scale (ES; Rogers, Chamberlin, Ellison, & Crean, 1997). The ES is a 31-item measure used to assess perceived control over societal and personal choices (Power), and feelings of self-worth and confidence in general abilities (Self-Esteem). Participants responded to items using a Likert scale ranging from “strongly disagree” (1) to “strongly agree” (4). Responses were averaged, with higher scores indicating greater power and greater self-esteem. Cronbach’s alpha on the Power (ES-PP) subscale was .60, and was .89 for the Self-Esteem (ES-SE) subscale. Although relatively low, internal consistency of the Power subscale was consistent with previous studies (Peterson et al., 2008), and thus considered adequate for the present study.

Feminist Identity Composite (FIC; Fischer et al., 2000). The FIC is a 40-item scale measuring the Downing and Roush (1985) feminist identity stages, with each stage as a subscale. For the current analyses, and based upon the meta-analytic findings of Murnen and Smolak (2009), the 5-item Synthesis (SYN) subscale of the FIC was used to estimate identification with feminism in these analyses. Participants responded to items on a Likert scale ranging from “strongly disagree” (1) to “strongly agree” (5). Responses were summed, with higher scores indicating greater agreement with feminist beliefs. In the current sample, Cronbach’s alpha for FIC-SYN was .85.

Multidimensional Body-Self Relations Questionnaire (MBSRQ; Cash, 2000). The MBSRQ is a 69-item measure of body image. Two subscales were used: the 9-item Body Areas Satisfaction (BASS) scale that reflects satisfaction with specific body areas, and the 7-item Appearance Evaluation (AE) scale that assesses general feelings of attractiveness and satisfaction with appearance. Participants responded to items using a Likert scale ranging from “definitely disagree” or “very dissatisfied” (1) to “definitely agree” or “very satisfied” (5). Responses were averaged, with higher scores indicating a more positive evaluation of one’s body. Cronbach’s alpha for the BASS subscale for the current sample was 0.85, and for the AE subscale was .90.

Results

Item-level missing data were estimated using SPSS’s linear trend at point, and multicollinearity was assessed via VIF values, all within acceptable range (below 5). Correlations between all variables are presented in Table 1. On average, participants scored in the normative non-clinical range on the EAT, the MBSRQ-AE, and the MBSRQ-BASS. Consistent with hypotheses, the self-efficacy subscales, and the empowerment subscales significantly negatively correlated with disordered eating, and significantly positively correlated with body image. The feminism Synthesis subscale positively correlated with body image, but did not significantly correlate with disordered eating.

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