



Psychological predictors of body image attitudes and concerns in young children

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ABSTRACT

We aimed to examine cross-sectional and longitudinal relationships between psychological characteristics, body size, and body image outcomes in 6- to 7-year-old children. Participants were 202 children (91 boys, 111 girls) assessed when 6 and 7 years old. Body image-related variables, body mass index, and psychological characteristics were assessed. Cross-sectionally in the total sample, lower self-esteem was associated with greater body dissatisfaction, internalization of appearance ideals, and rewards of muscularity. Greater perfectionism was associated with greater body dissatisfaction, dietary restraint, drive for muscularity, and rewards of thinness and muscularity. Prospectively, internalization and socially prescribed perfectionism at 6 predicted greater body dissatisfaction at 7; higher perfectionism predicted greater rewards of thinness; higher perfectionism and lower self-esteem predicted greater rewards of muscularity; and lower self-esteem and smaller perceived body size predicted higher internalization. Exploratory gender specific analyses suggest that self-esteem may play a greater role in the development of body image attitudes in girls than boys, while perfectionism appears to increase boys' vulnerability to perceive greater rewards from thinness. Findings support the inclusion of psychological characteristics in etiological models of early body image development, and highlight perfectionism, internalization of appearance ideals, and self-esteem as potential targets for preventative interventions in this age group.

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1. Introduction

Body image attitudes are established during early childhood (Paxton & Damiano, 2017). By age 3, children have frequently internalized body size stereotypes (Harringer, Calogero, Witherington, & Smith, 2010; Spiel, Paxton, & Yager, 2012), and children as young as 5 have expressed body dissatisfaction (Davison, Markey, & Birch, 2000) and engage in dietary restraint (Carper, Fisher, & Birch, 2000; Damiano, Paxton, Wertheim, McLean, & Gregg, 2015). Findings from pre-adolescent and adolescent research indicate that psychological characteristics, including negative affect (Bearman, Presnell, Martinez, & Stice, 2006), self-esteem (Paxton, Eisenberg, & Neumark-Sztainer, 2006), perfectionism (Boone, Soenens, & Braet, 2011), and internalization

of appearance ideals (Stice & Whitenton, 2002), as well as larger body size (Paxton et al., 2006), may confer risk for the development of body image concerns. These characteristics might also influence the development of body image during early childhood. The aim of this study, therefore, was to provide new insight into psychological risk factors for the development of body image concerns in young children by examining cross-sectional and longitudinal relationships between psychological characteristics, body size, and body image attitudes and concerns in children at age 6 and age 7.

The biopsychosocial model proposes that biological factors (e.g., body size), psychological characteristics (e.g., negative affect, low self-esteem, perfectionism), and sociocultural appearance pressures from family, peers, and the media, combine to increase the tendency to internalize or adopt societal body ideals (i.e., internalization of appearance ideals), and to compare one's appearance with that of others (i.e., appearance comparison), to thereby confer risk for body dissatisfaction and related eating disturbances (Ricciardelli, McCabe, Holt, & Finemore, 2003; Rodgers, Paxton, & McLean, 2014; Wertheim & Paxton, 2012). Empirical support for the influence of biological factors such as body size (McCabe & Ricciardelli, 2005; Paxton et al., 2006; Saling, Ricciardelli, &

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McCabe, 2005) and sociocultural factors (McCabe & Ricciardelli, 2005; Stice & Whitenton, 2002) on body image development has been well established in pre-adolescent and adolescent populations. Evidence for the role of psychological factors in this age group is growing (Boone et al., 2011; Rodgers et al., 2014), and is reviewed below.

1.1. Negative affect and body image attitudes and concerns

Negative affect, defined as a general factor of emotional distress comprising depressive and anxious symptoms (Joiner, Cantazaro, & Laurent, 1996), has been proposed to increase risk of body dissatisfaction by increasing negative attributional bias (Beck, 1976), thereby elevating the likelihood of evaluating one's own body shape and weight negatively (Bearman et al., 2006; Stice & Whitenton, 2002). Cross-sectional studies have frequently observed positive associations between anxious or depressive symptoms and body dissatisfaction in adolescents (Kostanski & Gullone, 1998; Ohring, Graber, & Brooks-Gunn, 2002; Rodgers et al., 2014) and pre-adolescents (McCabe & Ricciardelli, 2003; Phares, Steinberg, & Thompson, 2004). Prospective studies have consistently found that negative affect predicts increases in body dissatisfaction in adolescent boys (Bearman et al., 2006; Paxton et al., 2006), but not always in girls (Paxton et al., 2006; Presnell, Bearman, & Stice, 2004). No support has been found for either cross-sectional or longitudinal associations between negative affect and dieting in children aged 8–10 years (Saling et al., 2005). However, higher levels of depressive symptoms in 7-year-old girls predict dieting at age 9 (Sinton & Birch, 2005). Whilst methodological differences in measurement, sampling, and time frames examined might partially account for discrepancies between findings, these findings suggest that the role of negative affect as a risk factor for body image concerns might differ according to developmental stage and gender.

Few studies have investigated the relationship between negative affect and body image during early childhood, except one study that found negative affect at ages 3 and 4 predicted drive for thinness in early adolescent girls (but not boys) (Martin et al., 2000). However, anxiety is prevalent in early childhood (Rapee, Schniering, & Hudson, 2009), and anxious and depressive symptoms may arise in children as young as 3 years (Luby, 2013). Negative affect might, therefore, play a role in the development of body image during this time. Specifically, young children high in anxiety might be more self-conscious in social settings, and more sensitive to perceived negative evaluation than others, while those high in depressive symptoms might also develop a more negative view of themselves than others (Huberty, 2012). Heightened sensitivity to perceived criticism and negative self-evaluation may render children more sensitive to appearance-related criticism.

1.2. Low self-esteem and body image attitudes and concerns

Low self-esteem, a poor global regard for oneself as a person (Harter, 1993), is also theorized to influence the development of body image by increasing vulnerability to internalize appearance ideals and engage in upward appearance comparisons (Durkin, Paxton, & Sorbello, 2007). Conversely, higher self-esteem might mitigate the negative effects of internalization and appearance comparison, thereby reducing risk of body dissatisfaction (Mitchell, Petrie, Greenleaf, & Martin, 2012).

Cross-sectional studies consistently find associations between low self-esteem and body dissatisfaction and dietary restraint in adolescents (Kostanski & Gullone, 1998; Muris, Meesters, van de Blom, & Mayer, 2005) and pre-adolescents (Lawrence & Thelen, 1995; McCabe & Ricciardelli, 2003; Phares et al., 2004). These findings have generally revealed stronger associations between low self-esteem and body dissatisfaction in females than males

(e.g., Kostanski & Gullone, 1998; Muris et al., 2005). However, prospective results have been inconsistent (Paxton et al., 2006; Tiggemann, 2005; Wojtowicz & von Ranson, 2012). Self-esteem has been found to be correlated with body satisfaction in 8- to 10-year-old children, but no evidence has been found for a prospective association between self-esteem and body satisfaction in this age-group (Mendelson, White, & Mendelson, 1996). Saling et al. (2005) also found no prospective relationship between self-esteem and dieting in pre-adolescent children; however, self-esteem predicted muscle preoccupation in pre-adolescent girls but not boys. These findings suggest that self-esteem might influence the development of body image concerns in males and females differently at varying stages of development.

Little is currently known about the impact of self-esteem on body image development during early childhood. However, research suggests that young children (3–7 years old) generally report high self-esteem (Harter, 2006). Maturation changes in cognitive development that occur during middle childhood have been proposed to introduce liabilities that lead to increased negative self-evaluation and decreased self-esteem for some children (Harter, 2006).

1.3. Perfectionism and body image attitudes and concerns

Perfectionism has also been both theoretically (Wertheim & Paxton, 2012) and empirically (Bardone-Cone et al., 2007; Boone et al., 2011) linked to body dissatisfaction and eating symptomatology. Growing consensus indicates that perfectionism is a multidimensional construct broadly conceptualized as comprising two main dimensions: one involving self-imposed expectations of unrealistically high standards (described as self-oriented perfectionism (SOP) or personal standards perfectionism), and the other involving the perceived need to attain high standards prescribed by others and excessive concerns about others' disapproval (described as socially prescribed perfectionism (SPP) or evaluative concerns perfectionism) (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). Individuals who apply inflexible evaluative criteria to themselves are proposed to also apply such criteria to their bodies, thereby internalizing sociocultural appearance pressures (Boone, Soenens, & Luyten, 2014). Perfectionism might further predispose individuals to pursue and base their self-worth on achieving unrealistic body image ideals, thereby increasing their risk of body dissatisfaction and unhealthy weight control behaviors (Cash, 2002; Grammas & Schwartz, 2009; Wojtowicz & von Ranson, 2012).

In support of this theory, a composite measure of SOP and SPP has been found to be positively correlated with body dissatisfaction in adolescent girls (Teixeira, Pereira, Marques, Saraiva, & de Macedo, 2016), whilst SOP and SPP have been associated with dysfunctional eating in adolescents (Bento et al., 2010; Teixeira et al., 2016). Self-oriented perfectionism has also been associated with disordered eating in 12-year-old girls (McVey, Pepler, Davis, Flett, & Abdoell, 2002). In pre-adolescent children, a composite measure of SOP and SPP has been found to correlate with muscle preoccupation in boys, and dieting and muscle concerns in girls (Saling et al., 2005).

Longitudinally, in adolescents, evaluative concerns perfectionism has predicted increased drive for thinness (Dickie, Wilson, McDowall, & Surgenor, 2012) and increases in bulimic symptoms both directly and indirectly through perceived pressure to be thin, internalization of the thin ideal, and body dissatisfaction (Boone et al., 2011). However, Boone et al. (2014) later found no direct prospective association between perfectionism and body dissatisfaction. In pre-adolescents, Saling et al. (2005) found that a composite measure of SOP and SPP predicted dieting and muscle preoccupation in 8- to 10-year-old boys.

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