



Self-objectification, body image disturbance, and eating disorder symptoms in young Australian children



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ABSTRACT

Self-objectification has been examined extensively in adult populations. Despite theoretical evidence suggesting that children may also be vulnerable to experiencing self-objectification, whether children do self-objectify has not been determined. Accordingly, the present study examined the degree to which children self-objectify. The prevalence of body image and eating disturbances in this population, and the relationship between self-objectification and these disturbances, were also investigated. Results from over 250 boys and girls aged 6–11 years revealed that young girls report levels of self-objectification that are similar to those observed among older girls and women. Self-objectification was also found to be meaningfully related to body image and eating disturbances in children. A significant proportion of children reported body dissatisfaction and a minority engaged in disordered eating behaviours in the four weeks prior to the assessment. These results suggest that children may be at risk of experiencing the negative psychological outcomes associated with self-objectification.

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Introduction

Objectification theory emphasises objectification as a social construction that encourages specific attitudes, cognitions, and behaviours that may lead to the development of eating disorders. A core tenet of this theory is that learned cultural practices of objectification routinely encountered in Western society socialise individuals to self-objectify. In doing so they internalise an outside observer's perspective of their physical selves and they learn to view their own bodies as objects that must be constantly monitored and scrutinised to ensure conformity to internalised cultural standards. This habitual body monitoring (or body surveillance) can result in a host of deleterious psychological experiences as individuals strive, and typically fail, to reach unrealistic and virtually unattainable cultural standards of beauty and thinness (Noll & Frederickson, 1998).

These negative psychological experiences, which include body shame and appearance anxiety, may put pressure on both healthy-weight and overweight individuals to become thin or maintain a thin physique, thereby motivating them to meet this internalised

ideal (Fredrickson & Roberts, 1997). Attempts to meet the internalised ideal and reduce body weight will typically involve dietary restraint and exercise. However, body weight is not as amenable to change as the mass media suggests (McKinley & Hyde, 1996), and a failure to achieve satisfactory weight loss or muscularity (or both) may result in males and females resorting to more extreme and maladaptive behaviours such as self-induced vomiting, excessive and compulsive exercise, laxative misuse, anabolic steroid use, food supplements, and cosmetic surgery (Cafri, Thompson, Ricciardelli, McCabe, Smolak, & Yesalis, 2005; Calogero, Pina, Park, & Rahemtulla, 2010; Leit, Pope, & Gray, 2001; Ricciardelli & McCabe, 2003; Ricciardelli, McCabe, Holt, & Finemore, 2003; Sarwer & Crerand, 2004). These behaviours and experiences may, in turn, serve as antecedents to psychological disorders such as eating disorders and depression.

Extensive research has been conducted examining objectification theory in undergraduates and other adult populations. Self-objectification and body surveillance, and their negative psychological consequences of body shame, appearance anxiety, and body dissatisfaction, have been found to be key predictors of eating disorder symptomatology (Calogero & Thompson, 2009; Choma, Visser, Pozzebon, Bogaert, Busseri, & Sadava, 2010; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Greenleaf & McGreer, 2006; Noll & Frederickson, 1998; Tiggemann & Lynch, 2001; Tiggemann & Williams, 2012). However, objectification theory as it applies to children (defined for the purposes of the present study as those

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in the period of middle childhood, between the ages of approximately 6–12 years) has received limited research attention. This is despite the fact that although eating disorders typically manifest during adolescence and young adulthood, the critical antecedent conditions, putative risk factors, and psychological processes that lead to the development of poor body image and eating disorder symptoms may be established or acquired in childhood (Dohnt & Tiggemann, 2006; Gardner, Stark, Friedman, & Jackson, 2000; Kostanski & Gullone, 1998; Sands & Wardle, 2003; Schur, Sanders, & Steiner, 2000).

Children are embedded in a sociocultural environment that places undue emphasis on physical appearance (Dohnt & Tiggemann, 2006). The images that children in Western societies are continually exposed to are idealised images that persistently promote, value, and glorify thinness, attractiveness, and sexiness (Heinberg, 1996; Levine & Smolak, 2002; Murnen & Seabrook, 2012; Striegel-Moore, Silberstein, & Rodin, 1986; Thompson & Tantleff, 1992). Children are also avid consumers of the media (Roberts, Foehr, & Rideout, 2005) and have substantial access to the Internet, mobile phones, television, and other media sources. Indeed, recent evidence suggests that children are spending large amounts of time engaging with media aimed at older age demographics (Department of Children Schools & Families, 2009; Harrison & Hefner, 2006; Social Issues Research Centre, 2008). Given the accessibility and proliferation of objectifying content, it is likely that children will be exposed to content that is intended for adults and thus may not be age appropriate. For example, evidence suggests that the objectification of females in the mainstream media and in popular culture has increased and become more explicit in recent years (Krassas, Blauwkamp, & Wesselink, 2001; Reichert & Carpenter, 2004; Reichert, Lambiase, Morgan, Carstarphen, & Zavoina, 1999). This is also true for media directed specifically at young children, with several reviews reporting on child exposure to objectification in the form of dolls, action figures, and children's clothing (American Psychological Association Task Force on the Sexualization of Girls, 2007; Goodin, Van Denburg, Murnen, & Smolak, 2011; Papadopoulos, 2010).

However, children may not be cognitively equipped to understand and process this content (Borzekowski & Robinson, 1999; Kunkel, Wilcox, Cantor, Palmer, Linn, & Dowrick, 2004). Additionally, through social learning mechanisms, the mass media has the power to construct how children perceive themselves. As with adults, the mass media has an overwhelming influence on the lives of children and is becoming an increasingly important and powerful agent of socialisation, creating and reinforcing cultural values and providing pervasive modelling of gender roles and conduct (Brown, Halpern, & L'Engle, 2005; Bussey & Bandura, 1999). Media depictions of objectification may therefore result in children, particularly those from westernised societies where objectification is heavily promoted, seeing objectification as both normative and ideal (Smolak & Murnen, 2011), encouraging them to adopt objectified appearances and behaviours.

The lack of empirical data on self-objectification in children means that although there is theoretical support for the suggestion that children *could* come to self-objectify, researchers have yet to determine whether children *do* self-objectify. The paucity of research examining self-objectification in children also makes it difficult to determine whether the various findings relating to self-objectification in adults extend to children. For example, of the few studies that have examined gender differences, it has been typically reported that females report significantly higher levels of self-objectification than males (Aubrey, 2006; Calogero, 2009; Tiggemann & Kuring, 2004). Additionally, research from the adult literature has consistently found self-objectification to be uncorrelated with body mass (Calogero, Davis, & Thompson, 2005; Fredrickson et al., 1998; Myers & Crowther, 2007; Tiggemann &

Lynch, 2001). An examination of whether these findings extend to children is required as this information would allow researchers to identify subpopulations of children that may be particularly at risk for experiencing self-objectification.

If levels of self-objectification in children are comparable to those found in adults, it can be suggested that children may also be vulnerable to the negative psychological consequences of self-objectification that have been found in adults, such as body image disturbance and eating disorder symptoms and pathology. Although the prevalence of diagnosable eating disorders is relatively low in children, body image disturbance and eating disorder symptoms have been observed in a significant minority of children, with body dissatisfaction reported by 32–55% of girls and 15–44% of boys (Berger, Schilke, & Strauss, 2005; Clark & Tiggemann, 2008; Dohnt & Tiggemann, 2006; McVey, Tweed, & Blackmore, 2004; Olvera, Suminski, & Power, 2005; Ricciardelli & McCabe, 2001; Ricciardelli et al., 2003). A significant proportion of both boys and girls (including healthy-weight and underweight children) have also reported the use of weight-loss strategies such as dieting and exercise (Combs, Pearson, & Smith, 2011; Davison, Markey, & Birch, 2003; Field et al., 1999; Kostanski & Gullone, 1999; Madden, Morris, Zurynski, Kohn, & Elliot, 2009; O'Dea & Caputi, 2001; Rolland, Farnill, & Griffiths, 1997; Tanofsky-Kraff, Yanovski, Wilfley, Marmarosh, Morgan, & Yanovski, 2004).

However, whilst it is clear that children do experience body image disturbance and eating disorder symptomatology, the prevalence of these disturbances in children is difficult to ascertain as previous research has been hampered by the varying methods used to assess these conditions, and by the widely varying, and predominantly small, sample sizes used in these studies. There is also a lack of consensus with respect to gender differences in both body image disturbance and eating disorder symptomatology. For example, Ricciardelli et al. (2003) found no gender differences in body dissatisfaction, desire for a thinner body, the importance placed on weight, and the utilisation of strategies to lose weight. In the same study, however, boys were more likely than girls to desire a larger body size. Other studies have reported that boys are more likely than girls to desire a muscular and toned physique and place greater emphasis on exercise (e.g., push-ups, sit-ups, and running) as a strategy to lose weight and increase muscularity (Bayes & Madden, 2011; Bryant-Waugh & Lask, 2013; Jones, Bain, & King, 2008; Weltzin, Weisensel, Franczyk, Burnett, Klitz, & Bean, 2005). By contrast, in a study by Shapiro, Newcomb, and Loeb (1997), girls were significantly more likely than boys to report eating foods that will help them stay thin and were less likely than boys to eat foods that will make them fat. Although these girls also reported a greater fear of fatness, boys and girls did not differ on body esteem.

It is clear that more rigorous research needs to be conducted in a large sample of children to provide a more accurate account of body image disturbance and eating disorder symptoms in both boys and girls. Accordingly, the present study aimed to examine levels of self-objectification, body image disturbance, and eating disorder symptoms in Australian boys and girls. Two components of the multifaceted construct of body image were assessed: perceptual body image (an individual's ability to accurately perceive or estimate their body shape and size) and attitudinal body image (the affective, cognitive, and behavioural concerns with one's body size; Brown, Cash, & Mikulka, 1990; Jung & Peterson, 2007; Muth & Cash, 1997). Secondary aims of this study were to (a) examine gender and weight category differences in self-objectification, body image disturbance, and eating disorder symptomatology and (b) examine the relationship between self-objectification, body image disturbance, and eating disorder symptomatology.

Given the exploratory nature of this study with respect to self-objectification, no specific hypotheses were made. With respect to body image disturbance, however, whilst findings on gender

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