



# Good intentions gone awry? Effects of weight-related social control on health and well-being



Julie A. Brunson<sup>a,\*</sup>, Camilla S. Øverup<sup>a</sup>, Mai-Ly Nguyen<sup>a</sup>,  
Sarah A. Novak<sup>b</sup>, C. Veronica Smith<sup>c</sup>

<sup>a</sup> Department of Psychology, University of Houston, Houston, TX 77204, USA

<sup>b</sup> Department of Psychology, Hofstra University, Hempstead, NY 11549, USA

<sup>c</sup> Department of Psychology, University of Mississippi, University, MS 38677, USA

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## ABSTRACT

A negative body image has been associated with a variety of negative health and well-being outcomes. Social pressures from others, in the form of weight-related social control, may serve to exacerbate this effect, especially for college-aged women. Undergraduate students ( $N = 399$ ) completed a variety of questionnaires assessing weight-related social control, well-being, and diet and exercise behaviors. The results suggest that weight is associated with a variety of negative health and well-being outcomes and particularly for women, weight-related social control is also associated with these negative effects. In addition, men of higher body mass indexes (BMIs) or higher self-perceived weight did not experience negative health and well-being outcomes to the same degree that overweight women did. Parents in particular seem to instigate weight-related social control to change students' diet and exercise behaviors. These results help clarify the effects of weight-related social control in a college population, where weight may be especially important.

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## Introduction

The issue of weight may be an incredibly sensitive issue for many individuals, especially since contemporary culture places such a strong emphasis on physical appearance (Greenberg & Worrell, 2005). As such, both men and women may feel pressure to look the "right" way. Thus, the way people feel about their bodies has received vast empirical attention. This may be due in part to the associated psychological, social and physical health correlates. A negative body image has been associated with poor self-esteem (O'Dea, 2012; Powell & Hendricks, 1999), lower subjective well-being (DeNeve & Cooper, 1998), depression (Noles, Cash, & Winstead, 1985), social anxiety (Tantleff-Dunn & Lindner, 2011), dissatisfaction in romantic relationships (Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999), impaired sexual functioning (Wiederman, 2011), disordered eating (e.g., Cash & Deagle, 1997; Stice, 2002), and generally diminished quality of life (Cash & Fleming, 2002).

Due to the well-established link between higher weights, negative body image, and well-being, it is important to explore factors that exacerbate body image concerns, such as social pressures

related to weight. Others' attempts to influence an individual's diet and exercise behaviors, or weight-related social control, have rarely been studied (see Novak & Webster, 2011, for an exception). However, research exploring social control in a variety of other domains suggests that attempts to change behavior may or may not be perceived as well-intentioned and has been associated with both positive and negative effects (e.g., Okun, Huff, August, & Rook, 2007). As such, the present investigation explores weight-related social control from close others as one factor that may contribute to negative health and well-being. In addition, because women are more likely to experience negative consequences due to weight-related issues than men (e.g., Cash & Roy, 1999; Fikkan & Rothblum, 2012), we investigate whether the associations between weight-related social control and negative health outcomes differ by gender.

## Gender Differences in the Link between Weight and Negative Health and Well-being

Being overweight has been strongly linked not only to a variety of physical health issues (e.g., Mokdad et al., 2003), but also to a great deal of psychological and social problems (e.g., Friedman, Reichmann, Costanzo, & Musante, 2002; Gortmaker, Must, Perrin, Sobol, & Dietz, 1993). For example, individuals who are overweight are more likely to experience negative affect, low self-esteem,

\* Corresponding author. Tel.: +1 713 743 8500; fax: +1 713 743 8588.

E-mail address: [jabrunson@uh.edu](mailto:jabrunson@uh.edu) (J.A. Brunson).

less self-acceptance, and less positive relationships with others (Bookwala & Boyar, 2008; Friedman et al., 2002, 2005), and these psychological and social problems may be even more severe for women (e.g., Bookwala & Boyar, 2008; Gortmaker et al., 1993). Relatedly, researchers have overwhelmingly found that women report more body dissatisfaction than men (e.g., Cash & Henry, 1995; Garner, 1997; Gillen & Lefkowitz, 2006), report a larger discrepancy between their actual and ideal body size (Rozin & Fallon, 1998), and perceive themselves as larger than they actually are (Cash & Green, 1986).

More recently, studies have acknowledged that men also experience body dissatisfaction but in a different form and to a different degree (Bergstrom & Neighbors, 2006; Cafri & Thompson, 2004; Cafri et al., 2005). Whereas men may strive to either lose or gain weight, and are often more concerned with muscle tone, women consistently wish to be thinner or lose weight (e.g., Drewnowski & Yee, 1987). Such pressures to be thin may be especially prevalent among younger, college-age women (Levitt, 2004).

Body weight has also been linked to a variety of social issues. Research suggests that people who are overweight are treated differently by others (e.g., Fikkan & Rothblum, 2012), which may be due in part to weight stigmatization. Weight stigmatization refers to negative weight-related attitudes and beliefs that may lead to discrimination or differential treatment of those who are overweight (Cramer & Steinwert, 1998; Crandall, 1994; Puhl & Heuer, 2009; Teachman & Brownell, 2001). Weight stigmatization may occur in many forms, including teasing by peers or through comments from family members, peers, and professionals in their lives, such as teachers and doctors (Puhl & Latner, 2007; Vartanian & Shaprow, 2008). Research suggests that weight stigma is experienced most commonly by women (Fikkan & Rothblum, 2012) and that it affects individuals who are both modestly overweight or morbidly obese (Puhl, Moss-Racusin, Schwartz, & Brownell, 2008). Interestingly, it seems that past experiences of weight stigma may not be associated with current body image for women who have lost their excess weight, although these formerly overweight women do still report poorer social self-esteem and greater social anxiety (Annis, Cash, & Hrabosky, 2004).

Weight stigma may partly explain the link between weight and negative psychological outcomes; individuals who experience stigma due to their weight often report greater body dissatisfaction and negative mental health outcomes, such as depression, anxiety, and poorer self-esteem (Annis et al., 2004; Ashmore, Friedman, Reichmann, & Musante, 2008; Friedman et al., 2005; Myers & Rosen, 1999; Vartanian & Shaprow, 2008). In fact, a review of the literature on stigmatization (Puhl & Latner, 2007) indicates that weight bias may mediate the association between weight and psychosocial adjustment. That is, the association between weight and poor emotional functioning may be influenced by the negative social interactions that overweight and obese individuals experience.

### The Role of Weight-related Social Control

Social control is defined as any interaction that involves attempts to influence another's behavior (Lewis & Rook, 1999; Umberson, 1992). When negative weight-related attitudes are linked to attempts to change diet and exercise behaviors, social control from others may be construed as weight stigmatization. Although weight stigmatization is generally associated with negative psychological and behavioral outcomes (Annis et al., 2004; Ashmore et al., 2008; Friedman et al., 2005; Myers & Rosen, 1999; Puhl & Latner, 2007; Vartanian & Shaprow, 2008), social control has been associated with both positive and negative outcomes, depending on several factors (Okun et al., 2007).

The dual-effects model of social control (Hughes & Gove, 1981; Lewis & Rook, 1999; Tucker, Orlando, Elliott, & Klein, 2006) suggests that while social control is associated with positive health behavior change, it is also associated with an increase in negative affect. This is because receiving social control is assumed to lead individuals to feel obligated to change their health behaviors for the benefit of others but may also cause enhanced distress because the individual's autonomy is limited (Hughes & Gove, 1981). Additionally, the contextual model of social control suggests that other factors, commonly relationship satisfaction, may also influence whether social control is related to positive or negative outcomes (Okun et al., 2007). Social control in high quality relationships is associated with more positive outcomes, whereas social control in relationships of lower quality is associated with more negative outcomes (Knoll, Burkert, Scholz, Roigas, & Gralla, 2012; Okun et al., 2007; Tucker, 2002).

Finally, the tactics used when attempting to induce behavior change may also influence the outcomes associated with social control (Okun et al., 2007). A variety of studies have shown that positive social control tactics, such as friendly persuasion and positive reinforcement, are associated with increased positive affect and increased health behavior change; negative social control tactics, such as pressuring or restricting, are associated with increased negative affect, less behavior change, and attempts to hide unhealthy behavior (August & Sorkin, 2010; Lewis & Rook, 1999; Okun et al., 2007; Tucker et al., 2006).

Weight stigmatization may be an additional factor that influences whether weight-related social control is associated with positive or negative outcomes. As noted, weight may be a particularly sensitive issue for many due to the stigma associated with being overweight (Puhl & Latner, 2007). Conversely, many other common health issues explored in social control research do not have such a stigma (e.g., Gortmaker et al., 1993). Research suggests that for individuals who are commonly the targets of weight stigma (i.e., overweight individuals, particularly women) their weight, and potential bias because of it, is particularly salient (Fikkan & Rothblum, 2012; Major, Eliezer, & Rieck, 2012). For example, many overweight women actually avoid seeking health care in order to escape the weight bias of health care professionals, which may then be associated with additional health risks (Fikkan & Rothblum, 2012). Therefore, it could be that any attempts to change diet or exercise behaviors may instantly trigger negative attitudes associated with weight stigma, potentially exacerbating the problem. Indeed, weight stigmatization has been associated with decreased physical exercise and increased eating to cope with the stigma (Puhl & Latner, 2007; Vartanian & Shaprow, 2008). This research suggests that weight-related social control may help explain the relationship between weight and negative health outcomes, as individuals who are overweight may receive more comments about their diet and exercise behaviors than those who are a normal weight. These comments may automatically trigger negative feelings associated with weight stigmatization, which has consistently been associated with a variety of negative psychological and behavioral issues.

### The Current Study

The current study explores how gender and weight-related social control may be related to weight and negative health and well-being outcomes in a college-age population. Fig. 1 outlines the conceptual model we will test. We explore both body mass index (BMI; based on self-reported height and weight) and self-perceived weight status (ranging from underweight, normal weight, to overweight) as predictors. We also explore a variety of different health and well-being outcomes that may be related to weight and weight-related social control, including body dissatisfaction, drive for

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