



## Interpersonal and intrapersonal links to body appreciation in college women: An exploratory model

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### ABSTRACT

Based on theory and findings from qualitative and quantitative research, we developed and investigated a model of positive body image. This model placed body appreciation in a mediating role, linking interpersonal (caregiver eating messages, adult attachment) and intrapersonal (perfectionism) variables to intuitive eating and depressive symptoms. Path analysis supported our model for 249 college women. Restrictive/critical caregiver eating messages, attachment anxiety, and discrepancy (maladaptive) perfectionism inversely predicted body appreciation, while order (adaptive) perfectionism positively predicted body appreciation. In turn, body appreciation positively predicted intuitive eating but not depressive symptoms. Body appreciation was upheld as a mediator: discrepancy perfectionism, attachment anxiety, and restrictive/critical caregiver eating messages inversely predicted intuitive eating largely through their negative connection with body appreciation. These findings underscore the importance of women's internalized messages about eating, weight, and relationships to their capacity to appreciate their body and respect it by eating according to its internal hunger/satiety cues.

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### Introduction

Over a decade ago, [Striegel-Moore and Cachelin \(1999\)](#) pointed out that research on body image was heavily slanted towards pathology, such as identifying predictors of body dissatisfaction and body image dysfunction, and they recommended that researchers explore positive body image. Yet, limited research on positive body image has emerged to date ([Tylka, 2011](#)). [Avalos, Tylka, and Wood-Barcalow \(2005\)](#) argued that the study of positive body image has been stalled by an assumption that positive body image simply reflects low levels of negative body image. According to this assumption, if a characteristic (e.g., pressure for thinness) is positively related to negative body image, then it should be negatively related to positive body image to the same degree. However, predictors of positive body image are not the mirror opposite of predictors of negative body image ([Tylka, 2011](#)). For this reason, it would be helpful to (a) understand predictors and outcomes of positive body image maintained within a context of constant appearance-related media pressures and (b) assist individuals in recognizing what they need to aspire toward – not simply removing their negative body image to leave neutral attitudes about their body, but replacing

these negative or neutral attitudes with positive and healthy attitudes. Indeed, [Smolak and Cash \(2011, p. 472\)](#) asserted that focusing on “positive, adaptive, or healthy body image is essential to the future of the field.”

One dimension of positive body image that has received research attention is *body appreciation*. Body appreciation includes favorable opinions of the body (despite actual weight/body size and perceived imperfections), awareness and attention to the body's needs, engagement in healthy behaviors to take care of the body, and protecting the body via rejecting unrealistic media body ideals ([Avalos et al., 2005](#)). In two qualitative studies, college women from the U.S. ([Wood-Barcalow, Tylka, & Augustus-Horvath, 2010](#)) and adolescents from Sweden ([Frisén & Holmqvist, 2010](#)) who espoused a positive body image both reported that they appreciated, accepted, and respected their bodies. Body appreciation has been found to predict several indices of psychological well-being (i.e., self-esteem, optimism, life satisfaction, and proactive coping) beyond measures of body dissatisfaction in college women, suggesting that it is more adaptive and complex than low levels of negative body image ([Avalos et al., 2005](#)). Other researchers have found that body appreciation is negatively related to restrictive/critical caregiver eating messages (e.g., “You shouldn't eat cake; it will make you fat”; [Kroon Van Diest & Tylka, 2010](#)), pro-cosmetic surgery attitudes ([Swami, 2009](#)), and neuroticism ([Swami, Hadji-Michael, & Furnham, 2008](#)), as well as positively related to body acceptance by others and *intuitive eating* (i.e., eating according to physiological hunger and satiety cues rather than situational

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or emotional cues; Augustus-Horvath & Tylka, 2011; Avalos & Tylka, 2006). The next step for research on body appreciation is to include it within models of body image and eating behavior (Tylka, 2011), which was the aim of the present study. Such models could guide the development and/or refinement of primary prevention programs to foster children's healthy body attitudes as well as help clients understand barriers to and facilitators of positive body image.

Body image often has a central role in theoretical frameworks such as objectification theory (Fredrickson & Roberts, 1997) and the tripartite influence model (Thompson, Coovert, & Stormer, 1999), linking interpersonal (e.g., appearance-related pressures, and sexual objectification) and intrapersonal (e.g., internalization of the thin ideal, self-objectification) variables to outcome variables such as disordered eating and depression. We placed body appreciation in a similar position within our model in order to provide insight into (a) interpersonal and intrapersonal variables that uniquely contribute to body appreciation, (b) how interpersonal and intrapersonal variables work together to predict body appreciation, and (c) whether body appreciation positively predicts adaptive and healthy eating behaviors and inversely predicts depressive symptoms. Given its central role, we examined it as a mediator to determine whether body appreciation accounted for the contributions made by interpersonal and intrapersonal variables to depressive symptoms and intuitive eating.

When choosing the model variables, we had four aims. First, we determined whether variables identified by respondents who reported a positive body image in qualitative research (Frisén & Holmqvist, 2010; Wood-Barcalow et al., 2010) are supported quantitatively and contribute incrementally to the model, especially in their relationship to body appreciation. It is imperative to return to this qualitative research to pinpoint these variables, as they may be overlooked if we relied solely on theory and research on negative body image. Second, we investigated whether associations between variables related to negative body image were also supported in this model. If no significant associations are uncovered between these variables and body appreciation, body appreciation's uniqueness from negative body image would be upheld. Including variables identified in qualitative research on positive body image as well as variables that have been linked to negative body image provides a more nuanced understanding of the incremental value of body appreciation and how it may differ from low levels of negative body image. Third, we wished to represent both interpersonal and intrapersonal variables within our model. Fourth, we considered whether these interpersonal and intrapersonal variables were likely to be meaningfully associated with one another, based on extant theory and research, beyond their direct connection to body appreciation.

Respondents in Wood-Barcalow et al.'s (2010) study reported interpersonal characteristics that they believed promoted their positive body image. In particular, many participants mentioned that important others in their lives, such as their parents, did not criticize their weight, food consumption, or place undue attention on their body. Other researchers have found that restrictive/critical messages of food intake (e.g., "Don't eat so much!") and "You don't need another piece of pizza") backfire in that children tend to become preoccupied with forbidden foods, seek out these foods when their caregivers are not around, and eat these foods in a disinhibited manner in the absence of hunger (Birch, Fisher, & Davison, 2003; Faith, Scanlon, Birch, Francis, & Sherry, 2004; Fisher & Birch, 1999). Pressure to eat messages from caregivers (e.g., "You must eat everything on your plate") also may pull individuals away from respecting their satiety cues (Galloway, Fiorito, Francis, & Birch, 2006). These two types of caregiver eating messages, then, could be interpersonal barriers to body appreciation and were therefore included in our model.

Another interpersonal characteristic noted in the responses from participants in Wood-Barcalow et al.'s (2010) study was the ability to have and establish meaningful connections and close emotional ties with family, friends, and romantic partners. Descriptions from these women were characteristic of secure attachment. According to Bowlby (1979), secure attachment reflects an ability to form and maintain strong affectionate bonds with others that begins developing in childhood. Specifically, consistent caregiver responses and support provides children with a positive template for healthy relationships. In contrast, inconsistent, unsupportive, and/or demanding caregiver responses provide children with a negative template for relationships, which manifests as insecure attachment (Bowlby, 1979). There are two subcomponents of insecure attachment: *attachment anxiety*, or the excessive need for approval and the fear of rejection and abandonment, and *attachment avoidance*, or the excessive need for self-reliance and fear of depending on others (Brennan, Clark, & Shaver, 1998). Insecure attachment, then, may be an interpersonal barrier to body appreciation and was therefore integrated in our model.

Participants in both Wood-Barcalow et al.'s (2010) study and Frisén and Holmqvist's (2010) study also noted intrapersonal characteristics that they perceived shaped their positive body image. Participants in both studies indicated that they did not hold their bodies up to unrealistically high standards for beauty they viewed in media; instead, they rejected and challenged media images and messages to be perfect and accepted their body's imperfections. Yet, participants in both studies indicated that they had high standards for taking care of their bodies – through consistent and healthy eating, engaging in regular physical activity, using stress management techniques, and getting adequate sleep. Thus, responses from participants in Wood-Barcalow et al.'s study and Frisén and Holmqvist's study were consistent with low maladaptive perfectionism and high adaptive perfectionism. Perfectionism is a multidimensional construct containing both maladaptive and adaptive facets (Rice, Ashby, & Slaney, 1998). Individuals high in maladaptive perfectionism set unrealistically high standards for themselves, but then perceive a discrepancy between their high standards and their ability to meet them; for this reason, it is often referred to as *discrepancy perfectionism* (Rice et al., 1998). These individuals may be more likely to measure their body against unrealistic media standards of attractiveness and not be able to appreciate their body when it falls short of these standards. Indeed, maladaptive perfectionism has been shown to be positively related to body dissatisfaction (Pearson & Gleaves, 2006). In contrast, adaptive perfectionism has been divided into *high standards* (setting ambitious yet realistic goals that are motivational and encouraging) and *order* (preferences for order and organization; Rice et al., 1998). For those high in adaptive perfectionism, not being able to always meet these more realistic standards is tolerated and does not lead to distress. Hence, discrepancy perfectionism may be a barrier to, and high standards and order perfectionism facilitators of, body appreciation. Thus, all three were included in our model.

Women in the Wood-Barcalow et al. (2010) study perceived that their body appreciation helped them feel positively about themselves in the present and optimistic about their future. The positive feelings described by these participants were the antithesis of depressive symptoms (Beck, Steer, & Brown, 1996). Theoretical and empirical literature on negative body image has noted the connection between negative body image (e.g., body dissatisfaction and body shame) and depression (e.g., Fredrickson & Roberts, 1997; Stice, 2001, 2002), which may be especially true for women, as media encourage them to equate their self-worth with their appearance more so than men (Fredrickson & Roberts, 1997). We chose to include depressive symptoms in lieu of positive affect and optimism because of attachment anxiety and discrepancy

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