Exploring associations between general interpersonal functioning and body image difficulties in adolescents

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The Role of Close Relationships and Adverse Interpersonal Experiences in Adolescent Body Image

Helen Sharpe*1, Fiona Duffy1,2, Caroline Jackson1, Praveetha Patalay1

1: University of Edinburgh, 2. NHS Lothian, 3. University College London  *helen.sharpe@ed.ac.uk

AIMS

This study aimed to examine whether the quality of peer and parental relationships is associated with body image, and whether the presence of close relationships moderated the association between adverse interpersonal experiences and poor body image.

BACKGROUND

• Interpersonal interactions related to eating and appearance (e.g., peer and family appearance-related conversations, teasing, modelling of eating behaviour) have been firmly established as risk factors for body dissatisfaction (e.g., Menzel et al., 2010; Webb et al., 2014).
• In contrast, the role of general interpersonal relationship quality, interpersonal difficulties and social support is less well developed.
• It has been hypothesised that interpersonal difficulties may produce negative feelings about oneself and about one’s physical appearance and that good quality interpersonal relationships may serve as a buffer protecting against sociocultural pressures.
• However, there have been conflicting results regarding the significance of these general interpersonal experiences for the development of body image difficulties (Webb et al., 2014).
• The majority of studies also focus on body dissatisfaction in isolation from other aspects of body image difficulty (e.g., body size estimation).

METHODS

DESIGN

• Participants were from the Millennium Cohort Study (MCS), a birth cohort of 19,517 individuals born in the UK between September 2000 and January 2002.

SAMPLE

• We selected 11,132 adolescents who participated in the age 14 survey who (a) provided data on at least one outcome and exposure variable, and (b) whose caregiver interview was completed by either a natural parent or an adopted parent (i.e., not a grandparent, sibling etc.).
• Age = 14.25 years (SD = 0.34), 50% female, ethnicity: white (79.73%), Pakistani and Bangladeshi (7.17%), mixed (4.72%), Black (3.23%), Indian (2.69%) and other ethnicities (2.43%).

MEASURES

Body image

• Body dissatisfaction: “On a scale of 1 to 7 where ‘1’ means completely happy and ‘7’ means not at all happy, how do you feel about the following parts of your life: The way you look?”.
• Body size estimation: Calculated using perceived weight status (underweight, about the right weight, slightly overweight, very overweight) and objective BMI status (underweight, normal weight, overweight). These two variables were combined to code participants as: underestimating, overestimating or accurately estimating their body size.

Close relationships

• Closeness to parents: Coded as ‘high’ if adolescents responded to “overall, how close would you say you are to [parent]?” with ‘very close’ or ‘extremely close’.
• Close friendships: A lack of close friendships was identified by adolescents reporting ‘no’ to the item “Do you have any close friends?”.

Adverse interpersonal experiences

• Conflict with parents: Coded as ‘high’ if adolescents reported quarreling with their parent at least once per week.
• Victimization: Coded as ‘high’ if adolescents responded to “how often other children hurt or pick on them” with a frequency of at least once per week.

Control variables

• Depressive symptoms: Short Mood and Feelings Questionnaire.
• Demographic characteristics: age, sex, ethnicity, family income.

RESULTS

Are close relationships protective against the negative associations of adverse interpersonal experiences?

• We found no evidence that close interpersonal relationships modified the associations between adverse interpersonal experiences (victimisation, parent-child conflict) on either body dissatisfaction or perceptual body image (models not shown; details available from authors).

How are interpersonal predictors associated with body image?

Descriptive statistics for key variables are shown in Table 1.

Body dissatisfaction

• Adolescents who reported: being victims of bullying, experiencing high conflict with parents, and low closeness to parents were all more likely to report greater dissatisfaction with their body (Table 2, Model 1; Figure 1).
• There was no association between having a close friend and body dissatisfaction (Table 2, Model 1; Figure 1), although not having a close friend was quite rare.
• After adjustment for depressive symptoms, only victimisation and parent-child closeness remained significantly associated with body dissatisfaction (Table 2, Model 2; Figure 1).

Body size estimation

• Those adolescents who reported higher conflict with their parents were all more likely to oversize their body size, but there was no association between any other interpersonal predictors and perceptual body image (Table 2, Model 3).
• Following adjustment for depressive symptoms, there were no longer any significant associations between interpersonal factors and perceptual body image (Table 2, Model 4).

Table 2. Regression coefficients from linear and multinomial regression models

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Table 1. Descriptive statistics

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CONCLUSIONS

• Low closeness to parents and peer victimisation, are associated with adolescent body dissatisfaction, independent of depressive symptoms.
• Fewer associations were found between interpersonal factors and perceptual body image, potentially indicating that this facet of body image difficulties may have a different etiological pathway which needs to be explored further.

REFERENCES


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