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Body Size Anxiety: Appearance Management Behaviors, Social Physique Anxiety, Appearance Evaluation, and Appearance Orientation in Larger Size Women

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Weight bias is a pervasive form of discrimination in our modern day society. Goffman (1963) offered foresight into why weight bias has become so prevalent in our modern era. Those with stigmatized identities which people perceive as controllable are seen as having a defect in their own character. This makes sympathy for the individual less likely than criticism.

Obese individuals experience a large amount of implicit and explicit weight bias. Even medical professionals, who are expected to be objective in their assessments, can display weight bias towards their patients (Billington et. al., 2003). Men who value health and fitness have been found to be more blaming and hold larger persons responsible for their weight than women (Budd-Lewis et. al., 1997). One study found, in overweight women, that more frequent stigmatizing experiences were associated with poorer body image (Millkwicz-Annis et. al., 2004).

This research hypothesizes that as body size increases, participants will report engaging in fewer appearance management behaviors, spend less on products related to these activities and spend less time performing appearance management behaviors (AMB). Additionally, it is expected that there will be a positive relationship between social physique anxiety, appearance orientation and body size. A negative relationship is expected between appearance evaluation and body size. Finally, it is expected that current-ideal body size difference will have a positive relationship with social physique anxiety but a negative relationship with appearance evaluation.

Data to test hypotheses was gathered by an online survey instrument. The university institutional review board approved this research. Data collected included demographics, AMB (19 routine behaviors), time and money spent on AMB, social physique anxiety scale (7 items), the multi-dimensional body-self relations questionnaire appearance evaluation subscale (7 items), and the appearance orientation subscale (12 items). Hypotheses were tested by one tail spearman rho correlations.

The final sample consisted of 36 female participants who rated their body sizes as 7 to 9 on the Thompson & Gray (1995) contour drawing rating scale, meaning they had larger size bodies. 5 participants were not heterosexual (3 bi-sexual, 2 homosexual). The age range of the sample was 18 to 62. This sample is limited by its size and lack of racial diversity. The range of annual personal income was reported from less than $25,000 to between $100,000 and $149,999.

Variety of AMB was measured by number of activities engaged in by participants daily, weekly, monthly and every six months. Time spent on AMB was measured in five increments with the lowest category being less than 15 minutes and the highest category being over two hours. Monthly AMB budget was measured in five increments with the lowest category being $0.00 to $9.99 and the highest being over $200.00 per month.

The range of AMB preformed for this sample was 4 to 18 activities (M=13.05, SD=3.09). A negative relationship between body size and variety of AMB was observed but it was not
significant ($r = -.189, p = 0.135)$. Daily time spent on AMB ranged from less than 15 minutes to between 31 minutes and one hour. An insignificant relationship between body size and time spent on AMB was observed ($r = -.035, p = 0.419$). Additionally, participants reported a monthly AMB product budget of $0.00 - $9.99 to over $200.00. A negative relationship between body size and budget was observed, but was not significant ($r = -.240, p = 0.080$).

Participants averaged 3.54 on the appearance orientation scale ($SD = .647$). A negative, but insignificant, relationship between body size and appearance orientation was observed ($r = -.067, p = 0.349$). On the appearance evaluation scale, respondents scored an average of 2.49 ($SD = .62$). A significant, negative, moderate relationship between appearance evaluation and body size was revealed ($r = -.501, p = 0.001 p < .01$). Respondents scored an average of 3.71 on the social physique anxiety scale ($SD = .68$). A significant, positive, weak relationship between social physique anxiety and body size was observed ($r = .318, p = .030, p < .05$). The results indicate that in women with larger body sizes, an increase in body size significantly reduced their satisfaction with their appearance and was associated with somewhat higher social physique anxiety.

All participants reported that they wanted to be between 1 and 4 body sizes smaller. The difference between one’s ideal and current body size was found to have a significant, positive, but weak relationship with social physique anxiety ($r = .286, p = .046, p < .05$) and a significant, moderate, negative relationship with appearance evaluation ($r = -.428, p = .005, p < .01$). These results suggest that the bigger the discrepancy between current body size and ideal body, the less appearance satisfaction a larger woman has.

The lack of observed significant relationships between variety of AMB, time spent on AMB, and budget for AMB, points to two likely coping mechanisms for weight based stigma. Some larger women likely make appearance a less important aspect of their lives and therefore engage in fewer AMB activities while other women likely engage in more AMB due to an internalization of weight stigma. When examining these variables by group, those with a body size of 7 out of 9 reported the highest AMB activities ($M = 13.73, SD = 3.04$), while those with a body size of 8 out of 9 reported the highest time and budget spent on AMB ($M = 2.33, SD = .82; M = 2.40, SD = 1.12$). Across all three dimensions, those with a body size of 9 reported the lowest average scores ($M = 12.60, SD = 2.27; M = 2.20, SD = .79; M = 1.90, SD = .32$).

References: