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Running head: SCHEMAS AND BODY SATISFACTION

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SCHEMAS AND BODY SATISFACTION

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Body image can be defined as the mental representations and perspectives that an individual holds concerning his or her physical self (Gardner, 2002; Richardson & Paxton, 2010). This multifaceted cognitive bias encompasses thoughts and feelings concerning one's own body, and stems from a self-schema involving body shape, size, and dimensions (Bex, 2014; Voelker, Reel, & Greenleaf, 2015). This construction is developmentally significant due to the dynamic and impressionable nature that evolves across the lifespan (Markey, 2010; Voelker et al., 2015). Stigmatization and stereotyping of body size can be seen in as early as childhood in pre-school age children (Harriger, 2015; Harriger, Calogero, Witherington, & Smith, 2010; Musher-Eizenman, Holub, Miller, Goldstein, & Edwards-Leeper, 2004). During the stage of adolescence, which includes the ages of 12-18 years, body image becomes a crucial aspect of psychological development due to the occurrence of exploration of the self (Erikson, 1968; Levine & Smolak, 2002; Voelker et al., 2015).

Gardner (2002) proposed two distinct dimensions of body image: perceptual and attitudinal. The perceptual dimension reflects the accuracy of one's own view of their body size, as in, the subjective assessment of physical dimensions in comparison to results from objective measures. The attitudinal dimension relates to a person's level of satisfaction with their physical self. Body satisfaction involves subjective evaluation of one's figure. Research has indicated that a lack of body satisfaction or, body dissatisfaction, is a prevalent concern in the adolescent age group. An estimated 60% of adolescent girls and 30% of adolescent boys have a desire to change their body shape or size (Presnell, Bearman, & Stice, 2004). Theorists and researchers have been interested in discovering the risk and protective factors that discriminate the varying outcomes

SCHEMAS AND BODY SATISFACTION

for this self-schema in order to improve the wellbeing of adolescents.

Personality and Body Image

Attention in this field of study has mainly focused on the sociocultural factors that foster body (dis)satisfaction. This displeasure may result from messages that expound the socially constructed beauty and thin ideals from peers, parents, and the media (Presnell et al., 2004). Furthermore, there are individual factors that lead certain adolescents to be more susceptible to these pressures than others. Particular psychological factors such as depression, low-self-esteem, and personally held beliefs about the importance of thinness and appearance, increase the risk for body dissatisfaction in adolescence. Additional personality attributes may sculpt the framework for negative and self-critical views of self (Paxton, Eisenberg, & Neumark-Sztainer, 2006). These individual characteristics contribute to the varying intrapersonal schemas that become evident in adolescents' body image development.

Individually held traits serve as the foundation for the schemas that occur. Beliefs and information-processing related to body image occur in the context of static personality characteristics. The Big Five dimensions have been evidenced to predict attitudinal outcomes (Chamorro-Premuzic, Stumm, & Furnham, 2011; Ozer & Benet-Martinez, 2006; Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007). Neuroticism is accompanied by the affinity for negative emotionality and dissatisfaction. This neurotic individual is shown to have reduced body appreciation, negative appearance evaluations, and the development of less favorable opinions about their own body. Extraversion is associated with positive body image constructs. Openness to experience and agreeableness are related to acceptance of one's own body, and conscientiousness does not show associations with body image measures (Swami et al., 2013). These stagnant characteristics predispose adolescents to the trajectory of their developmental

SCHEMAS AND BODY SATISFACTION

progress.

Identity and Body Image

The process of identity formation concerns an individual differentiating the self from interpersonal relations; to become a separate entity while maintaining a connection with others (Steiner-Adair, 1986). This sense of autonomy creates a sense of internal power. Therefore, when personal power is not attained, adolescents have been shown to attempt to gain a false sense of control over their bodies and feel dissatisfaction in their own skin (Logio, 2003; Thøgersen-Ntoumani, Ntoumani, & Nikitarus, 2010). Failure to self-differentiate within the social milieu leads to a reliance on an external audience to construct a sense of self (Steiner-Adair, 1986). Additionally, awareness of one's progression in the development of identity has been evidenced as a mediating factor for external influence internalization and processing, and dissatisfaction (Bex, 2014). Social reliance, fostered by intrapersonal insecurity, leads to a reduced effort to meet one's own psychological needs (Thøgersen-Ntoumani et al., 2010).

The innate propensity regarding psychodynamic growth and development in the context of inner-most basic needs can be posited by the macro theory of motivation: self-determination theory. This concept has three proposed dimensions: *autonomy* concerns engaging activities of one's own choosing; *competence* reflects effective interaction with one's environment to produce intended outcomes; and *relatedness* suggests a connectedness and acceptance within the social milieu (Deci & Ryan, 2000). Satisfaction of these three basic psychological needs is correlated to psychological well-being. Adolescents who feel a lack of attainment in these dimensions attempt to gain control over their bodies in order to undermine the essential nature of these three conceptualizations (Deci & Ryan, 2000; Thøgersen-Ntoumani et al., 2010), suggesting that a sense of control over an individual's decisions and life is a protective factor for body image

SCHEMAS AND BODY SATISFACTION

concerns (Logio, 2003; Thøgersen-Ntoumani et al., 2010). The absence of self-determination has been found to positively predict body image concerns. In contrast, adolescents who pursue personally meaningful behaviors and activities that enhance their general well-being have an overall lowered level of body image concerns. The strongest relationship appears to present in the level of autonomy, with higher autonomous attainment serving as a protective factor. Similarly, healthy lifestyle goals lead to self-concordant perceptions. The pursuit for intrinsic versus extrinsic goal attainment tends to be grounded in a healthy lifestyle investment which is correlated with body image satisfaction (Thøgersen-Ntoumani et al., 2010).

The belief an individual holds concerning their ability to successfully execute their personal objectives can be defined as self-efficacy, which is also crucial for adolescents' identity development. If a person is satisfied with their current state of being, both physical and mental, there is less desire to change oneself and internalize a culturally sculpted ideal (Karr, Davidson, Bryant, Balague, & Bohnert, 2013) Adolescents who recognize that particular socially constructed values and image ideals are unsupportive of their own developmental needs are not prone to body image distortions and dissatisfaction. A sense of self-worth is related to self-efficacy as teens are able to understand the reality-based attainability of their image desires (Bex, 2014). This cognitive component of body image, or appearance schema, concerns the meaning and importance and individual places on appearance. Those with dysfunctional assumptions about the importance of aesthetics with a primary focus that drifts from intrinsic, personal abilities, to extrinsic, appearance standards have higher levels of physical dissatisfaction (Cash, Ancis, & Strachan, 1997; Sinton & Birch, 2006). Adolescents with perceived high self-efficacy have stronger beliefs about their performance in activities and their body than those with low self-efficacy (Feltz & Magyar, 2006). High body esteem has been a shown correlative factor with

SCHEMAS AND BODY SATISFACTION

self-efficacy, just as an inverse relationship has been evidenced with reduced levels of self-esteem (Feltz & Magyar, 2006; Paxton et al., 2006).

Adolescents' body image appears to be related to self-esteem. Self-esteem is a general label applied to the evaluative measure of self-concept referring to appraisal of one's worth in terms of positive or negative value (Harter, 1990; Hazel & Nurius, 1986; Rogers, 1981; Tiunova, 2015). Related to self-efficacy and autonomy, insecurity with one's ability to perform is negatively related to level of self-esteem (Silva, 2007). Stunted identity formation during adolescence leads to a reliance on others to confirm self-assurance, as oppose to worth being created by the individual and their own capabilities (Steiner-Adair, 1986). During adolescence self-esteem plummets alongside body image (Bex, 2014). Cross-sectional studies have failed to consistency identify this construct as a risk factor for negative body image in adolescence, except for boys aged 12-14 years (Presnell et al., 2004; Stice & Whitenton, 2002). However, Paxton and colleagues (2006) conducted a longitudinal study that found self-esteem to be a predictive factor for all genders and adolescent age groups. This extended period of time may have allowed for a poor skill set in attending to external pressures and proneness to internalization of negative emotions to become more evident (Paxton et al., 2006; Richardson & Paxton, 2010; Silva, 2007; Swami et al., 2013). Low self-esteem, similar to depressive symptomatology, seemingly serves as a predictive factor for dysfunctional body image perceptions (Paxton et al., 2006; Richardson & Paxton, 2010).

Negative affect is allied with a "depressogenic information processing bias" that upshots a distorted discernment of an individual's physical self (Presnell et al., 2004). Body dissatisfaction is theorized to be a depressive manifestation due to the highly prevalent correlation of psychological illness symptomatology and image concerns (Babio, Arija, & Sancho,

SCHEMAS AND BODY SATISFACTION

2008; Stice & Whitenton, 2002). In spite of this, affective disturbances do not account for increases in body dissatisfaction over time (Paxton et al., 2006; Stice & Whitenton, 2002). Depression may, to an extent, increase an individual's vulnerability to the perception of criticism, as well as view one's own self in a negative light (Paxton et al., 2006; Silva, 2007; Sinton & Birch, 2006). The dysfunctional information procession leads adolescents to elicit preferable inter-relational cues that confirms one's own negative beliefs (Presnell et al., 2004). Similarly, depressive symptoms and the related affect regulation patterns have been linked to individuals' attachment schemas (Keating, Tasca, & Hill, 2013).

Attachment Patterns and Body Image

Internal working models in the context of attachment to others are self-schemas that construct one's sense of self-worth (Maier, Bernier, Pekrun, Zimmerman, & Grossman, 2004). Bowlby (1988) proposed the theory of attachment that posits human bonding behavior can be understood in the lens of the infant and caregiver bond, per the child's expectations and psychological needs that are either met with success or failure. The accumulation of early-life experiences and interactions is thought to sculpt an internal information processing model of interpersonal operations that lay the groundwork for relational dynamic across the remainder of the lifespan. Adolescent attachment orientations can be broadly categorized as secure, insecure-avoidant, or insecure-anxious (Ainsworth, 1989; Hazan & Shaver, 1994). Avoidant individuals value control, autonomy, and independence within relationships (Hazan & Shaver, 1994; Mikulincer, 1998). Anxious persons are hypervigilant and crave proximity and support. Secure teens are described as comfortable, confident, and trusting in the context of interpersonal relationships (Bartholomew, 1990; Hazan & Shaver, 1994).

Attachment patterns present in relationships with others deem the appropriateness for an

SCHEMAS AND BODY SATISFACTION

individual's self-evaluation of their own worth in regards to personally held attributes. This result contributes significantly to their psychological health (Wilkinson, 2004). A positive relational model in childhood predicts a positive view of self in adolescence. The teen therefore is less focused on the interpersonal interactions themselves, and rather approaches a social context with personal traits of confidence and trust (Bex, 2014). Bex (2014) showed that increased trust and communication within attachment relationships improves one's self-image. This lessened deviation towards security leads to a positive internal working model which produces improved body image satisfaction. In contrast, attachment anxiety has a direct, negative, significant associations with body esteem and satisfaction (Bex, 2014; Keating et al., 2013).

In relation to self-efficacy and goal attainment, insecurely attached individuals may direct their attention away from the inaccessibility of care and acceptance within a relationship, and instead formulate accessible appearance-related means (Keating et al., 2013). Troisi and colleagues (2006) found the adolescent avoidant style to negatively correlate with body dissatisfaction. The avoidant, or dismissing, nature of these individuals sculpts a positive view of self and negative view of others which may lead to an assumption that rejection is expected, and could therefore attribute for this heightened level of satisfaction (Keating et al., 2013; Troisi et al., 2006). In contrast, the heedful, anxious individual is more attuned to his or her own perceived shortcomings, which is in line with the negative view of both self and others (Keating et al., 2013). The positive view of self, the expectation that one is capable and able to achieve, along with a positive view of others, that standards presented within the milieu are attainable and trustworthy, as consistent with the secure style, is shown to be related to less malfunction in appearance related schemas and greater satisfaction towards body image (Cash, 2002).

SCHEMAS AND BODY SATISFACTION

Childhood sexual abuse (CSA), occurring before the age of 12, is negatively associated with secure attachment in adolescence (Aspelmeier, Elliott, & Smith, 2007; Fergusson, Lynskey, & Horwood, 1996; Mallinckrodt, McCreary, & Robertson, 1995; Roche, Runtz, & Hunter, 1999; Shapiro & Levendosky, 1999; Twaite & Rodriguez-Srendnicki, 2004; Whiffen, Judd, & Aube, 1999). Teen survivors seem to harbor feelings of guilt and shame that lead to intensified self-consciousness, similar to hypervigilance in insecurely attached individuals (Logio, 2003; Preti, Incani, Camboni, Petretto, & Masala, 2006). Exaggerated self-awareness in adolescent victims of CSA has been shown to lead to greater levels body dissatisfaction and dissatisfaction with the themselves overall (Preti et al., 2006). Both sexual and physical, but not verbal, abuse have been reported to be risk factors for perceptual distortions such as a false overweight self-image. CSA survivors seemingly have a distorted sense of reality and identity that lead to negative feelings about one's own body (Logio, 2003; Preti et al., 2006). The abusers are believed to have threatened the victims' identities, which negatively impacts the developmental process, and leads to maladjusted emotional manifestations of degradation and loathing on physical appearance and the body (Logio, 2003).

Implications

Body image is a crucial component of the developmental process that adolescents undergo (Erikson, 1968; Levine & Smolak, 2002; Markey, 2010; Voelker et al., 2015). It is important to recognize the implications of external and internal factors for how an adolescent constructs their self-view during this sensitive period. How one views their own self has a multitude of implications from catastrophic to prosperous based, hence the critical nature of a positive self-image. For emerging adults, understanding one's own capability is vital.

Additionally, the self-discovery that takes place must be matched with opportunity to explore its

SCHEMAS AND BODY SATISFACTION

boundless applications and a believe that one is worthy of utilizing his or her own unique virtues. A misperception of barren abilities precedes a misguided attempt at regaining control. This pivotal attribute of self-efficacy lies at the core of the adolescent body (dis)satisfaction spectrum. Finding and fostering individual talents, developing a sense of satisfaction with one's abundance of traits and characteristics, and taking action to evidence the reality of the extent to which an individual has control of the trajectory of their abilities are ways for which adolescent body satisfaction can develop.

The media, peers, and parents collaborate to present a message of an ideal body shape and provide subliminal pressures to conform in order to meet this standard (Presnell et al., 2004). Particular circumstances and individualities allow for, or defend against, the susceptibility towards the unrealistic self constructed or societal standards of beauty (Chamorro-Premuzic et al., 2011; Ozer & Benet-Martinez, 2006; Roberts et al., 2007). For adolescents, having an awareness of these falsehoods within culture and being able to develop strongly held reality-based beliefs serve to be beneficial. There is a pressing need for more individuals of this age group to recognize the importance of a healthy lifestyle and what this truly looks like. The way in which this value of well-being and identification of the self as worthy of thriving is internalized, and so forth externalized onto peers, is key in promoting ideal body satisfaction. Along with social and cultural influences, and distinct, static character traits, risk and protective factors for the level of body satisfaction can be evidenced in the intrapersonal schemas that differ within each adolescent.

SCHEMAS AND BODY SATISFACTION

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SCHEMAS AND BODY SATISFACTION

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