



# Appearance comparisons styles and eating disordered symptoms in women



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## ABSTRACT

The purpose of this study was to examine the relationship between styles of upward and downward appearance comparisons and eating disordered symptoms in women. Data on upward and downward appearance comparisons, body dissatisfaction, drive for thinness, dietary restraint, and negative body talk were collected from 321 female college students. Results indicated that upward appearance comparisons were linked to higher levels of drive for thinness, body dissatisfaction, dietary restraint, and negative body talk, whereas downward appearance comparisons were linked to higher levels of drive for thinness and dietary restraint, but showed no relationship to body dissatisfaction and negative body talk. There was an interaction effect between upward and downward comparisons and body image variables. Taken together, this study suggests that downward appearance comparison does not buffer the negative effects of upward appearance comparison, and in some cases can increase negative body image outcomes.

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## 1. Introduction

Poor body image and eating disturbances are prevalent among women in the United States. For example, one study found 46–66% of women are dissatisfied with their weight (Fiske, Fallon, Blissmer, & Redding, 2014). Similarly, a recent survey found that 32% of college women admitted to disordered eating behaviors (Pinkasavage, Arigo, & Schumacher, 2015). In regard to eating disorder prevalence, one longitudinal study of adolescent and college-aged women found a lifetime prevalence rate at age 20 to be 0.8% for Anorexia Nervosa, 2.6% for Bulimia Nervosa, 3.0% for Binge Eating Disorder, and 11.5% for Eating Disorder Not Elsewhere Specified. Subclinical rates of eating disorders for this same sample were 4.4% for Bulimia Nervosa, 3.6% for Binge Eating Disorder, and 2.8% for Atypical Anorexia Nervosa (Stice, Marti, & Rohde, 2013). Taken together, these statistics display the pervasive problem that body image disturbances present for women.

Researchers have identified appearance comparisons as an important factor in the development of poor body image and eating disorders (Myers & Crowther, 2009). Based on social comparison theory (Festinger, 1954), appearance comparisons refer to the process by which people evaluate themselves by comparing their appearance to others. Appearance comparisons made with targets considered to be more attractive are referred to as *upward appearance comparisons*, whereas comparisons made with targets considered to be less attractive

are called *downward appearance comparisons* (Wheeler, 1966; Wills, 1981).

Research on upward appearance comparisons suggests that women engage in upward appearance comparisons more frequently than downward appearance comparisons, often comparing themselves to thin-idealized women seen in the media (Chrisler, Fung, Lopez, & Gorman, 2013; Franzoi et al., 2012). This is concerning because these upward appearance comparisons lead women to feel dissatisfied with their bodies and be more motivated to engage in compensatory eating behaviors (Arigo, Schumacher, & Martin, 2014). Research has demonstrated a link between upward appearance comparisons and increases in body dissatisfaction, drive for thinness, bulimia, and negative mood (Bailey & Ricciardelli, 2010; Ridolfi, Myers, Crowther, & Ciesla, 2011; Tiggemann, Polivy, & Hargreaves, 2009; Van den Berg & Thompson, 2007). In addition, upward appearance comparisons have been linked to another feature of poor body image, negative body talk, self-critical conversations in which individuals make disparaging remarks about their weight or appearance (Arroyo, 2014; Shannon & Mills, 2015).

Conversely, the research on downward appearance comparisons has generally suggested that comparisons to less attractive targets lead to positive body image and lower levels of eating pathology. More specifically, there is evidence that women who engage in downward appearance comparisons show less body dissatisfaction and eating disturbance (Bailey & Ricciardelli, 2010), greater appearance esteem (Leahey, Crowther, & Ciesla, 2011), less negative affect and guilt (Leahey, Crowther, & Mickelson, 2007), and have greater satisfaction and self-confidence (van den Berg & Thompson, 2007) than women who engage in upward appearance comparisons. Given the positive

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outcomes related to downward appearance comparisons, researchers have suggested that downward appearance comparisons can act as a protective buffer to help maintain body satisfaction (Bailey & Ricciardelli, 2010).

Although there has been considerable research on upward and downward appearance comparisons in women, there are still some unanswered questions. Appearance comparisons typically have been studied in the context of a singular event (e.g., looking at an image of a female model in a fashion magazine), rather than as a habitual style of comparison (Myers & Crowther, 2009). However, people who engage in appearance comparisons do not do so as a singular event. Instead, people who engage in appearance comparisons generally engage in these comparisons multiple times per day (Leahey et al., 2011, 2007). Furthermore, research has found that some individuals possess a type of dispositional tendency to engage in comparisons (Gibbons & Buunk, 1999; Stormer & Thompson, 1996). Studying upward and downward comparisons as a general pattern of comparison versus an isolated event may help the field better understand the role of appearance comparisons in body-related disturbances.

In addition, researchers have typically studied either upward appearance comparisons or downward appearance comparisons in isolation; however, there is evidence that women engage in both upward and downward appearance comparisons throughout the day, rather than engaging in only one direction of comparison (Leahey et al., 2007; McKee et al., 2013). The studies that have collected data on both upward and downward appearance comparisons within the same study have generally not examined the combined effects of routinely engaging in both upward and downward comparisons; instead, the studies treat each comparison pattern as its own unique process (Leahey et al., 2007, 2011; Tiggemann & Polivy, 2010; van den Berg & Thompson, 2007). Examining the combined effect of multiple upward and downward appearance comparisons would be useful and would provide a fuller sense of how comparison styles affect women's body image. It would be useful to determine whether women who frequently engage in upward appearance comparisons could prevent negative body image by also frequently engaging in downward appearance comparisons. In addition, it would be helpful to determine whether it is better for women to engage in downward appearance comparisons or no appearance comparisons at all. Further insight into these processes will allow for the development of intervention programs to provide healthier and adaptive ways for women to think about their bodies.

Our study hoped to fill the gap in the literature by examining how patterns of upward and downward appearance comparisons are related to eating disordered symptoms. More specifically, we examined the relationship between upward and downward appearance comparison styles and drive for thinness, body dissatisfaction, dietary restraint, and negative body talk in women. Given that upward appearance comparisons have been linked with eating disordered symptoms, we hypothesized that upward appearance comparison would be positively related to eating disordered attitudes and behaviors and that downward appearance comparison would be negatively related to eating disordered attitudes and behaviors. We also hypothesized that there would be an interaction effect between upward and downward appearance comparisons and eating disordered attitudes and behaviors.

## 2. Methods

### 2.1. Participants

Three hundred and twenty-one female college students from a college in the northeastern United States participated in our study. Their ages ranged from 18 to 25 years ( $M = 19.25$ ,  $SD = 1.30$ ). Information on race and ethnicity were unable to be collected due to IRB restrictions, however, the race and ethnicity of the sample may be estimated from the ethnic and racial characteristics of the college's entire student body (74% Caucasian/European-Americans, 4% Black or African

Americans non-Hispanic/Latinos, 3% Asians, non-Hispanic/Latinos, 6% Hispanic/Latinos, 0.3% American Indians or Alaska Natives, non-Hispanic/Latino, 3% more than one race, and 11% did not identify). The body mass index of our sample ranged from 15 to 48, but most of our participants would be categorized as being *normal weight* ( $M = 23.81$ ;  $SD = 5.34$ ).

### 2.2. Materials

#### 2.2.1. Upward and downward appearance comparisons

The Upward and Downward Appearance Comparison Scale (O'Brien et al., 2009) was used to measure the degree to which women compared their appearance to others. It consists of two subscales: the ten-item Upward Appearance Comparison Subscale (UPACS) and the eight-item Downward Appearance Comparison Scale (DACS). A sample item from the UPACS is "I tend to compare myself with people I think look better than me." A sample item from the DACS is "I think about how attractive my body is compared to overweight people." The items are rated on a five-point Likert scale where 1 = *never* and 5 = *always*. The subscale scores were totaled and divided by the number of items in each scale, providing an item average, which then allowed the scores of each subscale to be compared to each other. The original scale validation reported good internal consistency ( $\alpha = 0.94$  and  $0.92$ ) for UPACS and DACS respectively (O'Brien et al., 2009). The Cronbach's alphas for our sample were 0.93 and 0.95, respectively.

#### 2.2.2. Drive for thinness and body dissatisfaction

The Drive for Thinness and Body Dissatisfaction Subscales from the Eating Disorders Inventory (Garner, Olmstead, & Polivy, 1983) were administered in this study to assess drive for thinness and body dissatisfaction. The Drive for Thinness Subscale includes seven items that rate thoughts commonly related to the desire to be thin ("I am terrified of gaining weight"). The Body Dissatisfaction Subscale consists of nine items that rate participant's evaluation of different body parts ("I think that my thighs are too large."). Items are rated on a six-point Likert scale where 1 = *never* and 6 = *always* and scored based on the methods described in the validation study (Garner et al., 1983). The Cronbach's alphas in the original validation study were 0.85 and 0.91, respectively, for the Drive for Thinness and the Body Dissatisfaction Subscales. The Cronbach's alphas for our sample were 0.82 and 0.87.

#### 2.2.3. Dietary restraint

The Dietary Intent Scale (Stice, 1998) measures the degree to which people restrict their food intake for the purposes of weight loss and has been linked to eating pathology. Using a five-point scale ranging from 1 = *never* to 5 = *always*, participants are asked to rate how frequently they participate in various eating behaviors (e.g., "I count calories to try to prevent weight gain."). The validation study reported good reliability ( $r = 0.92$ ) and internal consistency ( $\alpha = 0.94$ ; Stice, 1998). The Cronbach's alpha for our study was 0.91.

#### 2.2.4. Negative body talk

The Fat Talk Questionnaire (Royal, MacDonald, & Dionne, 2013) measures how frequently people make negative statements about their body or weight. Using a five-point scale ranging from 1 = *never* to 5 = *always*, participants rate how frequently they have said these various statements (e.g., "When I am with one or several close female friends, I complain that my body is disgusting."). The validation study reported good internal consistency ( $\alpha = 0.94$ ) and reliability ( $r = 0.80$ ; Royal et al., 2013). The Cronbach's alpha for our study was 0.93.

#### 2.2.5. Demographic information

The survey also included questions to measure age, sex, year in school, and height and weight to calculate BMI.

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