Self-Concept and Body-Image Disturbance: Which Self-Beliefs Predict Body Size Overestimation?

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Two studies investigated the relation between self-concept and body-image disturbance in selected female undergraduates. In each study, high- and low-body-shape-concerned women completed a set of self-concept assessments, including both appearance-specific questions and a measure of general self-discrepancies. One month later, they participated in an experiment in which they made judgments comparing the sizes of body silhouettes to their own bodies. Signal detection analysis indicated that the groups differed significantly on the criterion for deciding that a silhouette was larger than their own bodies (bias) but not on the ability to accurately discriminate among silhouettes (sensitivity). Among self-concept measures, overall actual-ideal self-discrepancy was the best predictor of subjects' biases in estimating their own body sizes.

KEY WORDS: self-concept; body image; self-evaluation; self-discrepancy; body image disturbance.

Body-image disturbance (BID) refers to a syndrome of perceptual, cognitive, motivational, and emotional phenomena encompassing two related but distinct aspects: body dissatisfaction and body size overestimation (Cooper, Taylor, Cooper, & Fairburn, 1987; Garner & Garfinkel, 1981; Lacey & Birtchnell, 1986; Thompson, 1990). Body-image disturbances have long been hypothesized as important features of eating disorders. Recent studies

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1We are grateful to several anonymous reviewers for their comments, critiques, and suggestions on an earlier version of this paper. Also, we thank Melissa Arnett, Brigit Campbell, Laura Green, Marey Jaskowski, Kimberly Norden, Elizabeth Sacks, and Sandy Strutt for their invaluable assistance as experimenters. The research was supported by a grant from the UW-Madison Graduate School Research Committee.

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have shown that body dissatisfaction and body-image distortion also occur in nondiagnosed populations (Birtchnell, Dolan, & Lacey, 1987; Cash, Winstead, & Janda, 1986). Surveys indicate that disturbance of body image may be a significant emotional problem among adolescents and young adults (Cash et al., 1986; Whitaker et al., 1989).

Recent investigations have begun to establish a link between BID and the self-concept (e.g., Cash & Pruzinsky, 1990). Beliefs about one's body and appearance are related to an individual's overall sense of self-worth as well as to certain cognitive and behavioral tendencies in both eating-disordered and non-eating-disordered individuals (e.g., Brown, Cash & Lewis, 1989; Cash & Brown, 1987; Cash & Green, 1986; Garner, Garfinkel, & Bonato, 1987; Markus, Hamil, & Sentis, 1982; Mori, Chaiken & Pliner, 1987; Polivy, Herman, & Pliner, 1990). In particular, social-cognitive approaches to the self-concept have been useful in conceptualizing the link between the self and body-image concerns. Markus et al. offered evidence for the operation of self-referential cognitive structures that organize information associated with body size and appearance. They showed that individuals with body weight self-schemas manifested consistent, often biased responses to weight-relevant stimuli, while individuals without such knowledge structures did not. Their findings, along with related studies (e.g., Keeton, Cash, & Brown, 1990), suggest that further consideration be given to the link between self-concept and body-image disturbance.

Self-discrepancy theory (Higgins, 1987) is a model of the relation between general self-beliefs and affect offering predictions concerning how within-self conflict might be associated with BID. The theory postulates domains of self, including the actual self (the attributes that the individual or a significant other believes s/he actually possesses), the ideal self (the attributes that the individual or a significant other would ideally like him/her to possess), and the ought self (the attributes that the individual or a significant other believe it is his/her obligation or duty to possess). Ideal and ought self-beliefs represent developmentally derived self-evaluative standards or self-guides. Discrepancies between the actual self and self-guides are hypothesized to induce negative states. Actual:ideal (AI) discrepancy is associated with dejection (dissatisfaction, disappointment, shame, frustration); actual:ought (AO) discrepancy is associated with agitation (fear, worry, guilt).

Can self-discrepancy theory, which concerns general rather than body-specific self-beliefs, be useful in understanding BID? We offer the following rationale. Self-discrepancies are associated with chronic negative states (Strauman & Higgins, 1988) and with a characteristic readiness to perceive and interpret ambiguous stimuli as relevant to such discrepancies (Higgins, 1989b). Thus, self-discrepancies, as cognitive structures, have the potential