



The effects of “thin ideal” media on women’s body image concerns and eating-related intentions: The beneficial role of an autonomous regulation of eating behaviors

Lisa Mask*, Céline M. Blanchard

School of Psychology, University of Ottawa, Ottawa, ON, Canada

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ABSTRACT

The present study examines the protective role of an autonomous regulation of eating behaviors (AREB) on the relationship between trait body dissatisfaction and women’s body image concerns and eating-related intentions in response to “thin ideal” media. Undergraduate women ($n = 138$) were randomly assigned to view a “thin ideal” video or a neutral video. As hypothesized, trait body dissatisfaction predicted more negative affect and size dissatisfaction following exposure to the “thin ideal” video among women who displayed less AREB. Conversely, trait body dissatisfaction predicted greater intentions to monitor food intake and limit unhealthy foods following exposure to the “thin ideal” video among women who displayed more AREB.

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Introduction

The media’s portrayal of thinness as a standard of female attractiveness is thought to play a determining role in women’s contentious relationship with their bodies by pressuring them to lose weight and be thin (e.g., Fouts & Burggraf, 1999, 2000; Spitzer, Henderson, & Zivian, 1999; Stice, 1994, 2002; Stice & Shaw, 2002; Sypeck, Gray, & Ahrens, 2004). Indeed, a meta-analysis of 47 experimental studies has shown that girls and women do report greater dissatisfaction with their body and overall appearance following acute exposure to media images of thin women compared to media images of average sized women or inanimate objects ($d = -0.35$) (Want, 2009).

By the same token, a growing body of literature indicates that not all women respond to “thin ideal” media in the same manner. To illustrate, the magnitude and direction of effect sizes reported in the Want (2009) meta-analysis evidenced considerable variability (ds ranged from -1.48 to 1.16) as did the effect sizes reported in an earlier meta-analysis (ds ranged from -1.12 to 0.30) (Groesz, Levine, & Murnen, 2002). These findings suggest that while some women are adversely affected by exposure to media portrayals of the “thin ideal”, others are not. For instance, samples of women with “pre-existing appearance concerns” produced larger effect sizes on average ($d = -0.52$) than did samples of women without such

concerns ($d = -0.16$) (Want, 2009). Yet, the effect sizes reported in the former sub-samples of women were not uniform. For example, inconsistencies were documented for body dissatisfaction and restrained eating. Part of this variability may be attributed to the interplay between these two factors which has not yet been investigated. We propose that a qualitatively different style of restrained eating interacts with body dissatisfaction in a manner that mitigates women’s responses to “thin ideal” media.

Individual Responses to “Thin Ideal” Media

To date, body dissatisfaction and restrained eating have been investigated separately in the literature as moderators of the effects of exposure to “thin ideal” media on women’s body image and eating related disturbances. While both imply a chronic preoccupation with one’s appearance (Mills, Polivy, Herman, & Tiggemann, 2002; Posavac, Posavac, & Posavac, 1998), the former is limited to a negative evaluation of one’s shape and weight while the latter includes intentional caloric restriction with the aim of losing or maintaining body weight (Herman & Mack, 1975; Stice, Fisher, & Lowe, 2004). A review of these studies reveals a mixed pattern of results.

For instance, body dissatisfaction did exacerbate undergraduate women’s negative affect and body image disturbance (Hausenblas, Janelle, Gardner, & Hagan, 2002) following exposure to images of slender-looking women (Posavac et al., 1998) and even to images of slender-looking vases (Trampe, Stapel, & Siero, 2007). Yet, body dissatisfied adolescent girls did not significantly differ from their body satisfied counterparts in overall appearance dissatisfaction

* Corresponding author at: School of Psychology, University of Ottawa, 136 Jean-Jacques Lussier St., Vanier Hall, Ottawa, ON K1N 6N5, Canada.

E-mail address: lmask064@uottawa.ca (L. Mask).

after viewing images of female fashion models (e.g., [Champion & Furnham, 1999](#)).

Inconsistencies have also been documented for restrained eating. For example, some studies evidenced a “self-enhancement” effect among restrained eaters in response to “thin ideal” media, marked by significant increases in self-esteem, a more positive self-image, and a perceived smaller current body size ([Joshi, Herman, & Polivy, 2004](#); [Mills et al., 2002](#)). Yet, restrained eaters consumed *more* snack food after viewing diet commercials featuring slim female models compared to unrestrained eaters ([Mills et al., 2002](#); [Seddon & Berry, 1996](#); [Strauss, Doyle, & Kreipe, 1994](#); [Warren, Strauss, Taska, & Sullivan, 2005](#)). In a more recent set of studies, the reverse pattern was documented; restrained eaters consumed *less* snack food in response to exemplars of restraint compared to unrestrained eaters ([Anschutz, van Strien, & Engels, 2007, 2008](#)). When viewing a movie clip featuring thin female models, restrained eaters compared to unrestrained eaters reported greater body dissatisfaction and consumed less snack food when the movie clip was viewed on a wide screen television which made the models appear larger compared to a standard size screen television ([Anschutz, Engels, Becker, & van Strien, 2008](#)). However, restrained eaters did report greater body dissatisfaction, lower appearance self-esteem, and marginally greater negative affect following exposure to information about a “thin bodied” peer ([Trottier, Polivy, & Herman, 2007](#)). While differences in the measurement of restrained eating may partially account for these contradictory findings (e.g., Restraint Scale; [Polivy, Herman, & Warsh, 1978](#) vs the Restraint subscale of the Dutch Eating Behavior Questionnaire; [van Strien, Frijters, Bergers, & Defares, 1986](#)), we propose that women may also differ in their underlying reasons for engaging in dietary restraint.

The Regulation of Eating Behaviors from Self-Determination Theory

Grounded in the framework of self-determination theory ([Deci & Ryan, 1985b, 2002](#)), [Pelletier and colleagues](#) have shown that people may approach the regulation of their eating behaviors in an autonomous or controlled fashion ([Pelletier, Dion, Slovinec D'Angelo, & Reid, 2004](#)). While both imply an intentional act of behavior regulation, these two broad motivational orientations differ in their degree of perceived autonomy or self-determination. An autonomous regulation of eating behaviors (AREB) is considered self-determined because it emanates from the self and is experienced as authentic and freely chosen. This motivational orientation is characterized by an identification with the importance of eating healthy as well as feelings of pleasure and satisfaction in preparing healthy meals. By contrast, a controlled regulation of eating behaviors (CREB) is enacted by forces outside of the self and is thus experienced as coercive and controlling. This motivational orientation is marked by feelings of pressure and compliance (e.g., “other people expect me to regulate my eating behaviors”) as well as self-worth contingencies (e.g., “I would be ashamed of myself if I was not eating healthy”). In turn, these distinct motivational orientations are associated with qualitatively different health-related outcomes.

Given that perceptions of self-determination reflect an endorsement of behavior by the self, an AREB has been associated with healthier eating-related attitudes and behaviors compared to a CREB. For example, an autonomous orientation was positively and more strongly correlated with perceptions of importance, efforts, and success in the regulation of eating behaviors compared to a controlled orientation ([Pelletier, Dion, Slovinec D'Angelo, et al., 2004](#)). Women who regulated their eating behaviors in an autonomous fashion were also more preoccupied with the quality of food they ate ([Pelletier, Dion, Slovinec D'Angelo, et al., 2004](#)), engaged in more approach-based meal planning strategies ([Otis & Pelletier, 2008](#)), and reported healthier eating habits ([Otis & Pelletier, 2008](#); [Pelletier](#)

[& Dion, 2007](#)). By contrast, women who regulated their eating behaviors in a controlled fashion were more preoccupied with the quantity of food they ate ([Pelletier, Dion, Slovinec D'Angelo, et al., 2004](#)), engaged in more avoidance-based meal planning strategies ([Otis & Pelletier, 2008](#)), and dysfunctional eating behaviors ([Otis & Pelletier, 2008](#); [Pelletier & Dion, 2007](#)). In a sample of adults at risk for coronary heart disease, greater perceptions of self-determination underlying the regulation of eating behaviors predicted significant decreases in dietary fat consumption evidenced by healthier blood lipid profiles 13 weeks following an intervention ([Pelletier, Dion, Slovinec D'Angelo, et al., 2004](#)).

The regulation of eating behaviors has recently been incorporated in an adapted version of the socio-cultural model of disordered eating ([Pelletier & Dion, 2007](#)). According to this model, repeated exposure to messages espousing slenderness as a determinant of women's happiness and societal success contributes to women's elevated levels of body image disturbance through an internalization of the “thin body ideal” stereotype ([Stice, 1994, 1998](#)). In turn, body dissatisfaction promotes disordered eating behaviors through dieting and negative affect ([Stice, 2002](#)). While body dissatisfaction appears to be a normative part of the female experience (e.g., [Keel, Baxter, Heatherton, & Joiner, 2007](#)), disordered eating is not. This suggests that not all body dissatisfied women approach their eating behaviors in the same manner. Some may pressure themselves to reduce their food intake in order to meet their goal weight, whereas others may take pleasure in fixing meals that are healthy (e.g., low in sugar and/or saturated fat) and nutritious. Findings from [Pelletier and Dion \(2007\)](#) provide support for this hypothesis; body dissatisfaction emerged as a significant predictor of both healthy and dysfunctional eating habits (i.e., bulimic symptoms) through an autonomous and controlled regulation of eating behaviors.

Overview of the Present Study

Taken together, a number of individual studies have investigated whether women who are chronically preoccupied with their appearance marked by elevated levels of body dissatisfaction or restrained eating would be more vulnerable to the adverse effects of exposure to “thin ideal” media. Findings from these studies have produced a mixed pattern of results. To date, no study has examined whether these individual differences interact with one another to exacerbate or mitigate women's responses to “thin ideal” media. Moreover, no study has examined whether a qualitatively different style of dietary restraint – one grounded in self-endorsed motives (i.e., an autonomous regulation of eating behaviors) – may protect women from the media's adverse effects.

Based on the findings of [Pelletier and Dion \(2007\)](#), we propose that an AREB moderates the vulnerability afforded by elevated levels of trait body dissatisfaction in response to “thin ideal” media. The outcomes under investigation include: negative affect, size dissatisfaction, dieting intentions (i.e., monitor food intake and abstain from eating), and food consumption intentions (i.e., eat healthy foods and eat unhealthy foods). Controlling for women's pre-exposure levels to a “thin ideal” video, we hypothesize that elevated levels of an AREB buffers the relationship between trait body dissatisfaction and post-exposure negative affect/size dissatisfaction. We also hypothesize that elevated levels of an AREB buffers the relationship between trait body dissatisfaction and dieting/food consumption intentions following exposure to a “thin ideal” video. More precisely, women with elevated levels of an AREB were expected to formulate greater intentions to monitor their food intake (e.g., keep track of calories) and eat healthy foods (e.g., fruits and vegetables), and fewer intentions to abstain from eating (e.g., skip meals) and eat unhealthy foods (e.g., chips).

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