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# Gender Differences in Body Size Dissatisfaction Among Individuals With Low, Medium, or High Levels of Body Focus

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ABSTRACT. The authors designed the present study to test whether women reported higher levels of body dissatisfaction than did men even when the 2 genders were matched on a measure of degree of body focus. Sixty undergraduates (30 men, 30 women) were screened on attention-to-body-shape scores and divided into high, medium, and low body-shape-focus groups. The participants also completed questionnaires that provided information on age, education, vocabulary ability, levels of depression, and body-image assessment. The groups did not differ ($p$s > .05) on age, education, vocabulary ability, or levels of depression. However, women in all 3 body-shape-focus categories indicated a larger discrepancy between their real vs. ideal body images ($p < .01$) than did the men. In the high-body-focus group, there was an 11:1 ratio between women's and men's reported real–ideal body-shape discrepancies. Women showed greater body dissatisfaction than did men, even when the genders were matched on a measure of body focus.

Key words: body focus, body size, gender

DEGREE OF BODY DISSATISFACTION is often measured as the discrepancy or difference between self-perceived real and ideal body size (Showers & Larson, 1999). A large body of literature supports the hypothesis that men experience much less body dissatisfaction than do women. For example, in a study by Mintz and Bentz (1986), women indicated significantly greater dissatisfaction with their

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bodies than did men. Likewise, Demarest and Langer (1996) found that in a comparison of body perception among underweight, average-weight, and overweight men and women, overweight women reported the highest levels of body dissatisfaction. Women of average weight in the study reported approximately the same level of body dissatisfaction as did overweight men. Tiggeman and Pennington (1996) examined body dissatisfaction over the lifespan and found that gender differences in levels of body dissatisfaction begin to appear around the age of 13 or with the onset of adolescence, and they continue well past middle adulthood.

There is speculation among some researchers that the high levels of body dissatisfaction reported among women might correlate with the higher prevalence rates of eating disorder diagnoses in women (American Psychiatric Association, 1994; Keel, Mitchell, Davis, & Crow, 2001; Mintz & Bentz, 1986). Therefore, further study of gender differences in body dissatisfaction may be warranted.

The authors designed the present study to test empirically whether women would still report higher levels of body dissatisfaction than would men when the two genders are matched on a measure of degree of body focus. *Body focus* can be operationally defined as those aspects of the body that are most often associated with reasons for dieting or societal acceptance. For instance, many people who diet might have concerns about their shape (e.g., too big, too small) or their weight (e.g., too heavy, too light). Also, people who are more body focused might buy certain products that they believe will give them a better body, or they might wear clothes that they believe highlight the best aspects of their body and hide the worst aspects. Women tend to be more body focused than are men, according to results of the Attention to Body Shape Scale (ABS; Beebe, 1995). The ABS is a brief, 7-item scale designed specifically to measure the degree of body focus. ABS scores correlate with measures of eating pathology and dietary restraint, and high ABS scores are related to greater body-image distortion (Beebe).

If measures of eating pathology and dietary restraint are associated with high ABS scores, then we would expect an interaction to occur between the level of body focus and the magnitude of the gender difference in body dissatisfaction. Specifically, as body focus increases (from low, to medium, to high), so too should the real versus ideal difference or discrepancy between men and women, with the greatest differences favoring women.

## Method

### *Participants*

We used the Attention to Body Shape Scale (ABS) to screen 200 undergraduates who were enrolled in an introductory psychology class at the University of North Dakota as potential participants. The items on the ABS are rated on a 5-point Likert-type scale that ranges from 1 (*definitely disagree*) to 5 (*definite-*

*ly agree*). Adequate reliability and validity coefficients have been reported for the ABS, and internal consistency estimates range between .70 and .82 (Beebe, 1995). On the basis of individual ABS scores, we selected 60 students (30 men, 30 women) for inclusion in the present study. We wanted to ensure that within each category the men and women did not differ on their ABS score, which they did not. The participants were divided into three categories: (a) those with low body focus (ABS score of 7–16, $M = 14.3$), (b) those with medium body focus (ABS score of 17–26, $M = 21.9$), and (c) those with high body focus (ABS score of 27–35, $M = 29.2$). We arbitrarily divided the ABS into three categories. Each category contained 10 women and 10 men.

### *Procedure and Materials*

All the participants were called individually into the laboratory and administered the Vocabulary subtest of the Wechsler Adult Intelligence Scale–Revised (WAIS–R; Wechsler, 1981), a background questionnaire, and the Beck Depression Inventory (BDI, Beck & Steer, 1987). We administered those items so that we could equate groups statistically on the basis of various demographic factors, and we were not concerned about any possible link between the scores on the demographic factors and the dependent variable of interest. We also administered the Body Image Assessment (BIA, Collins, 1991) questionnaire. The questionnaire comprises seven silhouettes of bodies that range in size from extremely thin to obese. There are female and male versions of the BIA; women view the female silhouettes, and men view the male silhouettes. We asked the participants to indicate which BIA silhouette best corresponded to their real body shape and which best corresponded to their ideal body shape. Each silhouette was assigned a number from 1 (*extremely thin*) to 7 (*obese*). The discrepancy between real and ideal was calculated as a difference score (i.e., real – ideal), which could range from –6 to 6.

## Results

Initially, we analyzed the data with the use of a 2 (gender) × 3 (level of body focus) analysis of variance (ANOVA). The groups did not differ ($p$s > .05) on age ($M = 21.1$ years), education ($M = 14.1$ years), BDI score ($M = 2.1$), or WAIS–R Vocabulary ($M = 55.3$). The results from the ANOVA that was performed on BIA discrepancy scores (see Table 1) indicated a significant main effect for gender, $F(1, 54) = 19.74$, $p < .01$, with women in all three categories indicating a significantly larger discrepancy between their real and ideal body shapes than did the men. In fact, in the high-body-focus group, there was an 11:1 ratio between women's and men's real–ideal body-shape discrepancies. In addition, responses on the BIA questionnaire indicated that women in the low-body-focus group had much higher levels of body dissatisfaction than did men in the high-body-focus

**TABLE 1. Mean and Standard Deviation BIA Values as a Function of Gender and Level of Body Focus**

| | Level of Body Focus/Gender | | | | | |
|---|---|---|---|---|---|---|
| Variable | L/m | L/f | M/m | M/f | H/m | H/f |
| BIA | | | | | | |
| *M* | –.30 | .50 | .00 | .70 | .10 | 1.10 |
| *SD* | .34 | .12 | .00 | .12 | .01 | .32 |

*Note*. BIA = Body Image Assessment. L = low. M = medium. H = high. m = male. f = female.

group. Although that ratio increased across body focus levels and although it was greater among women, neither the main effect for level of body focus nor the interaction of level of body focus with gender were significant ($p$s > .05). The power associated with these effects was low (Kirk, 1984).

## Discussion

The results of the present study indicated that women showed much greater body dissatisfaction than did men, even when men and women were matched on a measure of body focus (ABS). The results suggested that even women with low body focus have a strong desire to be thinner than they are and that men who have a high body focus report that their body shape is similar to their ideal body shape. That finding might indirectly indicate that women strive to achieve and maintain an unreasonably low weight. Women in all three groups rated their present figure as significantly larger than their ideal figure, whereas there were minimal differences in the same ratings for men. Men in the low-body-focus group reported that their ideal figure was slightly larger than their real figure, men in the medium-body-focus group reported that their real figure and their ideal figure were identical, and men in the high-body-focus group reported that their ideal body figure was somewhat thinner than their real figure. It is important to know that although the discrepancies observed between real and ideal were statistically significant, they were not huge distortions, and they might actually show a bias toward seeing the ideal distortion as thinner than the participant's reality. Support for that notion comes from examination of the average ideal male silhouette ($M$ = 2.87, $SD$ = 0.57) and the average ideal female silhouette ($M$ = 3.25, $SD$ = 0.61).

The results of the present study are consistent with those of previous research that suggested that there is less of a societal consensus regarding the ideal physique for men (Cohen & Adler, 1992) than there is for women. Thus, on the one hand,

when men fail to achieve a specific ideal body size, they might not perceive a deviation from a well-established norm that is considered acceptable by same-sex and opposite-sex peers. Women, on the other hand, are likely to perceive themselves as being overweight or slightly overweight regardless of their actual weight (Mintz & Bentz, 1986). However, these statements need to be tempered because the body concerns of men and women differ as much as do their reasons for satisfaction and dissatisfaction with their bodies. For instance, bodyimage measures that attempt to test satisfaction and dissatisfaction by using the same scale for men and women might artificially exaggerate gender differences because men and women focus on different concerns about their body image. Alternatively, silhouettes that rely on anticipated gender differences in body-shape concerns might create difficulties in making satisfactory 1:1 comparisons. We used only one scale of body-image assessment, although there is discussion among some researchers about how ideal and acceptable body sizes vary (Rand & Wright, 2000).

Although this was an analog study in which college undergraduates were used as participants, it might be of interest to examine eating disorder patients on the same measures. Likewise, in the future, researchers in this field might want to examine body focus in young children and adolescents and track them through high school and college, on a longitudinal basis (see Cooley & Toray, 2001). In addition, it might have been useful if we had collected each participant's Body Mass Index to see if that measure was related to body focus, body dissatisfaction, or both. Finally, because we were concerned about the participants' perceptions about their real and ideal body images, the participants' reactivity or attention to prevalent media images might also have accounted for some of the variance in the results presented here. We did not measure the participants' reactivity and attention to prevalent media images in the present study, but they could perhaps be the focus in future research.

Whatever the next step in this line of research, the present results support the notion that women continue to show evidence of much greater body dissatisfaction than do men, even when men and women are matched on body focus.

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