



# Holding fat stereotypes is associated with lower body dissatisfaction in normal weight Caucasian women who engage in body surveillance



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## ABSTRACT

This study examined the moderating effect of body surveillance on the relationship between fat stereotype endorsement and body dissatisfaction in normal weight women. Participants ( $N=225$ ) completed online measures of fat stereotyping, body surveillance, body dissatisfaction, and internalized thin ideals. After accounting for thin ideals, body surveillance moderated the relationship between fat stereotypes and body dissatisfaction. Contrary to hypotheses, higher fat stereotype endorsement predicted lower body dissatisfaction in women with higher body surveillance. Conversely, higher fat stereotype endorsement predicted greater body dissatisfaction in women with lower body surveillance. Thus, endorsing fat stereotypes appears protective against body dissatisfaction in normal weight women who extensively engage in body surveillance. For women who hold fat stereotypes and report high body surveillance, we propose that downward appearance comparison may create a contrast between themselves and the people with overweight whom they denigrate, thus improving body dissatisfaction.

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## Introduction

Fat stereotypes refer to beliefs about traits considered characteristic of individuals carrying excess weight and fat. Common fat stereotypes include beliefs that individuals with overweight are lazy, unfriendly, and lack willpower (Puhl & Brownell, 2001). Large-scale studies reveal that these stereotypes are commonly endorsed by people of all weight categories (e.g., Hilbert, Rief, & Braehler, 2008). Further, endorsing fat stereotypes is associated with a number of negative psychological characteristics, such as low self-esteem (e.g., Klaczynski, Goold, & Mudry, 2004), depressive symptomatology (e.g., Friedman et al., 2005), anxiety (e.g., Durso & Latner, 2008) and, notably, body dissatisfaction (e.g., Friedman et al., 2005).

Body dissatisfaction refers to the negative subjective evaluation of one's body, which for women includes body shape, weight, and specific body parts, such as one's stomach or thighs (Stice & Shaw, 2002). Body dissatisfaction is an important facet of body image disturbance (Thompson & Stice, 2001), and is considered an essential precursor to disordered eating behaviours (Stice, 2001) and to clinical eating disorders (Polivy & Herman, 2002). Therefore,

understanding the factors contributing to body dissatisfaction is of prime importance.

Research on the relationship between body dissatisfaction and endorsed fat stereotypes is fairly recent and disproportionately focussed on individuals with overweight or obesity. Findings generally indicate that greater endorsement of fat stereotypes is related to greater body dissatisfaction and body image concerns in these individuals (Carels et al., 2010; Durso & Latner, 2008; Friedman et al., 2005). However, less is known about this relationship in normal weight women. One study by Laliberte, Newton, McCabe, and Mills (2007) found that endorsing the belief that weight is completely controllable was related to higher body dissatisfaction in a predominantly normal weight sample of women. Similarly, O'Brien, Hunter, Halberstadt, and Anderson (2007) found that, in a predominantly normal weight sample, participants with a stronger tendency to compare themselves physically to others reported lower body satisfaction as well as greater endorsement of the stereotype that overweight is due to lack of willpower. These studies provide preliminary evidence that endorsing fat stereotypes may be related to body dissatisfaction in normal weight women.

Although these findings document an association between holding fat stereotypes and body dissatisfaction in normal weight women, little is known of the factors contributing to it. Logically, holding fat stereotypes may promote body dissatisfaction by virtue of the fact that one's own body fat may be associated with the same

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negative connotation as that of others. This negative appraisal of one's body fat may be exacerbated by body surveillance, defined as the tendency to view one's body from the perspective of an outside observer (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). Women with high body surveillance tend to look at, and monitor, their body frequently (McKinley, 1998). Body surveillance is theorized to lead to body dissatisfaction because it promotes an awareness of the discrepancy between one's own body and internalized cultural standards of attractiveness (McKinley & Hyde, 1996). Indeed, body surveillance is associated with the internalization of the thin ideal (Fitzsimmons-Craft et al., 2012) and with body dissatisfaction in normal weight, overweight, and obese women (Frederick, Forbes, Grigorian, & Jarcho, 2007; Mercurio & Rima, 2011). Therefore, body surveillance may further promote body dissatisfaction in women who endorse fat stereotypes by heightening their awareness of their own body fat, a characteristic that they denigrate.

Finally, past research has shown ethnic differences in anti-fat attitudes (e.g., Hebl, King, & Perkins, 2009), body shape ideals (e.g., Overstreet, Quinn, & Agocha, 2010), and body dissatisfaction (Grabe & Hyde, 2006). Thus, race and ethnicity are important to consider within the context of weight bias and body image. Given the difficulties of achieving a racially balanced sample in our Canadian pool of available participants (see "Participants" section), this study focussed on a Caucasian sample to obtain results representative of this racial group.

The first purpose of this study was to contribute to the limited research investigating the association between the endorsement of fat stereotypes and body dissatisfaction in normal weight women. We predicted that greater fat stereotype endorsement would be related to greater body dissatisfaction in this population. A second purpose of this study was to identify normal weight women who would be particularly susceptible to this association by investigating the potential role of body surveillance as a vulnerability factor. Specifically, we predicted that the association between fat stereotype endorsement and body dissatisfaction would be more pronounced in women who engage in more extensive body surveillance than in women with lower body surveillance. Furthermore, because BMI (Frederick et al., 2007), low self-esteem (Lowery et al., 2005), depressive symptoms (Wiederman & Pryor, 2000), and socially desirable responding (Brannan & Petrie, 2008) are associated with body dissatisfaction in women, these variables were tested as covariates. Finally, given the well-documented relationships between thin ideals internalization, body dissatisfaction (Thompson & Stice, 2001) and body surveillance (Fitzsimmons-Craft et al., 2012), we elected to control for thin ideal internalization within our model. We wished to investigate the combined effect of fat stereotypes and body surveillance on body dissatisfaction, above and beyond the critical effect of the thin ideal.

## Method

### Participants

Undergraduate female participants signed up for this study through the Psychology Participant Pool at a Canadian university. A total of 459 participants completed the survey. Self-reported weight and height data were collected in the demographic questionnaire (see "Measures" section) and were used to calculate body mass index (BMI). Of the total sample, 301 participants had a BMI between 18.5 and 25, which is considered a normal weight range (World Health Organization, 2012). Self-reported ethnicity of this normal weight sample was as follows: 74.8% Caucasian, 6.6% European, 5.0% African Canadian, 5.0% East Asian, 5.0% Middle Eastern, 3.6% South Asian, 0.3% Hispanic, 0.3% Native

Canadian, and 1% reported two or more ethnic backgrounds. Because of the limited number of non-Caucasian participants, the main analyses presented below were conducted on Caucasian participants only ( $N = 225$ ). In this subsample, participants' mean BMI was  $21.38 \text{ kg/m}^2$  ( $SD = 1.63$ ) and their mean age was 20.48 years ( $SD = 3.09$ ). Further, 96.4% reported no lifetime diagnosis of an eating disorder, and 3.56% ( $n = 8$ ) reported having been diagnosed previously. Overall, participants' self-reported weight classification, which was collected in the demographic questionnaire, matched their calculated normal weight classification. However, 2.22% ( $n = 5$ ) self-classified as underweight and 3.56% ( $n = 8$ ) self-classified as overweight.

### Measures

The Obese Persons Trait Survey (OPTS; Puhl, Schwartz, & Brownell, 2005) is a 20-item self-report measure of the endorsement of traits associated with individuals with obesity. The OPTS consists of two subscales. The first subscale lists 10 negative traits (e.g., lazy; OPTSneg) and the second lists 10 positive traits (e.g., generous; OPTSpos). Participants estimate the percentage (0–100%) of individuals with obesity who possess each of these traits. Although the entire scale was administered in this study, only the OPTSneg subscale was used in the analyses. Percentage estimates are averaged across the negative traits to obtain a score of fat stereotyping. Higher scores indicate greater endorsement of fat stereotypes. Based on the method described by Carels et al. (2010), participants also were asked to estimate the percentage of individuals with average weight who possess the same 20 traits (APTSneg and APTSpos). Only the APTSneg was used in the analyses. To obtain an indicator of the extent to which participants endorsed fat stereotypes, mean percentage estimates of negative traits for individuals with average weight are subtracted from mean estimates for individuals with obesity. The OPTS has demonstrated discriminant validity (Puhl et al., 2005), as well as convergent validity with a measure of anti-fat attitudes (Domoff et al., 2012). In the current study, Cronbach's  $\alpha$  was .88 for the OPTSneg, and .86 for the APTSneg.

The Objectified Body Consciousness Surveillance Subscale (OBCSS; McKinley & Hyde, 1996) is an 8-item self-report measure of the tendency to closely examine one's body, answered on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A sample item is "During the day, I think about how I look many times." Higher scores indicate greater body surveillance. This subscale has demonstrated convergent validity with a measure of appearance orientation ( $r = .64$ ; McKinley & Hyde, 1996). In the current study, Cronbach's  $\alpha$  was .86.

The Eating Disorder Inventory-2 (EDI-2; Garner, 1991) is a 91-item self-report measure of behaviours, symptoms, and psychological traits associated with eating disorders. The EDI-2 consists of 11 subscales, one of which assesses body dissatisfaction (EDI-BD). Although the entire EDI-2 was administered in this study, only the EDI-BD was used in the analyses. The EDI-BD consists of 9 items answered on a 6-point scale ranging from 1 (*never true*) to 6 (*always true*). A sample item is "I think my stomach is too big." Higher scores indicate greater body dissatisfaction. The EDI-BD has demonstrated convergent validity with other measures of body dissatisfaction, such as the Body Shape Questionnaire ( $r = .82$ ; Garner, 1991). In the current study, Cronbach's  $\alpha$  was .89.

The Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3; Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004) is a 30-item self-report measure of societal influences on body image. The SATAQ-3 consists of four subscales, one of which is the Internalization General subscale (SATAQ-IG). Although the entire SATAQ-3 was administered, only the SATAQ-IG was used in the analyses. The SATAQ-IG consists of 9 items that assess internalization of thin ideals. Participants

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