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It's Not Just a "Woman Thing:" The Current State of Normative Discontent

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Abstract

This study assessed "normative discontent," the concept that most women experience weight dissatisfaction, as an emerging societal stereotype for women and men (Rodin, Silberstein, & Streigel-Moore, 1984). Participants ($N = 472$) completed measures of stereotypes, eating disorders, and body image. Normative discontent stereotypes were pervasive for women and men. Endorsing stereotypes varied by sex and participants' own disturbance, with trends towards eating disorder symptomatology being positively correlated with stereotype endorsement. Individuals with higher levels of body image and eating disturbance may normalize their behavior by perceiving that most people share their experiences. Future research needs to test prevention and intervention strategies that incorporate the discrepancies between body image/eating-related stereotypes and reality with focus on preventing normalization of such experiences.

The term "normative discontent" is used to describe the widespread weight dissatisfaction among women today (Rodin, Silberstein, & Streigel-Moore, 1984). This concept suggests that dissatisfaction with one's weight has become so prevalent among women that feeling negatively about one's appearance is thought to be the "norm" rather than the exception. While the notion of "normative discontent" has been referenced a great deal in the literature, the extent to which weight dissatisfaction, and its correlates of body image concerns and eating disturbance, has become a stereotype for women and even men is virtually unknown.

To stereotype means to think about and refer to members of a group as though they were all alike (Lippmann, 1922). Gender stereotypes, in particular, refer to those characteristics often associated with men or women, and are thought of as gender specific (i.e., exclusively male or exclusively female). Several early studies revealed that gender stereotypes were consistently maintained and exceedingly conventional (Fernberger, 1948; Kirkpatrick, 1936; Sheriffs & McKee, 1957). Half a century later, findings suggest that gender stereotypes still are prevalent (e.g., Krueger, Hasman, Acevedo, & Villano, 2003; Sczesny, Spremann, & Stahlberg, 2006). Gender stereotypes may extend virtually to all aspects of human life, from personality traits to occupations, and possibly even to body image and eating behaviors.

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Disordered eating and body image concerns are well-documented problems for women, and (Cash & Henry, 1995; Garner, 1997; Streigel-Moore et al., 2009) while women appear to report higher levels of disturbance than men (e.g., Davison & McCabe, 2005; Kashubeck-West, Mintz, & Weigold, 2005; Lokken, Ferraro, Kirchner, & Bowling, 2003), men and women's eating disturbance and body image concerns are more similar than one might believe (Cash & Brown, 1989; Striegel-Moore et al., 2009). For example, in a large sample, 10.0% of women reported binge eating once weekly compared to 8.0% of men. Laxative misuse also varied little between women and men, 3.1% compared to 3.0%, respectively. To our knowledge, however, only two studies have examined body image and eating as stereotypes. Cash and Brown (1989) asked participants to complete the Multidimensional Body Self-Relations Questionnaire (MBSRQ) three times, once as self, once as a "typical" man, and also as a "typical" woman. Both men and women perceived sex differences on all 13 body image and eating characteristics. Based on participants' self-report, men and women actually differed on only 8 of the 13 characteristics. Men and women's perceptions of the "typical" man were fairly accurate, whereas their ratings of the "typical" woman overestimated both the quantity and severity of body image and eating disturbance. More recently, researchers examined the stereotype of "fat talk," or self-degrading language about one's body (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006). Both sexes believed a hypothetical woman would respond to the fat talk of other women (in a vignette) with a self-deprecating comment rather than a self-accepting comment or no comment. The impact of variables such as one's own body image concerns and eating disturbance on support for the existence of such stereotypes has yet to be investigated.

Individuals' body image may act as a self-schema through which information is processed (Altabe & Thompson, 1996). Consequently, self-relevant information pertaining to body image is processed and encoded more quickly than irrelevant information, and the process is heightened by the level of one's body image disturbance (Altabe & Thompson, 1996). Thus, those who are more disturbed may view body image concerns and eating disturbance as more prevalent due to their salient processing of body image messages and experiences. Based on the self-schema model of body image, one's endorsement of body image concerns and eating disturbance stereotypes may be influenced not only by gender stereotypes, but also by the level of one's own disturbance (Cash & Brown, 1989).

The current study sought to test several unexplored hypotheses regarding disordered eating and body image concerns as emerging stereotypes. It was hypothesized that participants possess body image concerns and eating disturbance stereotypes for both men and women. Both sexes were hypothesized to endorse the stereotypes more frequently for women. Women, however, were hypothesized to be more likely to endorse stereotypes for both sexes. Further, it was predicted that men and women with higher levels of eating and body image disturbance would be more likely to support body image and eating disturbance as stereotypes.

MATERIALS AND METHODS

Participants

Participants were 472 (337 women and 135 men) undergraduates recruited from classes at a large Southeastern metropolitan university. The mean age was 20.5 ($SD=3.2$), and the majority of participants were Non-Hispanic White, 70.9% (Black/African-American 8.9%, Asian-American 3.8%, Hispanic/Latino 9.1%, Biracial 3.0%, and 4.2% identified themselves as "Other") and heterosexual, 95.3% (homosexual 2.1%, bisexual 2.3%).

Measures

Personal information such as age, race, and sexual orientation was collected.

Strength of Stereotypic Views of Women—Eating and Body Image Disturbance (SSVW) and Strength of Stereotypic Views of Men—Eating and Body Image Disturbance (SSVM)—Rather than utilize stereotypic personality characteristics as in previous research (Hudak, 1993; Touhy & Tantleff-Dunn, 1997), participants were presented with stereotypic body image and eating disturbance items based on items from self-report disturbance measures to assess the relative strength of participants' stereotypic disturbance views. The stereotypes were designed to be either typically female (e.g., “worried about cellulite,” four items), typically male (e.g., “fearful of hair loss,” four items), or nongender specific (e.g., “fearful of aging,” seven items). Participants were asked to estimate the amount of American women/men that exhibit the characteristics on a Likert scale: 1 (few women/men, 0–20%); 2 (some women/men, 20%–40%); 3 (about half of women/men, 40%–60%); 4 (many women/men, 60%–80%); and 5 (most women/men, 80–100%). Participants were asked to respond to all 15 items for each sex, however, the SSVW total scores were created by adding participants' responses to the four typically female and seven nongender specific items. The SSVM total scores were created by adding participants' responses to the four typically male and seven nongender specific items. Higher scores indicated higher levels of stereotype endorsement. Based on the current sample, Chronbach's alphas for the SSVW and SSVM total scores were .76 and .74, respectively.

Socio-cultural Attitudes Toward Appearance Questionnaire (SATAQ)—The SATAQ is a 14-item scale (21-items on the male version) that assesses the extent to which women and men are a) aware of and b) endorse societal standards of beauty. Participants answer questions based on a 5-point Likert scale ranging from 1 (*completely disagree*) to 5 (*completely agree*), and higher scores indicate more internalization and awareness. The SATAQ includes two internally consistent subscales (Cusumano & Thompson, 1997; Heinberg, Thompson, & Stormer, 1995; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999).

Swansea Muscularity Attitudes Questionnaire (SMAQ)—The SMAQ was created and validated for men only; therefore only male participants completed this measure. The measure consists of 20 items that load onto two factors measuring males' Drive For Muscularity (SMAQ-DFM; $\alpha = .94$) and Positive Attributes of Muscularity (SMAQ-PAM; $\alpha = .91$). Men respond on a 6-point Likert scale ranging from 0 (*definitely not*) to 6 (*definitely*), and higher scores indicate higher levels of drive for muscularity and more positive attributes made about muscularity (Edwards & Launder, 2000).

Eating Disorder Inventory – II—Two subscales of the EDI-II were used, participants respond using a 6-point Likert scale ranging from 0 (*never*) to 5 (*always*), and higher scores indicate more severe symptoms. The 7-item Drive for Thinness subscale measures an intense desire to lose weight, and/or fear of weight gain. The 7-item Bulimia subscale assesses uncontrollable overeating and purging based on a variety of attitudes, feelings, and behaviors. Internal consistency is adequate (Garner, Olmstead & Polivy, 1984; Spillane, Boerner, Anderson, & Smith, 2004).

Physical Appearance State and Trait Anxiety Scale (PASTAS)—The PASTAS is a self-report measure of state and trait anxiety for eight weight-related (e.g., my thighs) and eight non-weight-related (e.g., my feet) body sites. Participants respond using a 5-point Likert scale to the *trait* anxiety version, indicating 0 (*never*) to 4 (*always*) how often *in general* they experience tension or anxiety about each body part. Higher scores indicate

greater body-related anxiety. Cronbach's alphas for both scales are adequate (Reed, Thompson, Brannick, & Sacco, 1991).

Multidimensional Body Self-Relations Questionnaire (MBSRQ)—Three well-validated subscales of the MBSRQ were used, and participants respond on a 5-point Likert scale from 1 (*definitely disagree*) to 5 (*definitely agree*). The Appearance Orientation subscale (MBSRQ-AO) consists of items designed to measure the investment, importance, and amount of attention and time given to appearance-related aspects of one's life. The Fitness Evaluation subscale (MBSRQ-FE) contains Likert items that assess feelings of being physically fit. The final subscale, the Fitness Orientation subscale (MBSRQ-FO) is comprised of items that identify one's investment in being physically fit and participation in physical activity. Higher scores reflect higher levels of each concept. All subscales ask participants to respond based on a Likert scale ranging from 1 (*definitely disagree*) to 5 (*definitely agree*). Internal consistencies are acceptable (Brown, Cash, & Mikulka, 1990; Cash, 1994).

Procedure

This study was approved by the university's Institutional Review Board. Participants were told that the purpose of this study was to obtain information that will enhance our understanding of human behavior. They completed the packet of surveys in the order listed above in small classroom settings with approximately 20 to 30 students during each session. Following the study, participants were completely debriefed as to the nature of the study and provided extra credit for the psychology course of their choice.

RESULTS

Have Eating and Body Image Disturbance Become a Stereotype or Part of Gender Schemas?

A substantial percentage of participants reported that *half or more than half* of American women and men display characteristics associated with body image and eating disturbance (see Table 1).

Does Endorsement of Eating and Body Image Stereotypes Differ by Sex?

Independent samples t-tests were used to examine differences in SSVM and SSVW total scores based on sex. For the SSVM, women ($M = 31.27$, $SD = 5.10$) scored significantly higher than men ($M = 28.81$, $SD = 4.75$), $t(469) = -4.82$, $p < .0005$. Similarly, women ($M = 40.53$, $SD = 5.87$) scored significantly higher than men ($M = 38.45$, $SD = 5.19$) on the SSVW, $t(269.29) = -3.74$, $p < .0005$.

To further investigate sex differences, independent samples t-tests were conducted with the individual SSVM and SSVW items as dependent variables.

To account for multiple comparisons, a Bonferroni correction was conducted for each of the two analyses (i.e., SSVM and SSVW item comparisons), resulting in a p -value of .003. Men and women's endorsements were compared on all items, including those specific to the other sex. When participants were asked to estimate the amount of American women who exhibit appearance/eating-related characteristics, women endorsed higher percentages for six of fifteen stereotypes when compared to men (see Table 2). For example, women were more likely than men to support the stereotypes that women are anxious about their physical appearance and to be conscious about their weight. Findings were similar when participants were asked to estimate the amount of American men who exhibit appearance/eating-related

characteristics (see Table 3). Women were more likely than men to believe that men would consider taking steroids and be driven to be muscular.

Is the Extent to Which People Endorse Disturbance Stereotypes Associated With Eating and Body Image Disturbance?

Pearson's correlations were computed to examine relationships between participants' stereotypic views of men and women (i.e., SSVW/M total scores) and their own body image concerns and eating behaviors (see Table 4). To account for multiple comparisons, a Bonferroni correction was conducted for each of the four analyses, the relationship between men's disturbance levels and the SSVM and SSVW and women's disturbance levels and the SSVM and SSVW, resulting in a p -value of .006 for women's analyses and .005 for men's analyses. Disordered eating and body image concerns were widely and positively correlated with stereotype endorsements for women and men. However, based on the Bonferroni corrections, none of the correlations meet the more stringent p -value of significance. Due to the preliminary nature of this study, the trends towards significance are noted in the table.

DISCUSSION

The current findings provide empirical support for the normative discontent stereotype as well as new information about how individuals' own levels of disturbance may be related to the perception that disturbance is stereotypical. A majority of participants believed that half or more than half of American women *and* men experienced symptoms of body image concerns and/or eating disturbance. However, some specific stereotypes still are more widely held for women than men. Fat and calorie restriction, for example, are considered more normative for women than men. Yet other stereotypes of men were pervasive as evidenced by most participants reporting that most men are driven to be muscular.

Perhaps most interestingly, many symptoms were thought to be normative for both men *and* women. For example, the majority of participants indicated that they thought most men and women were anxious about their physical appearance, conscious about their weight, and fearful of aging. Such findings strongly support the idea that normative discontent has become a stereotype for both sexes. Although originally the term normative discontent referred to women, it appears that body image concerns and eating disturbance have become experiences that people view men as also likely to experience. Not only were the stereotypes pervasive, women were more likely than men to endorse the stereotypes for both sexes. Women may have been more likely to endorse the stereotypes because on average women in this age group tend to report higher levels of body image dissatisfaction and eating disturbance (e.g., Davison & McCabe, 2005; Kashubeck-West et al., 2005; Lokken et al., 2003). Their body image schema, therefore, may lead them to believe others are more likely to experience similar dissatisfaction or disturbance (Altabe & Thompson, 1996).

Consistent with our hypotheses, there were trends to suggest that endorsement of body dissatisfaction and eating disturbance as normative was related to one's own level of disturbance. Specifically, the higher individuals' disturbance scores, the more likely they were to support the normative discontent concept. This was particularly true within sex, such that women and men with higher levels of disturbance had a tendency to view others of the same sex as more dissatisfied or disordered. It is plausible that individuals who are more disturbed may view disturbance as more prevalent or stereotypical due to their attention to salient body image messages and experiences. Although a sense of universality may be comforting, discontent stereotypes that normalize individuals' body image concerns and eating disturbance related feelings and behaviors may prohibit or delay seeking treatment.

There are several limitations that should be taken into account in interpreting the results of the current study. The sample was somewhat homogeneous given that it was predominantly Caucasian and was drawn from a single university. The research hypotheses may have been apparent to participants and led to social desirability affecting responses. Also, examining the extent to which these “discontent” stereotypes are held in both younger and older samples may prove valuable. Further, the cross-sectional design does not allow for conclusions regarding whether subscribing to the normative discontent stereotype contributes to dissatisfaction and/or disturbance, or vice versa. Lastly, the correlations between body image and eating behavior scores and the SSVM/W did not reach significance after correcting for multiple comparisons. Future studies should seek to recruit larger and more heterogeneous samples.

In sum, the current research confirms that the perception of body image dissatisfaction and eating disturbance as normative is pervasive. Further, these findings underscore the fact that this no longer is “a women’s issue” and discontent is becoming considered normative for men as well. Idealized images of beauty and attractiveness are nearly inescapable in today’s society. Additional research is needed to determine how societal expectations interact with stereotyped and actual body image and eating concerns. Prevention or treatment efforts may want to examine how incorporating the discrepancies between body image/eating-related stereotypes and reality would affect outcomes. Efforts to prevent normalization of such experiences and behaviors may be beneficial in a number of ways. For example, helping individuals and at-risk groups to thwart acceptance of body image concerns and eating disturbance as “normal.”

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TABLE 1

Percentage of Participants Who Endorsed That Approximately Half or More Than Half of American Men and Women Possess the Following Body Image- and Eating- Related Attitudes and Behaviors

Item	SSVW		SSVM	
	Women (%)	Men (%)	Women (%)	Men (%)
Anxious about PA ^b	98	90	82	77
Binge eat ^f	36	33	16	24
Conscious about weight ^b	96	99	59	54
Consider taking steroids ^m	5	5	82	69
Critical of other men's PA ^m	78	86	46	45
Critical of other women's PA ^f	92	93	94	96
Desire larger breasts/pecks ^b	83	83	80	86
Driven to be muscular ^m	23	13	97	95
Fat ^b	61	49	63	66
Fearful of aging ^b	92	85	76	68
Fearful of hair loss ^m	36	35	95	68
Restrictive with fat intake ^b	84	86	31	30
Restrictive with calories ^f	83	84	34	30
Worried about cellulite ^f	90	83	9	13
Worried about love handles ^b	83	85	55	45

Note. SSVW = Strength of Stereotypic Views of Women- Eating and Body Image Disturbance. SSVM = Strength of Stereotypic Views of Men—Eating and Body Image Disturbance. PA = Physical Appearance.

^b = calculated in both the SSVM and SSVW totals.

^f = calculated in SSVW total.

^m = calculated in SSVM total.

TABLE 2

Comparison of Men and Women's Mean Stereotype Endorsements for Women

Item	Women <i>M</i> (<i>SD</i>)	Men <i>M</i> (<i>SD</i>)	<i>t</i> -tests	<i>p</i>
Anxious about PA ^b	4.5 (0.7)	4.0 (1.0)	<i>t</i> (186.5) = -5.39	<.0005
Binge eat ^f	2.3 (0.9)	2.1 (0.9)	<i>t</i> (469) = -1.68	.094
Conscious about weight ^b	4.2 (0.9)	3.8 (1.0)	<i>t</i> (466) = -5.24	<.0005
Consider taking steroids ^m	1.4 (0.4)	1.3 (0.6)	<i>t</i> (242.4) = -1.80	.074
Critical of other men's PA ^m	3.3 (1.1)	3.5 (0.9)	<i>t</i> (469) = 1.62	.106
Critical of other women's PA ^f	4.0 (1.0)	3.9 (1.0)	<i>t</i> (469) = -.928	.363
Desire larger breasts/pecks ^b	3.4 (0.9)	3.4 (1.0)	<i>t</i> (469) = 1.35	.893
Driven to be muscular ^m	2.0 (0.8)	1.7 (0.8)	<i>t</i> (469) = -3.08	.002
Fat ^b	2.8 (.9)	2.5 (0.7)	<i>t</i> (469) = -3.07	.002
Fearful of aging ^b	3.9 (0.9)	3.6 (1.0)	<i>t</i> (227.9) = -3.13	.003
Fearful of hair loss ^m	2.5 (1.4)	2.4 (1.5)	<i>t</i> (223.0) = -.258	.796
Restrictive with fat intake ^b	3.3 (0.9)	3.3 (0.9)	<i>t</i> (467) = .276	.783
Restrictive with calories ^f	3.4 (0.9)	3.4 (0.9)	<i>t</i> (468) = -.775	.439
Worried about cellulite ^f	3.9 (1.0)	3.5 (1.0)	<i>t</i> (469) = -3.80	<.0005
Worried about love handles ^b	3.6 (1.1)	3.5 (1.0)	<i>t</i> (469) = -.765	.445

Note. PA = Physical Appearance.

^b = calculated in both the SSVM and SSVW totals.

^f = calculated in SSVW total.

^m = calculated in SSVM total.

TABLE 3

Comparison of Men and Women's Mean Stereotype Endorsements for Men

Item	Women <i>M</i> (<i>SD</i>)	Men <i>M</i> (<i>SD</i>)	<i>t</i> -tests	<i>p</i>
Anxious about PA ^b	3.4 (1.0)	3.1 (1.0)	<i>t</i> (469) = -2.38	.018
Binge eat ^f	1.7 (0.9)	1.9 (1.0)	<i>t</i> (219.34) = -1.81	.070
Conscious about weight ^b	2.7 (1.0)	2.6 (0.9)	<i>t</i> (469) = -1.83	.068
Consider taking steroids ^m	3.4 (1.0)	2.9 (1.0)	<i>t</i> (470) = -4.55	<.0005
Critical of other men's PA ^m	2.5 (1.1)	2.4 (1.1)	<i>t</i> (470) = -.467	.640
Critical of other women's PA ^f	4.2 (0.9)	4.1 (0.9)	<i>t</i> (470) = -.831	.407
Desire larger breasts/pecks ^b	3.5 (1.1)	3.5 (1.0)	<i>t</i> (279.56) = -.110	.913
Driven to be muscular ^m	4.2 (0.8)	3.8 (0.8)	<i>t</i> (470) = -5.35	<.0005
Fat ^b	2.7 (0.7)	2.8 (0.7)	<i>t</i> (470) = -1.30	.195
Fearful of aging ^b	3.3 (1.1)	3.0 (1.0)	<i>t</i> (262.83) = -2.69	.008
Fearful of hair loss ^m	4.1 (0.9)	3.6 (1.0)	<i>t</i> (219.66) = -5.29	<.0005
Restrictive with fat intake ^b	2.2 (0.9)	2.1 (0.8)	<i>t</i> (470) = -.884	.377
Restrictive with calories ^f	2.2 (0.9)	2.1 (0.9)	<i>t</i> (470) = -1.10	.273
Worried about cellulite ^f	1.5 (.08)	1.5 (0.9)	<i>t</i> (470) = .677	.499
Worried about love handles ^b	2.8 (1.1)	2.5 (0.8)	<i>t</i> (283.31) = -3.26	.001

Note. PA = Physical Appearance.

^b = calculated in both the SSVM and SSVW totals.

^f = calculated in SSVW total.

^m = calculated in SSVM total.

TABLE 4

Pearson's Correlations Between Reported Body Image and Eating Disturbance and Stereotypes of Body Image and Eating Behaviors

Measure	SSVW		SSVM	
	Women (n = 337)	Men (n = 135)	Women (n = 337)	Men (n = 135)
	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>
Eating disturbance				
EDI-Drive for thinness	.297 **	.071	.137 **	.214 **
EDI-Bulimia	.179 **	-.016	.039	.123
Body image disturbance				
MBSRQ-AO	.186 **	.130	.103 *	.129
MBSRQ-FE	.145 **	.083	-.073	-.146 *
MBSRQ-FO	.140 **	.111	.091 *	.098
PASTAS-Weight	.212 **	.057	.127 *	.356 **
PASTAS-Nonweight	.079	.113	.077	.124
SATAQ-Internalization	.361 **	.212 **	.220 **	.299 **
SATAQ-Awareness	.205 **	.133	.219 **	.148 *
SMAQ-DFM ^a		.246 **		.247 **
SMAQ-PAM ^a		.242 **		.313 **

Note

^a = SMAQ-DFM and PAM only given to men. SSVW = Strength of Stereotypic Views of Women-Body Image and Eating Disturbance. SSVM = Strength of Stereotypic Views of Men-Body Image and Eating Disturbance. EDI = Eating Disorder Inventory. MBSRQ = Multidimensional Body Self-Relations Questionnaire. MBSRQ-AE = Appearance Evaluation. MBSRQ-AO = Appearance Orientation. MBSRQ-FE = Fitness Evaluation. MBSRQ-FO = Fitness Orientation. PASTAS = Physical Appearance State and Trait Anxiety Scale. SATAQ = Socio-cultural Attitudes Toward Appearance Questionnaire. SMAQ = Swansea Muscularity Attitudes Questionnaire. SMAQ-DFM = Drive For Muscularity. SMAQ-PAM = Positive Attributes of Muscularity.

* $p < .05$,

** $p < .01$, one-tailed.