



Brief research report

## Physical appearance comparisons in ethnically diverse college women



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### ABSTRACT

Research demonstrates ethnic differences in rates of body dissatisfaction and disordered eating. Appearance comparison frequency is related to these outcomes, however, research has not examined possible ethnic differences in levels of appearance comparisons nor their relation to body dissatisfaction and disordered eating. The current study examined the frequency of appearance comparisons and the strength of the relationships between appearance comparisons, appearance evaluation, and disordered eating among White, Black, and Hispanic women. Measures of appearance comparison, appearance evaluation, and disordered eating were administered to 895 college women. Compared with White and Hispanic women, Black women reported fewer appearance comparisons, more positive appearance evaluation, and lower levels of disordered eating. Associations between examined variables were generally weaker among Black women. Results suggest that the reduced frequency and impact of appearance comparisons may contribute to more positive appearance evaluation and reduced levels of disordered eating among Black women.

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### Introduction

Research indicates higher rates of eating pathology among Whites compared to non-Whites (Wildes, Emery, & Simons, 2001). Although relatively few studies have examined rates of eating pathology among more carefully defined ethnic groups, extant research suggests that rates of disordered eating may be lower among Black women, and comparable among Hispanic and White women in the United States (Alegria et al., 2007; Fitzsimmons & Bardone-Cone, 2011). Given these ethnic differences in rates of disordered eating, studies have sought to examine possible ethnic variation in proposed risk factors in order to better understand possible differential processes in the development of disordered eating. These studies generally indicate lower endorsement of body dissatisfaction and acceptance of more curvaceous ideal figures among Black and Hispanic females compared to White females (Powell & Kahn, 1995; Roberts, Cash, Feingold, & Johnson, 2006; Wildes et al., 2001). In addition, White women report higher levels of body checking, body surveillance, body avoidance, perceived pressures for thinness, and drive for thinness compared to Hispanic and Black women (Breitkopf, Littleton, & Berenson, 2007;

McKnight Risk Factor Study, 2000; White & Warren, 2013; Wildes et al., 2001). Moreover, research indicates that the relationship between established risk factors and body dissatisfaction may be moderated by ethnicity with stronger relationships being observed for White women than for Black or Hispanic women (Fitzsimmons & Bardone-Cone, 2011; Warren et al., 2005).

Social comparison theory (Festinger, 1954) suggests that comparison of the self with others is one important means through which individuals gain self-knowledge. Social comparison processes have been observed within numerous domains, leading researchers to suggest that social comparison may be one of the most important means through which individuals self-evaluate (Buunk & Gibbons, 2007). The tripartite influence model of body dissatisfaction and disordered eating (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) draws upon social comparison theory to explain how sociocultural influences may contribute to body dissatisfaction and disordered eating. The tripartite model suggests that women experience social pressure to adhere to the thin ideal, leading them to internalize the ideal and engage in appearance-based comparisons with others, which results in increased body dissatisfaction and disordered eating.

A preponderance of research supports the role of appearance comparisons in the development of body dissatisfaction and disordered eating in women (Keery, van den Berg, & Thompson, 2004; Myers & Crowther, 2009). However, extant research has generally examined the correlates of appearance comparison in predominantly White samples precluding an examination of ethnic

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differences in the frequency and impact of appearance comparison (e.g., O'Brien et al., 2009; Tylka & Sabik, 2010). In their meta-analytic review of the association between appearance comparisons and body dissatisfaction, Myers and Crowther (2009) were unable to examine the moderating role of ethnicity, as many studies did not report the ethnic composition of the sample. The authors recommended that future work should seek to elucidate the role of ethnicity in the process and effect of appearance comparisons. Given that levels of body dissatisfaction and disordered eating appear to vary among women from diverse ethnic backgrounds, and that levels of associated risk factors appear to be highest among White women compared with Black or Hispanic women, it is likely that levels of appearance comparison may also vary among ethnic groups. Specifically, it is possible that White women may engage in more frequent comparisons of their appearance than Black or Hispanic women. In addition, White women may evidence stronger associations between appearance comparison frequency and proposed negative outcomes of body dissatisfaction or disordered eating.

To date, research has not yet examined ethnic differences in the frequency or impact of appearance comparisons. Therefore, the goal of the current study was to examine (a) differences in the frequency of appearance comparisons among White, Black, and Hispanic women and (b) differences in the strength of the associations between appearance comparison, body image, and disordered eating. Given strong evidence supporting the negative impact of appearance comparisons, such work may help to further elucidate the relative impact of appearance comparisons in the development and maintenance of body image disturbance and disordered eating in women from diverse ethnic backgrounds.

## Method

### Participants

Participants for the current study were 895 female undergraduate students attending a large Southeastern university who self-identified as White ( $n=623$ ), Black or African American ( $n=135$ ), and Hispanic or Latina ( $n=137$ ). Participants ranged in age from 18 to 35, with a mean age of 20.35 years ( $SD=2.76$ ). The average body mass index (BMI;  $\text{kg}/\text{m}^2$ ) of the sample was 23.60 ( $SD=4.99$ ).

### Measures

**Demographic information.** Participants completed a brief demographics questionnaire in which they were asked to indicate their age, ethnicity, height, and weight. Each participant's self-reported height and weight was used to calculate her BMI.

**Physical Appearance Comparison Scale-Revised (PACS-R).** The 11-item PACS-R (Schaefer & Thompson, 2014) was used to assess respondents' tendency to engage in physical appearance comparisons. Items are rated on a 5-point Likert scale ranging from 0 (*never*) to 4 (*always*). Higher mean scores on the PACS-R indicate greater frequency of appearance comparisons. The PACS-R has demonstrated good reliability and validity in college women (Schaefer & Thompson, 2014). Cronbach's alphas for the PACS-R in the total sample and ethnic group subsamples ranged from .96 to .97.

**Multidimensional Body-Self Relations Questionnaire – Appearance Evaluation Subscale (MBSRQ-AE).** The Appearance Evaluation subscale of the MBSRQ (Brown, Cash, & Mikulka, 1990) is a seven-item scale that assesses respondents' evaluation of their overall appearance. Items are rated on a 5-point Likert scale

ranging from 1 (*definitely disagree*) to 5 (*definitely agree*). Scores on this measure have demonstrated strong construct validity with higher scores on the scale indicating a more positive evaluation of one's appearance (Cash, 2000). Cronbach's alphas in the total sample and ethnic group subsamples ranged from .87 to .92.

**Eating Disorder Examination – Questionnaire (EDE-Q).** The EDE-Q (Fairburn & Beglin, 2008) is perhaps the most widely used and validated measure of disordered eating attitudes and behaviors. The measure consists of 28 items and four subscales assessing dietary restraint, eating concern, shape concern, and weight concern. Items are rated on a 7-point scale ranging from 0 (*no days/not at all*) to 6 (*everyday/markedly*). In the current sample, items from the dietary restraint and eating concern subscales were averaged to create a composite score representing pathological preoccupation with food and engagement in restrictive eating. Items from the shape concern and weight concern subscales were averaged to create a composite score representing overconcern with one's body weight and shape. This approach has been utilized in previous investigations of disordered eating (Fitzsimmons & Bardone-Cone, 2011). In the total sample and ethnic group subsamples internal consistency for the dietary restraint/eating concern composite ranged from .85 to .89. Internal consistency for the weight/shape concern composite ranged from .92 to .95.

### Procedure

Participants were recruited online through the university's undergraduate psychology research pool. Interested participants provided electronic consent and completed the set of measures online as part of a larger study. Upon completion, participants were debriefed online and received extra course credit for their participation. This study was approved by the university ethics review board.

### Data analyses

Six separate one-way ANOVAs were conducted to examine differences in age, BMI, appearance comparison frequency, appearance evaluation, weight/shape concern, and eating concern/dietary restraint among ethnic groups. Missing data were handled using pairwise deletion. Effect size was assessed via eta-squared; an effect of .01 is considered small, .06 is medium, and .14 is large (Cohen, 1988). A significant omnibus test was followed by post hoc pairwise-comparisons. Pairwise comparisons were performed using Tukey's HSD when the assumption of equal variances was not violated and Dunnett's *C* test in cases where the homogeneity of variances assumption was violated. Bivariate correlations between age, BMI, appearance comparison frequency, appearance evaluation, weight/shape concern, and eating concern/dietary restraint were calculated for the total combined sample, as well as within each of the three ethnic group subsamples. A correlation of .1 is considered small, .3 is medium, and .5 is large (Cohen, 1988). Fisher's *r* to *z* transformation was used to compare the strength of the observed correlations between ethnic groups (Lowry, 2015).

## Results

Table 1 presents the results from the ANOVAs examining differences in age, BMI, appearance comparison frequency, appearance evaluation, weight/shape concern, and eating concern/dietary restraint across ethnic groups. ANOVA results indicated group differences in BMI, appearance comparison frequency, appearance evaluation, weight/shape concern, and eating concern/dietary restraint. All effect sizes were small in magnitude. Mean age did not differ across groups. Pairwise comparisons indicated significantly

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