

4-24-2020

Body Image and Disorder Eating within College Student Using Social Media

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Abstract

The purpose of this study was to explore the relation between body image and disordered eating scores within college students using social media platforms. First year male and female Psychology 101 students at Boise State University participated in a self-report survey, which measured Drive for Thinness, Objectified Body Consciousness, Disordered Eating, Generalized Anxiety, Sociocultural Attitudes Towards Appearance, Drive for Muscularity, and the Depression. Data was analyzed through correlational and descriptive statistics with running Independent t-tests. Results indicated that college students who reported more media pressure to look a certain way also reported more dieting and disordered eating behaviors, drive for thinness, and body surveillance, as well as more anxiety and depression.

Our study examined how individuals within society who are part of social media suffer with body image and disordered eating. Our results suggested that both body image and eating behaviors were affected, and in some cases heightened within the college demographic. Future research should consider how social media factors in the lives of young adults, and how it affects their view of their own bodies.

Body Image and Disordered Eating Within College Students Using Social Media



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Is Social Media a Factor in Disordered Eating?

INTRODUCTION

Social media has become predominant in today's society, with Instagram being the leading platform for individuals to post photos for everyone to see. Instagram now boasts an astounding 400 million users that upload around 80 million photos per day (Kleemans et al., 2018). A new obsession of altering photos has been a factor in causing body image problems amongst individual users. Research has shown that 80%-90% of women and around 70%-80% of men report unhappiness with their bodies. Oftentimes, this occurs without realizing that comparisons between user and follower are influencing body satisfaction (Fardouly & Vartanian, 2015).

Purpose

The purpose of this study is to examine the relation between body image and disordered eating scores within college students using social media platforms. Dissatisfied feelings slowly arise due to the ideal body that is depicted from posts on social media sites (Grabe, Hyde, & Ward, 2008). Lup, Trub, and Rosenthal's (2015) research on social media usage shows that negative consequences like social comparison, depressive symptoms, and body dissatisfaction are becoming increasingly prevalent among users.

Table 1.

Group Statistics					
	Gender	N	Mean	Std. Deviation	Std. Error Mean
Dieting	Male	33	5.2727	8.26239	1.43830
	Female	97	7.1546	7.06420	.71726
bulimia	Male	33	1.0909	2.41562	.42051
	Female	97	1.2990	2.63457	.26750
oralcontrol	Male	33	2.3636	2.42149	.42153
	Female	98	2.3061	3.15055	.31825
Eat_26	Male	33	8.7273	11.65191	2.02834
	Female	97	10.6495	10.12015	1.02755
GAD7	Male	33	5.3030	5.28846	.92060
	Female	97	8.9485	6.03354	.61261
IntlThin	Male	33	3.0000	.98821	.17203
	Female	97	3.3995	.99782	.10131
IntlMusc	Male	33	3.6242	.87857	.15294
	Female	98	2.9224	.99325	.10033
PressureFamily	Male	33	2.0152	1.05316	.18333
	Female	98	2.2364	1.20356	.12158
PressurePeers	Male	33	2.0530	1.01504	.17670
	Female	98	2.4158	.96187	.09716
PressureMedia	Male	33	2.3864	1.23916	.21571
	Female	98	3.7296	1.15079	.11625
PHQ	Male	33	6.2424	6.59086	1.14732
	Female	98	8.2041	6.39903	.64640
DFM	Male	33	51.9394	14.68192	2.55579
	Female	98	36.7041	10.38557	1.04910
DFT	Male	33	3.6061	5.73334	.99805
	Female	98	6.9286	6.50020	.85662
BodySurv	Male	33	4.5671	1.09410	.19046
	Female	98	4.8707	.90606	.09153

Method

The study consisted of one hundred thirty-four participants (99 women, 35 men) that completed an online survey through the survey software platform Qualtrics. Participants responded to the Body Parts Satisfaction Scale-Revised (Petrie, Tripp, & Harvey, 2002), the Drive for Thinness Scale (Garner, Olmstead, & Polivy, 1983), the Sociocultural Attitudes Towards Appearance Scale (Schaefer et. al., 2015) Objectified Body Consciousness Scale, and the Eating Attitudes Scale (Garner, Olmsted, Bohr, & Garfinkel, 1982), the Generalized Anxiety Scale (Spitzer, Kroenke, Williams, & Lowe, 2016), and the Drive for Muscularity Scale (McCreasy & Sasse, 2000).

Table 2.

		Correlations													
		Dieting	bulimia	oralcontrol	Eat_26	GAD7	IntlThin	IntlMusc	PressureFamily	PressurePeers	PressureMedia	PHQ	DFM	DFT	BodySurv
Dieting	Pearson Correlation	1	.627**	.333*	.947**	.319*	.605*	.328**	.297**	.451**	.398**	.397**	.280**	.830**	.485**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.001	.000	.000	.000	.000	.001	.000	.000
	N	130	130	130	130	129	129	130	130	130	130	130	130	130	130
bulimia	Pearson Correlation	.627**	1	.230**	.748**	.324**	.357**	.177*	.252**	.373**	.214*	.350**	.180*	.505**	.300**
	Sig. (2-tailed)	.000		.008	.000	.000	.000	.044	.004	.000	.014	.000	.040	.000	.001
	N	130	130	130	130	129	129	130	130	130	130	130	130	130	130
oralcontrol	Pearson Correlation	.333*	.230**	1	.560**	.167	.184*	.131	.104	.122	.005	.196*	.151	.213*	.089
	Sig. (2-tailed)	.000	.008		.000	.067	.036	.135	.236	.163	.954	.023	.085	.014	.310
	N	130	130	130	130	130	130	131	131	131	131	131	131	131	131
Eat_26	Pearson Correlation	.947**	.748**	.560**	1	.362**	.582**	.327**	.302**	.450**	.337**	.431**	.282**	.766**	.444**
	Sig. (2-tailed)	.000	.000	.000		.000	.000	.000	.000	.000	.000	.000	.001	.000	.000
	N	130	130	130	130	129	129	130	130	130	130	130	130	130	130
GAD7	Pearson Correlation	.319*	.324**	.167	.362**	1	.275**	.012	.184*	.248**	.325**	.727**	-.020	.309**	.413**
	Sig. (2-tailed)	.000	.000	.057	.000		.002	.891	.036	.005	.000	.000	.817	.000	.000
	N	129	129	130	129	130	129	130	130	130	130	130	130	130	130
IntlThin	Pearson Correlation	.605*	.357**	.164*	.582**	.275**	1	.495**	.357**	.410**	.434**	.373**	.278**	.602**	.395**
	Sig. (2-tailed)	.000	.000	.036	.000	.002		.000	.000	.000	.000	.000	.001	.000	.000
	N	129	129	130	129	129	130	130	130	130	130	130	130	130	130
IntlMusc	Pearson Correlation	.328**	.177*	.131	.327**	.012	.495**	1	.071	.174*	.051	.057	.589**	.234*	.281**
	Sig. (2-tailed)	.000	.044	.135	.000	.891	.000		.423	.047	.560	.518	.000	.007	.001
	N	130	130	131	130	130	131	131	131	131	131	131	131	131	131
PressureFamily	Pearson Correlation	.297**	.252**	.104	.302**	.184*	.357**	.071	1	.570**	.311**	.322**	.117	.323**	.095
	Sig. (2-tailed)	.001	.004	.236	.000	.036	.000	.423		.000	.000	.000	.181	.000	.278
	N	130	130	131	130	130	130	131	131	131	131	131	131	131	131
PressurePeers	Pearson Correlation	.451**	.373**	.122	.450**	.248**	.410**	.174*	.570**	1	.630**	.296**	.203*	.466**	.300**
	Sig. (2-tailed)	.000	.000	.163	.000	.005	.000	.047	.000		.000	.001	.020	.000	.000
	N	130	130	131	130	130	130	131	131	131	131	131	131	131	131
PressureMedia	Pearson Correlation	.398**	.214*	.005	.337**	.325**	.434**	.051	.311**	.630**	1	.350**	-.028	.445**	.372**
	Sig. (2-tailed)	.000	.014	.954	.000	.000	.000	.560	.000	.000	.000	.000	.751	.000	.000
	N	130	130	131	130	130	130	131	131	131	131	131	131	131	131
PHQ	Pearson Correlation	.397**	.350**	.196*	.431**	.727**	.373**	.057	.322**	.296**	.350**	1	.065	.371**	.390**
	Sig. (2-tailed)	.000	.000	.023	.000	.000	.000	.518	.000	.001	.000	.000	.461	.000	.000
	N	130	130	131	130	130	130	131	131	131	131	131	131	131	131
DFM	Pearson Correlation	.280**	.180*	.151	.292**	-.020	.278**	.589**	.117	.203*	-.028	.065	1	.197**	.181**
	Sig. (2-tailed)	.001	.040	.085	.001	.817	.001	.000	.181	.020	.751	.461		.024	.038
	N	130	130	131	130	130	130	131	131	131	131	131	131	131	131
DFT	Pearson Correlation	.830**	.505**	.213*	.768**	.309**	.602**	.234*	.323**	.406**	.445**	.371**	.197**	1	.527**
	Sig. (2-tailed)	.000	.000	.014	.000	.000	.000	.007	.000	.000	.000	.000	.024	.000	.000
	N	130	130	131	130	130	130	131	131	131	131	131	131	131	131
BodySurv	Pearson Correlation	.485**	.300**	.089	.444**	.413**	.395**	.281**	.095	.306**	.372**	.390**	.181**	.527**	1
	Sig. (2-tailed)	.000	.001	.310	.000	.000	.000	.001	.778	.000	.000	.000	.038	.000	.000
	N	130	130	131	130	130	130	131	131	131	131	131	131	131	131

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Results

Contrary to our hypothesis, there were no gender differences in disordered eating. However, as displayed in Table 1, and as hypothesized, women reported more anxiety than men. Men reported more internalization of muscularity standards as well as drive for muscularity, whereas women reported more internalization of thinness standards, drive for thinness and media pressure. As indicated in Table 2, and as hypothesized, college students who reported more media pressure to look a certain way also reported more dieting and disordered eating behaviors, drive for thinness, and body surveillance, as well as more anxiety and depression.

Conclusion

Upon examining the results in our study, I believe that social media is a factor in lowered body image and disordered eating. Our results suggested that both body image and eating behaviors were affected, and in some cases heightened within the college demographic. Individual usage of social media includes continuous posting of photos that portray a false reality of their everyday life. Social media creates a false sense of perfection that increases the likelihood of disordered thinking. I encourage those using social media to educate themselves on the potential issues on their mental health before continuing, create limits on who they allow on their feed, limit the amount of hours on each app, and finally limit the body conscious content accounts followed.