



Body appreciation and body dissatisfaction between maltreated and comparison adolescents

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ARTICLE INFO

Keywords:

Body appreciation
Body dissatisfaction
Maltreatment
Child depressive symptoms
BMI percentile

ABSTRACT

Body image, both positive and negative, is a salient issue in adolescence and can affect mental health as well as mental health can affect body image. Although maltreated youth are known to have serious mental health problems, very little research has explored body image problems in this population. This study explored the association between maltreatment and both body appreciation and body dissatisfaction as well as the relationship between BMI percentile and both body appreciation and body dissatisfaction. Data came from a study on the effects of maltreatment on adolescent development, and participants included child welfare-affiliated maltreated youth ($N = 299$) and comparison youth ($N = 148$) ages of 9–13 years. Linear regression was used to evaluate if BMI percentile and maltreatment status were related to body appreciation and body dissatisfaction, while also evaluating the influence of age, race, pubertal development, and depressive symptoms. The analyses were stratified by sex. Maltreated boys reported lower body appreciation than the comparison boys. Latina girls reported lower body appreciation compared to White, Black, or biracial/multiethnic girls. As depressive symptoms increased, body appreciation decreased and body dissatisfaction increased for both boys and girls. BMI was not associated with body appreciation or body dissatisfaction. Interventions that address body image should not only focus on decreasing body dissatisfaction but should also work to promote positive body image or body appreciation. These interventions should target boys and girls and all ethnicities/races, especially maltreated boys and Latinas, as well as address depression symptoms along body image problems.

During adolescence a confluence of physical, social and cognitive changes occur, and body image in particular may emerge as a source of problems. Body image is “a complex, multidimensional construct that includes self-perceptions and attitudes (i.e., thoughts, feelings, and behaviors) with regard to the body” (Avalos, Tylka, & Wood-Barcalow, 2005, p. 285). It encompasses many components including appearance orientation, body esteem, and accuracy of size perception (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Although body image is often studied with a focus on body dissatisfaction or negative body image, body appreciation is a separate and important construct (Ramseyer Winter & Satinsky, 2014) that encapsulates a strengths perspective, a key component of the social work profession (Franklin, 2015), yet is rarely studied. Indeed, focusing on only weaknesses lessens our ability to utilize strengths which may provide a buffer against the effects of negative body image (Fenton, Brooks, Spencer, & Morgan, 2010). As distinct constructs, it is important to disentangle the correlates of both positive (body appreciation) and negative (body dissatisfaction)

body image separately. Maltreated youth are a population known to have serious physical and mental health problems (Chapman, Dube, & Anda, 2007; Hussey, Chang, & Kotch, 2006; Trickett, Negriff, Ji, & Peckins, 2011) and may have particular body image concerns. Very little research has explored body image problems in this vulnerable population, thus this study examined both body appreciation and body dissatisfaction in a sample of maltreated and comparison young adolescents.

The prevalence of body dissatisfaction is substantial, with estimates as high as 80.8% of girls and 54.8% of boys desiring to change their body size (Lawler & Nixon, 2011), with the highest rates observed during adolescence (Bucchianeri, Arikian, Hannan, Eisenberg, & Neumark-Sztainer, 2013). This is particularly concerning as body dissatisfaction is related to a multitude of negative outcomes among adolescents, including depression, eating disorders, poor eating habits, and obesity (Bucchianeri & Neumark-Sztainer, 2014). Much less is known about the correlates of body appreciation, although correlations

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<https://doi.org/10.1016/j.childyouth.2019.104514>

Received 27 February 2019; Received in revised form 23 September 2019; Accepted 23 September 2019

Available online 18 November 2019

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with sexual function (Ramsey Winter & Satinsky, 2014; Satinsky, Reece, Dennis, Sanders, & Bardzell, 2012), substance use (Andrew, Tiggemann, & Clark, 2016), and media images (Halliwell, 2013) have been found.

Being overweight or obese negatively impacts body image in adolescence (Cash, 2012; Harriger & Thompson, 2012). Youth who are overweight or obese often have negative attitudes towards their bodies. For example, body dissatisfaction decreases concurrently with increases in BMI during adolescence (Bucchianeri et al., 2013). Few studies have examined the relationship between body appreciation and BMI percentile, particularly among young adolescents. One study among older adolescents and young adults in Spain found that lower BMI predicted body appreciation (Jáuregui-Lobera, Bolaños-Ríos, Santiago-Fernández, Garrido-Casals, & Sánchez, 2011). The relationship between body appreciation and BMI percentile remains understudied.

There is a lack of literature examining the relationship between maltreatment and body image, both positive and negative. Child abuse has been associated with overweight and obesity in adulthood (Bentley & Widom, 2009; Danese & Tan, 2014; Rohde et al., 2008). Childhood neglect, physical abuse (Shin & Miller, 2012), and sexual abuse (Noll, Zeller, Trickett, & Putnam, 2007) are related to higher BMI among youth. If maltreatment is related to overweight and obesity, and overweight and obesity are also associated with body dissatisfaction, maltreatment may also have a relationship with body image. Indeed, one study found that youth in foster care reported more frustration with their appearance than non-foster care youth, but this relationship did not exist when controlling for BMI (Ramsey Winter, Combs, & Ward, 2018). Self-reported abuse in childhood is associated with later atypical body concerns in adulthood (Brooke & Mussap, 2013). Preliminary evidence does suggest child sexual abuse is associated with body dissatisfaction (Wonderlich & Crosby, 2000) but this was a small sample of 20, and it is unclear if this relationship is true for all types of abuse and neglect.

According to social comparison theory (Festinger, 1954), there are a number of other factors that may impact body appreciation and body dissatisfaction, including race/ethnicity, and puberty. Social comparison predicts a diversity of unhealthy body image views and related behaviors among both males and females, including appearance, self-esteem, body dissatisfaction, and pathogenic weight control practices (Morrison, Kalin, & Morrison, 2004). However, females may be even more likely than males to make these social comparisons and experience body dissatisfaction as a result (Betz, Sabik, & Ramsey, 2019; Tamplin, McLean, & Paxton, 2018). Traditionally, it has been recognized that White youth have more dissatisfaction with their bodies compared to non-White youth (Striegel-Moore, Wilfley, Caldwell, Needham, & Brownell, 1996). There is also evidence that minorities have lower body dissatisfaction than Whites, particularly among females (Flynn & Fitzgibbon, 1996; Neff, Sargent, McKeown, Jackson, & Valois, 1997). However, these differences in body image are shrinking and in some cases are non-existent or negligible (Grabe & Hyde, 2006; van den Berg, Mond, Eisenberg, Ackard, & Neumark-Sztainer, 2010). The onset of puberty may have an impact on body image for both boys and girls. Girls become curvier during puberty, which may be perceived as less desirable than the “thin ideal,” and boys experience increased muscularity, which is closer to an ideal body type for boys (Cash, 2012). Because of this, some research supports the idea that early pubertal development for girls and late pubertal development for boys may have a negative impact on body appreciation and a positive impact on body dissatisfaction (Cash, 2012). Among college-aged girls, earlier pubertal timing has been linked to lower body appreciation in particular (Grower, Ward, & Beltz, 2019).

Lastly, depressive symptoms may also impact body appreciation and body dissatisfaction. There is evidence that depression and body image dissatisfaction are related among boys and girls (Blashill & Wilhelm, 2014; Ferreira, Seoane, & Senra, 2014; Stice, Hayward, Cameron, Killen, & Taylor, 2000). However, the relationship between depression

and body appreciation is not well known. Thus, further investigation is warranted.

Although BMI is related to body dissatisfaction among youth, few studies have examined the relationship to body appreciation, and the literature on the association between maltreatment and body image (both positive and negative) during early adolescence is scant. This current study explored how maltreatment and BMI percentile were related to both body appreciation and body dissatisfaction. We also tested the influence of age, race, pubertal status, and depressive symptoms on both body appreciation and body dissatisfaction. We hypothesized that higher BMI percentile and maltreatment would be associated with increased body dissatisfaction and decreased body appreciation among boys and girls, with the relationship stronger among girls.

1. Method

Data came from Time 1 of the Young Adolescent Project, a longitudinal study of the impact of child maltreatment on adolescent development, which began in 2002 (Mennen & Trickett, 2011; Schneiderman, Negriff, Peckins, Mennen, & Trickett, 2015). Young adolescents (ages 9–12 years old) who had a new referral to child welfare case were recruited from the Los Angeles County Department of Children and Family Services (DCFS). Inclusion criteria required children be identified by DCFS as White, Latino, or Black. Recruitment occurred in 10 selected zip codes within Los Angeles County due to the high rates of reported maltreatment and racial/ethnic diversity. Comparison children of the same ages and race/ethnicities were selected from the same 10 zip codes using direct marketing service and school lists. All caregivers (from both the maltreated sample and the comparison sample) were mailed a letter explaining the study and requesting participation. The letter was followed up with a phone call. Of the families who were sent the letter, 77% of the maltreated group and about 50% of the comparison group agreed to participate. The two groups were similar in regard to age, gender, and neighborhood characteristics (reference blinded). The caregivers and children completed an interview protocol, which lasted 3–4 h, wherein the adolescent completed questionnaires and tasks both related and unrelated to this study. Caretakers consented and the youth assented to participate in the study. Both caregivers and young adolescents received financial compensation for their participation based on the National Institutes of Health standard compensation rate for healthy volunteers. The Young Adolescent Project was approved by the university Institutional Review Board and the County Juvenile Court.

1.1. Sample

We used data from Time 1 for the present study. A sample of 303 maltreated youth and 151 comparison youth and caregivers participated in Time 1 data collection. All youth were between the ages of 9–13 years (although recruitment began when children were maximum age of 12, some children turned 13 prior to their Time 1 interview). Two participants were missing key variables and another five participants were underweight and thus, excluded from this analysis. The sample used for this analysis included 299 maltreated youth and 148 comparison youth.

1.2. Measures

1.2.1. Independent variables

The main independent variables for this study included BMI percentile and maltreatment status. Maltreatment status was determined by case review of the DCFS records (Trickett, Mennen, Kim, & Sang, 2009). All of the maltreated participants had open-cases with DCFS, and maltreatment was dichotomized as yes or no. Maltreatment included physical, sexual, and emotional abuse, as well as neglect. BMI

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