

# ORIGINAL ARTICLE

## Body dissatisfaction and maladaptive eating in adults

Maneesh Gupta

Associate Professor, Department of Psychiatry, Major S D Singh Medical College & Hospital, Farrukhabad, Uttar Pradesh, India

### ABSTRACT:

**Background:** Body dissatisfaction is characterized by a negative view of or discontent with one's body. It encompasses emotions of dissatisfaction or discomfort regarding the size, shape, weight, or appearance of one's body. The present study was conducted to assess body dissatisfaction and maladaptive eating in adults. **Materials & Methods:** 90 subjects age 17-25 years of both genders were selected. The Body Shape Questionnaire-8C (BSQ-8C) was used to evaluate body dissatisfaction. Media pressure and internalization were evaluated through the pressure, internalization general, and internalization athlete subscales of the sociocultural attitudes toward Appearance Questionnaire-3 (SATAQ-3). Maladaptive eating attitudes were assessed using the Eating Attitudes Test-26 (EAT-26). **Results:** Out of 90 subjects, 42 were males and 48 were females. The mean BMI in males was 24.8 kg/m<sup>2</sup> and in females was 22.9 kg/m<sup>2</sup>. The mean value for internalization general (I-G) was 24.1 in males and 4.5 in females. The mean value for internalization athlete (I-A) was 17.6 in males and 5.2 in females. The mean pressure value was 16.7 in males and 19.3 in females. The body dissatisfaction value was 20.5 in males and 21.9 in females. The value for disordered eating attitudes and behaviour was 0.74 in males and 0.81 in females. The difference was significant ( $P < 0.05$ ). Eating attitudes test-26  $> 20$  was seen in 13.6% and 13.4% in males and females respectively. Eating attitudes test-26  $< 20$  was seen in 86.4% and 86.6% in males and females respectively. Body image concerns among males and females found to be marked in 12% and 23%, moderate in 16% and 14%, mild in 14% and 16% and no in 58% and 47% respectively. The difference was non-significant ( $P > 0.05$ ). **Conclusion:** Males and females exhibited similar levels of dissatisfaction and maladaptive eating; men, however, endorsed the athletic ideal at a much higher level than women.

**Keywords:** athletic ideal, Body dissatisfaction, maladaptive eating

**Corresponding author:** Maneesh Gupta, Associate Professor, Department of Psychiatry, Major S D Singh Medical College & Hospital, Farrukhabad, Uttar Pradesh, India

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### INTRODUCTION

Body dissatisfaction is characterized by a negative view of or discontent with one's body.<sup>1</sup> It encompasses emotions of dissatisfaction or discomfort regarding the size, shape, weight, or appearance of one's body.<sup>2,3</sup> Body dissatisfaction can arise from a multitude of sources, such as societal and cultural influences, media representations of idealized body images, peer pressure, genetic predispositions, personality characteristics, past experiences (like bullying or teasing related to one's appearance), and psychological factors (including low self-esteem or perfectionism).<sup>4,5</sup> Body dissatisfaction can lead to serious psychological and emotional repercussions. It can play a role in low self-esteem, negative body image, depression, anxiety, disordered eating patterns (like binge eating or restrictive dieting), and the emergence of eating disorders such as anorexia nervosa or bulimia nervosa. It can also influence personal relationships and the general quality.<sup>6</sup>

As per sociocultural theory, an individual's competence in meeting the anticipated standard affects their degree of body dissatisfaction and the ensuing cognitive behavioral consequences.<sup>7,8</sup> The well-known Tripartite Influence Model, which draws on sociocultural theory, indicates that messages

regarding ideal bodies are disseminated through peers, family, and the media. These elements affect body dissatisfaction directly; this phenomenon is believed to be an indicator of disordered eating symptomatology.<sup>9</sup> The present study was conducted to assess body dissatisfaction and maladaptive eating in adults.

### MATERIALS & METHODS

The present study consisted of 90 subjects age 17-25 years of both genders. All gave their written consent to participate in the study.

Data such as name, age, gender etc. was recorded. Parameters such as height, weight, daily internet consumption, highest level of education, and occupation were recorded. The Body Shape Questionnaire-8C (BSQ-8C) was used to evaluate body dissatisfaction. Media pressure and internalization were evaluated through the pressure, internalization general, and internalization athlete subscales of the sociocultural attitudes toward Appearance Questionnaire-3 (SATAQ-3). Maladaptive eating attitudes were assessed using the Eating Attitudes Test-26 (EAT-26). Data thus obtained were subjected to statistical analysis. P value  $< 0.05$  was considered significant.

## RESULTS

**Table I Distribution of patients**

Total- 90		
Gender	Male	Female
Number	42	48

Table I shows that out of 90 subjects, 42 were males and 48 were females.

**Table II Assessment of parameters**

Variables	Male	Female	P value
BMI (kg/m <sup>2</sup> )	24.8	22.9	0.15
I-G	24.1	4.5	0.02
I-A	17.6	5.2	0.04
Pressure	16.7	19.3	0.05
Body dissatisfaction	20.5	21.9	0.37
Disordered eating attitudes and behaviour	0.74	0.81	0.52

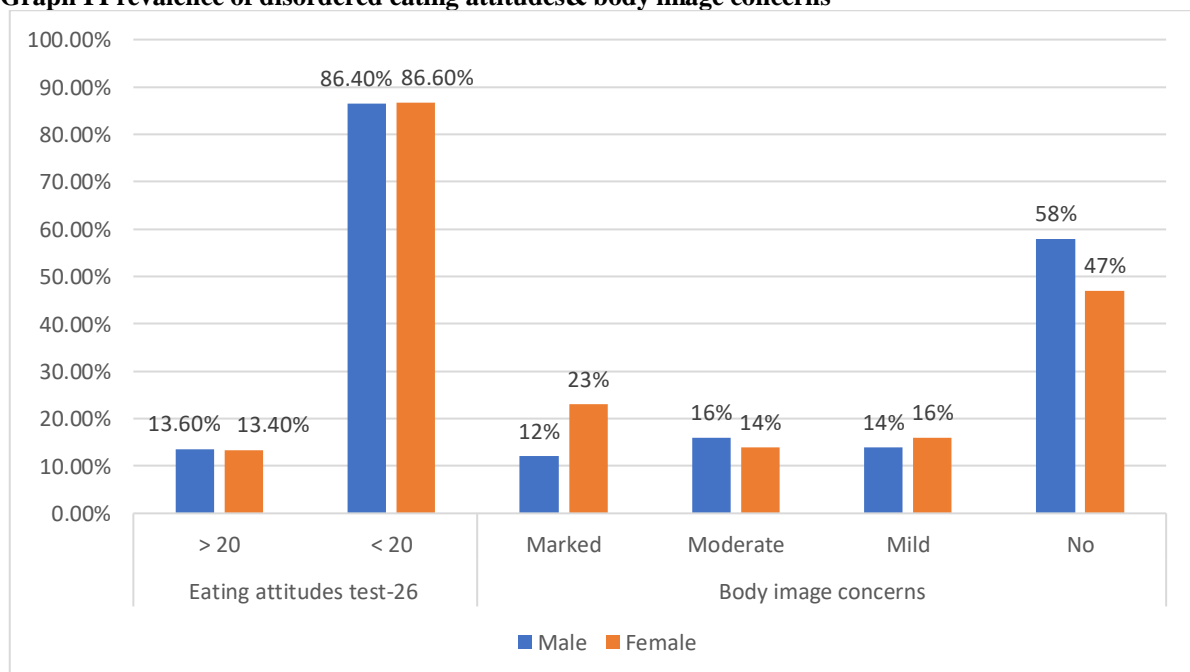
Table II shows that mean BMI in males was 24.8 kg/m<sup>2</sup> and in females was 22.9 kg/m<sup>2</sup>. The mean value for internalization genera (I-G) was 24.1 in males and 4.5 in females. The mean value for internalization athlete (I-A) was 17.6 in males and 5.2 in females. The mean pressure value was 16.7 in males and 19.3 in females. The body dissatisfaction value was 20.5 in males and 21.9 in females. The value for disordered eating attitudes and behaviour was 0.74 in males and 0.81 in females. The difference was significant ( $P < 0.05$ ).

**Table III Prevalence of disordered eating attitudes& body image concerns**

Parameters	Variables	Male	Female	P value
Eating attitudes test-26	> 20	13.6%	13.4%	0.45
	< 20	86.4%	86.6%	0.20
Body image concerns	Marked	12%	23%	0.05
	Moderate	16%	14%	
	Mild	14%	16%	
	No	58%	47%	

Table III shows that eating attitudes test-26 > 20 was seen in 13.6% and 13.4% in males and females respectively. Eating attitudes test-26 < 20 was seen in 86.4% and 86.6% in males and females respectively. Body image concerns among males and females found to be marked in 12% and 23%, moderate in 16% and 14%, mild in 14% and 16% and no in 58% and 47% respectively. The difference was non-significant ( $P > 0.05$ ).

**Graph I Prevalence of disordered eating attitudes& body image concerns**



## DISCUSSION

People from various cultures, genders, and age groups exhibit body dissatisfaction. Nonetheless, it is more prevalent among teenagers and young adults, especially women.<sup>10,11</sup> Research indicates that dissatisfaction with one's body appears to be rising on a global scale, likely as a result of the widespread impact of media and social media that promote unattainable ideals of physical appearance.<sup>12,13</sup> The present study was conducted to assess body dissatisfaction and maladaptive eating in adults.

We found that out of 90 subjects, 42 were males and 48 were females. Bucchianeri et al<sup>14</sup> in a 10-year longitudinal, population-based study, with 1902 participants from diverse ethnic/racial and socioeconomic backgrounds in the Minneapolis/St. Paul metropolitan area, examined changes in body dissatisfaction from adolescence to young adulthood. Results revealed that: (a) female and male participants' body dissatisfaction increased between middle and high school, (b) body dissatisfaction increased further during the transition to young adulthood, and (c) this increase was associated with an increase in BMI over time, such that the upward trend in body dissatisfaction became nonsignificant when BMI was controlled. These results highlight a trend in which diverse female and male youth are increasingly dissatisfied with their bodies as their BMI increases from middle school to young adulthood, and emphasize the need for targeted prevention efforts to intervene in this trajectory and mitigate potential harm.

We found that mean BMI in males was 24.8 kg/m<sup>2</sup> and in females was 22.9 kg/m<sup>2</sup>. The mean value for internalization genera (I-G) was 24.1 in males and 4.5 in females. The mean value for internalization athlete (I-A) was 17.6 in males and 5.2 in females. The mean pressure value was 16.7 in males and 19.3 in females. The body dissatisfaction value was 20.5 in males and 21.9 in females. The value for disordered eating attitudes and behaviour was 0.74 in males and 0.81 in females. In their research, Cooley E et al<sup>15</sup> conducted a longitudinal study over 3 years on women entering college (N = 118), assessing eating pathology (Restraint and Bulimia). At Time 1, the measures included timing of puberty onset, Figure Dissatisfaction, Ineffectiveness, Public Self-Consciousness, and mood states (Profile of Mood States). Measures were assessed for their predictive value regarding changes in Restraint and Bulimia scores over the three-year period. Restraint ( $r = .69$ ) and Bulimia ( $r = .50$ ) demonstrated considerable stability over the 3-year period. The mean weight gain of 5.4 pounds ( $p < .001$ ) was accompanied by a rise in the "ideal weight" of 4.7 pounds. Changes in Bulimia ( $R(2) = .38$ ,  $p < .0001$ ) were found to be associated with the psychological measures and Figure Dissatisfaction, as revealed by hierarchical regressions that controlled for Time 1 levels of eating disorder symptoms. Restraint showed a significant

correlation with Figure Dissatisfaction ( $R(2) = .61$ ,  $p < .0001$ ).

We found that eating attitudes test-26  $> 20$  was seen in 13.6% and 13.4% in males and females respectively. Eating attitudes test-26  $< 20$  was seen in 86.4% and 86.6% in males and females respectively. Body image concerns among males and females found to be marked in 12% and 23%, moderate in 16% and 14%, mild in 14% and 16% and no in 58% and 47% respectively. Grossbard JR et al<sup>16</sup> examined gender as a moderator of the association between contingent self-esteem and body image concerns, including weight and muscularity. Participants included 359 (59.1% female) heavy drinking first-year U.S. undergraduate students who completed a survey assessing health-related risk behaviours. Hierarchical multiple regression was used to examine relations among gender, contingent self-esteem, and body image. Females reported higher levels of contingent self-esteem and greater concerns about their weight, although males reported a greater drive for muscularity. The relationship between contingent self-esteem and weight concerns was stronger among females, and for males, greater contingent self-esteem was associated with a greater drive for muscularity. The limitation of the study is the small sample size.

## CONCLUSION

Authors found that males and females exhibited similar levels of dissatisfaction and maladaptive eating; men, however, endorsed the athletic ideal at a much higher level than women.

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