



Is athletic really ideal? An examination of the mediating role of body dissatisfaction in predicting disordered eating and compulsive exercise



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ABSTRACT

Background: Investigations into female body image have suggested that rather than thinness, preference is now being given to a female “athletic ideal” characterised by a toned abdomen, firmer lower body and muscular upper body. This study sought to investigate a) whether greater internalization of the athletic-ideal is associated with higher body dissatisfaction, dieting, bulimic symptoms and compulsive exercise, and b) whether body dissatisfaction mediates the relationship between athletic-ideal internalization and the disordered eating and exercise behaviours of dieting, bulimic symptoms and compulsive exercise.

Methods: Participants were 388 females aged between 17 and 35 years. Participants completed a battery of questionnaires measuring athletic-ideal internalization, body dissatisfaction, dieting, compulsive exercise and bulimic symptoms.

Results: Athletic-ideal internalization was not found to be associated with body dissatisfaction, but was found to predict dieting, bulimic symptoms and compulsive exercise directly. Body dissatisfaction did not mediate the relationship between athletic-ideal internalization and any of the disordered eating and exercise behaviours.

Limitations: The study was limited by its cross sectional design which precluded conclusions being drawn about the direction of causality and temporal associations.

Conclusions: Athletic-ideal internalization, while not associated with body dissatisfaction, was associated with a range of disordered eating and exercise behaviours. Results from the study suggest that the female athletic-ideal is an equally unrealistic and problematic ideal for women to strive towards.

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1. Introduction

In Western society, where cultural ideals and media play a pervasive role in dictating female standards of attractiveness, studies have posited that the pressure to achieve a thin and slender female body is an important causal risk factor in the development of disordered eating and exercise behaviours (Polivy & Herman, 2002). However, recent studies conducted on female body image have documented a shift in the cultural ideal of physical attractiveness. Rather than thinness, preference is now increasingly being given to a female ‘athletic ideal’ typified by a more muscular upper body, toned abdomen and firmer lower body (Gruber, 2007). Such an ideal is arguably even more unrealistic than the thin-ideal for women to achieve as a muscular female physique is not achieved without significant weight training, dietary regime and often, considerable cardiovascular exercise (Gruber, 2007). Given the influence of the media and its emerging portrayal of the athletic ideal as a body type that women should strive towards, investigation into

its effects on women’s psychological and physical functioning is warranted.

Although research has demonstrated a strong link between body dissatisfaction and the thin-ideal, research investigating the relationship between the athletic-ideal and body dissatisfaction is sparse. It has been shown that women experience a significant increase in state anxiety and depression, as well as lower mood, after being exposed to articles and images promoting an athletic female physique (Garvin & Damson, 2008). Studies examining the relationship between the athletic-ideal and body dissatisfaction more directly, suggest that exposure to images of lean athletic women produces an increase in body dissatisfaction (Homan, McHugh, Wells, Watson, & King, 2012) and a decrease in body satisfaction (Benton & Karazsia, 2015) amongst young women. It has also been found that after watching sports such as gymnastics and diving, where athletes epitomize the athletic ideal, women report higher levels of body dissatisfaction (Bissell, 2004). Although these sports also emphasize a very slender physique, and therefore it could be argued that the reported body dissatisfaction may be due to the thinness rather than athleticism of the athletes, other studies have demonstrated that images of ‘larger’ athletic women also lead to significant alterations in anxiety, increased ratings of depression and decreased mood amongst females (Garvin & Damson, 2008).

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The research described above involves ‘exposure’ of particular body ideals to women. However, although exposure to media portrayals of societal beauty ideals has been found to be detrimental to women, research has repeatedly demonstrated that it is the *internalization* of these ideals by women, rather than simple exposure to them per se, that is the most important risk factor for disordered eating and exercise behaviours (Thompson & Heinberg, 1999). Given that the female athletic-ideal is a relatively new focus within the body image literature, there is a paucity of research conducted on the deleterious outcomes that might result from its internalization. Homan (2010) found that athletic-ideal internalization predicted increases in compulsive exercise, but not body dissatisfaction or dieting, over a seven-month period. A study by Pritchard, Parker, and Nielsen (2011) found that desire to achieve an athletic and muscular physique predicted obligatory exercise behaviours as well as eating concerns (obsessive thinking about eating, feeling guilty about eating) amongst young women. In fact, research suggests that females as young as 15 years are at increased risk of resorting to unhealthy methods in order to become more athletic and muscular (Field et al., 2005).

Compared to the scant research available on the female athletic-ideal, research investigating the male athletic-ideal and its consequences is significantly more prolific. A number of studies have confirmed that the ideal Western male body is muscular and toned (Nowell & Ricciardelli, 2008), and that a drive for muscularity is associated with low self-esteem, higher levels of depression and lower levels of life satisfaction (McCreary, 2007), as well as a greater need to adhere to workout and diet schedules (Kelley, Neufeld, & Musher-Eizenman, 2010). It has also been found that men who are exposed to, and internalize, the athletic male body ideal report a higher drive for muscularity, increased dietary supplement consumption, increased body preoccupation and disordered eating behaviours (Hatoum & Belle, 2004). Considering the harmful psychological and behavioural effects found in male samples with respect to internalization of the athletic-ideal, one might expect similar outcomes amongst women.

There has been very little research investigating the relationship between female athletic-ideal internalization, body dissatisfaction and disordered eating behaviours, and even less investigation of possible mediational relationships amongst these variables. However, a sociocultural mediation model has been proposed to explain the relationship between internalization of the thin-ideal and disordered eating behaviours, whereby internalization of the thin-ideal is proposed to lead to body dissatisfaction which in turn is proposed to lead to the development of dieting, negative affect and binge eating (Stice, 2001; Stice, Schupak-Neuberg, Shaw, & Stein, 1994). Importantly, a number of seminal studies testing this mediational model have supported the mediating role of body dissatisfaction in the relationship between thin-ideal internalization and disordered eating behaviours (Flament et al., 2012; Seidel, Presnell, & Rosenfield, 2009; Stice & Shaw, 2002).

Despite research suggesting a preference for a more athletic societal body ideal for women and findings indicating that this new ideal may be associated with body dissatisfaction amongst women, the mediational role of body dissatisfaction in the relationship between athletic-ideal internalization and disordered eating behaviours is yet to be tested. This study aimed to: a) investigate whether greater internalization of the athletic-ideal is associated with higher body dissatisfaction and disordered eating/exercise behaviours, and b) investigate whether body dissatisfaction mediates the relationship between athletic-ideal internalization and disordered eating/exercise behaviours.

2. Method

2.1. Participants

Participants were 388 females recruited from the university and general community. Participants were aged 17–35 years ($M = 21.46$, $SD = 4.51$) with a mean weight of 64 kg ($SD = 13.57$) and a mean

height of 166.7 cm ($SD = 7.07$). The mean body mass index of participants [BMI: weight (kg)/height (m^2)] was calculated from self-report data and found to be 23 ($SD = 4.59$), suggesting that on average, participants were in the healthy BMI range. Most participants were single, casually employed, earned less than \$20 000 AUD per year, identified as being Australian and reported Year 12 as being their highest level of education. Table 1 provides participant demographic information.

2.2. Materials

All measures were completed online. Participants were required to provide general demographic information concerning age, gender, height, weight, ethnicity, relationship status, employment status, household income and highest level of education. The questionnaires below were also completed. Alpha coefficients for all measures are provided in Table 2.

2.2.1. Athletic-ideal internalization

Internalization of the athletic ideal was measured using the Internalization: Muscular/Athletic subscale of the Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4; Schaefer et al., 2015). The Internalization: Muscular/Athletic subscale consists of five items assessing the extent to which an individual endorses the cultural muscular/athletic ideal. Participants were required to rate the degree to which they agreed with each statement on a 5-point Likert scale

Table 1
Socio-demographic information.

Demographic variable	Female (N = 388)	
	N	%
Relationship Status		
Single	254	65.5
Married	33	8.5
Separated/divorced		
Defacto	101	26
Employment status		
Unemployed	98	25.3
Part-time	88	22.7
Full-time	50	12.9
Casual	152	39.2
Average household income		
<\$20 000	132	34.0
\$20 000–\$29 000	37	9.5
\$30 000–\$45 000	31	8.0
\$45 001–\$60 000	56	14.4
\$60 001–\$75 000	28	7.2
\$75 001–\$90 000	26	6.7
\$90 001–\$120 000	29	7.5
\$120 001–\$150 000	23	5.9
\$150 001–\$200 000	12	3.1
>\$200 000	14	3.6
Highest level of education		
Year 12 equivalent	228	58.8
TAFE certificate	45	11.6
Bachelors degree	86	22.2
Postgraduate	29	7.6
Ethnicity		
Australian	295	76
Australian Aboriginal	7	1.8
Australian South Sea Islander	1	.3
Central and West African		
North African & Middle East	2	.5
New Zealand Peoples	13	3.4
North East Asian	1	.3
North West European	12	3.1
People of the Americas	10	2.6
South East Asian	11	2.8
Southern & Central Asian	4	1
Southern & Eastern Europe	5	1.3
Southern & East African	3	.8
Torres Strait Islander		
Other	24	6.2

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