

Understanding Women's Body Satisfaction: The Role of Husbands

Charlotte N. Markey,^{1,4} Patrick M. Markey,² and Leann L. Birch³

This study was designed to examine the role women's husbands may play in determining their body satisfaction. One hundred and seventy-two (172; mean age = 37.53 years) European American women's body satisfaction, their *perceptions* of their husbands' satisfaction with their bodies, and their husbands' *actual* satisfaction with their bodies were assessed using the Body Figure Rating Scale; women's weight status was assessed using body mass index (BMI). Results indicated that wives were much more dissatisfied with their bodies than were their husbands and that wives thought their husbands were much more dissatisfied with their bodies than the husbands actually were. Further, findings suggested that wives' BMIs were not as strongly related to husband's satisfaction with their wives' bodies as they were to wives' own satisfaction or perceptions of their husbands' satisfaction with their bodies.

KEY WORDS: body image; marriage; women's body satisfaction; weight concerns.

A variety of risk factors appear to make women more susceptible than men to body image and eating disturbances. Influences that range from personality vulnerabilities to unhealthy media representations of women have been found to contribute to women's dissatisfaction with their bodies (Cash, 2003; Field et al., 1999; Leon, Fulkerson, Perry, & Cudeck, 1993; Markey, 2004; Thompson & Smolak, 2001; Wiseman, Gray, Mosimann, & Ahrens, 1992). However, some researchers (e.g., Katzman, 1997) have suggested that these influences are not the only psychosocial contributors to women's body dissatisfaction; body image concerns are not merely about body size, but about women's roles in their larger sociocultural context (Gilbert & Thompson, 1996; Gordon, 2000; Hare-Mustin, as cited in Katzman, 1997; Katzman & Lee, 1997; Steiner-Adair, 1994). Specifically, feminist explanations for the disproportionate number of

women affected by concerns about their bodies and weight range from discussion of our cultural obsession with thinness to issues of control and the need for women to define themselves in a society that provides conflicting messages about femininity (for a review see Gilbert & Thompson, 1996; Katzman, 1997; Steiner-Adair, 1994). It has been suggested that the present sociocultural context encourages women's feelings of inadequacy in failing to obtain the unrealistic, if not impossible, emaciated body ideal currently endorsed (Markey, 2004; Silverstein & Perlick, 1995).

If women's body image concerns are in fact partially attributable to socioculturally-defined roles (see Mishkind, Rodin, Silberstein, & Striegel-Moore, 1986), it is important to examine body image concerns as a result of the relationships maintained by women and the societal roles they experience (Katzman & Lee, 1997). Thus, the focus of the present study is to examine the potential role of women's husbands in determining women's satisfaction with their bodies. In contrast to previous research (see Smolak, 2003), which tends to focus on adolescent girls and young women, this study examined body satisfaction among a sample of women

¹Rutgers University, Camden, New Jersey.

²Villanova University, Villanova, Pennsylvania.

³The Pennsylvania State University, State College, Pennsylvania.

⁴To whom correspondence should be addressed at Department of Psychology, Rutgers University, 311 North 5th Street, Camden, New Jersey 08102; e-mail: chmarkey@camden.rutgers.edu.

who are, on average, in their late 30s. By investigating the extent to which husbands are satisfied with their wives' bodies, it is possible to discern whether women's husbands may contribute to their body dissatisfaction. In other words, are women's husbands part of the social context often cited (e.g., Gilbert & Thompson, 1996; Katzman, 1997) as contributing to women's body dissatisfaction?

Although studies of body satisfaction among married couples are scarce (see Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999, and Miller, 2001, for exceptions), a substantial amount of research (e.g., Singh & Young, 1995; Smith, Waldorf, & Trembath, 1990) indicates that men place a great deal of importance on women's body size and shape when they initiate romantic relationships. This emphasis on physical appearance has implications for, and may influence, women's weight concerns (Cohn & Adler, 1992; Furnham, Dias, & McClelland, 1998). Further, once in a relationship with a significant other, women report being more bothered by their partners' criticisms about their weight (Murray, Touyz, & Beaumont, 1995), and they report being more likely than men to adjust their own eating behaviors and feelings about their bodies in accordance with their significant others' preferences (Tantleff-Dunn & Thompson, 1995).

Among college-aged couples, individuals' satisfaction with their own bodies has been related to their perceptions of their significant others' satisfaction with their bodies (Miller, 2001; Tantleff-Dunn & Thompson, 1995). In particular, Tantleff-Dunn and Thompson (1995) found that discrepancies between women's ratings of their own bodies and their *perceptions* of their significant others' "ideal female figures" are associated with body image disturbances and more general appearance evaluations (assessed using the Body Image Avoidance Questionnaire, Rosen, Srebnik, Saltzberg, & Wendt, 1991; the Body Image Automatic Thoughts Questionnaire, Cash, Lewis, & Keeton, 1987; and the Physical Appearance State and Trait Anxiety Scale, Reed, Thompson, Brannick, & Sacco, 1991). They also suggested that women's perceptions of their partners' "ideal female figure" are critical in determining not only women's feelings about their bodies, but their susceptibility to maladaptive eating behaviors and their general psychological health (i.e., depression and self-esteem; Tantleff-Dunn & Thompson, 1995).

There is some evidence to suggest that women's concerns about their significant others' perceptions of their bodies may not be warranted. Some research

indicates that women misinterpret men's standards of bodily attractiveness. Women have been found to believe that men prefer thinner women than they actually do (Collins, 1991; Fallon & Rozin, 1985; Rozin & Fallon, 1988). In other words, women generally tend to underestimate men's preferred female figure. Miller (2001) surveyed a small sample of college couples ($n = 13$ married couples) and found that women also may underestimate how satisfied their significant others are with their current weight status. Research has yet to elucidate the extent to which these findings would generalize to a larger sample of married couples (who are not college students) and the extent to which women's actual weight status (i.e., body mass index) is relevant to their husbands' satisfaction with their bodies.

Thus, although some research suggests the potential importance of social influences in general, and a significant other in particular in determining women's body satisfaction, most of this research has focused on nonmarried and/or college-aged couples and has yet to explore the potential importance of a more enduring marital relationship on women's body satisfaction. In particular, it is unclear if women's *perceptions* of their husbands' satisfaction with their bodies, or their husbands' *actual* satisfaction with their bodies, is more consequential in predicting their own body satisfaction. An empirical examination of body satisfaction among married couples has the potential to help researchers discern the role of a significant other in the documented increasing rates of women's body dissatisfaction (Cash & Henry, 1995). A better understanding of the current epidemic of body dissatisfaction is important because maladaptive cognitions about body and weight have been implicated in the etiology of women's mental health problems, unhealthy dieting patterns, and the development of life-threatening eating disturbances (e.g., anorexia nervosa; Goodrick, Poston, & Foreyt, 1996; Thompson & Smolak, 2001).

Aims of the Present Study

In this study we build on the above-mentioned research by examining a relatively large sample of married couples to determine: (1) women's body satisfaction, (2) their beliefs about how satisfied their husbands are with their bodies, and (3) how satisfied their husbands actually are with their bodies. Comparisons and correlations among these three different satisfaction scores will contribute to our

understanding of the potential role husbands may play in influencing women's satisfaction with their bodies. Relations between these three satisfaction scores and women's body mass indexes were also examined to determine the role of women's weight status in predicting these satisfaction scores.

METHOD

Participants

Participants were 172 married couples recruited from the northeastern United States as part of a larger, longitudinal study of family health socialization.⁵ Women's mean age was 37.53 years ($SD = 4.62$), and men's mean age was 39.62 years ($SD = 5.31$). All couples who participated in this study were European American. Overall, families were middle class; two-thirds of the participants reported a level of education greater than a high school diploma, and approximately equal proportions of families reported incomes below \$35,000, between \$35,000 and \$50,000, and above \$50,000. Participants were demographically similar to the population from which they were recruited.

Measures

Body Satisfaction

The Body Figures Rating Scale (Stunkard, Sorensen, & Schlusinger, 1983) was used in this study to assess perceptions of women's bodies. This measure consists of nine female figures that range from *very underweight* (a score of 1) to *very overweight* (a score of 9). Women were asked to select the figure that represents: what they think they currently look like, what they would like to look like, what they think their husbands think they currently look like, and what they think their husbands would like them to look like. Women's husbands were then asked to indicate what they think their wives currently look like and what they would like their wives to look like. These six different ratings pertaining to women's

bodies were used to calculate three body satisfaction scores. A measure of women's *own body satisfaction* was created by subtracting the figure selected in response to the question "Which figure looks most like you?" from "Which figure would you like to look like?" A measure of women's *perceptions of their husbands' satisfaction* with their bodies was created by subtracting the figure selected in response to the question "Which figure do you think your husband thinks you look like?" from "Which figure do you think your husband would like you to look like?" A measure of *husbands' actual satisfaction with their wives' bodies* was created by subtracting the figure in response to the question "Which figure looks like your wife?" from "Which figure would you like your wife to look like?" Thus, there were three body satisfaction scores for women: (1) own body satisfaction, (2) perceptions of husbands' satisfaction, and (3) husbands' actual satisfaction. For all three body satisfaction assessments, a score of 0 indicates satisfaction, a negative score indicates a desire to be thinner, and a positive score indicates a desire to be heavier. In past research, body satisfaction scores based on the Body Figures Rating Scale had test-retest reliabilities at a 2-week interval that ranged from .71 to .92 (Thompson & Altabe, 1991).

Weight Status

Women's weight status was operationalized using body mass index scores (BMI), calculated as weight (kg)/height (m)². Based on the recommendations of Lohman, Roche, and Martorell (1988), three height and weight measurements were collected for each woman by trained research assistants and the average weight and height was used to calculate BMI. BMI scores that ranged from 18.5 to 24.9 are indicative of a healthy weight status, scores less than 18.5 are indicative of underweight, and BMI scores of 25 or greater are indicative of overweight; a BMI of 30 or more indicates obesity (Center for Disease Control [CDC], 2003; World Health Organization, 1998).⁶ Consistent with national statistics on the prevalence of overweight and obesity (Mokdad et al., 2003), in this sample, women's average BMI was 27.01 ($SD = 5.99$, range = 18.60–53.46).

⁵All couples who participated in this study had 7-year-old daughters (who were their biological children) who also participated in this study. Thus, although detailed information concerning couples' marital history is unavailable, it is probable that most of the couples had been married for at least 7 years (see also Markey et al., 2001).

⁶BMI cut-offs are established based on associations between body weight and morbidity and mortality. Individuals with a BMI ≥ 25 have been found to be at risk for a variety of health problems (CDC, 2003).

Procedure

All participants were recruited as part of a larger study of family health socialization. Husbands and wives completed the Body Figure Rating Scale items used in this study during their scheduled visits to the laboratory. After they completed all questionnaires, a trained research assistant measured the women's height and weight. Written consent was obtained prior to participation in this study, and participants were financially compensated for their efforts upon completion of all components of the larger study.

RESULTS

Women's Satisfaction Scores

Descriptive analyses were first conducted to determine women's body satisfaction, their perceptions of their husbands' satisfaction with their bodies, and their husbands' actual satisfaction with their bodies. Figure 1 indicates that the mean figure scores women thought their current body looked like ($M = 4.43$; $SD = 1.30$), the figure they thought their husbands perceived them to look like ($M = 4.32$, $SD = 1.40$), and the one their husbands actually thought they currently looked like ($M = 4.41$, $SD = 1.12$) were all approximately equal, $F(2, 342) = 1.20$, $p = .30$, $\eta_p^2 = .01$. However, as shown in Fig. 1, women's desired body figure ($M = 3.20$, $SD = .79$) and the body figure they *perceived* their husbands wanted them to look like ($M = 3.27$, $SD = .80$) tended to be thin-

ner than their husbands' *actual* desired female figure ($M = 3.96$, $SD = .94$), $t(171) = 8.87$, $p < .05$; $d = .68$; $t(171) = 8.22$, $p < .05$, $d = .62$, respectively. This difference between husbands and wives' desired body preference indicates that husbands were generally more satisfied with their wives' bodies than wives were with their own bodies. Specifically, wives ($M = -1.22$, $SD = .89$) tended to be slightly less satisfied with their own bodies (i.e., the discrepancy between desired and perceived actual figure) than they perceived their husbands ($M = -1.04$, $SD = 1.15$) to be with their bodies, $t(171) = 2.67$, $p < .05$; $d = .20$. However, more dramatic differences were found in the discrepancies between husbands' actual satisfaction with their wives' bodies ($M = -.46$; $SD = 1.18$) and both wives' perceptions of their husband's satisfaction with their bodies, $t(171) = 5.03$, $p < .05$; $d = .39$, and wives' own body satisfaction, $t(171) = 7.24$, $p < .05$, $d = .56$.

Relations Between Husbands' and Wives' Satisfaction Scores

Correlational analyses were next conducted to determine if there were any relations between women's own body satisfaction and their perceptions of their husbands' satisfaction with their bodies. In other words, is how a woman feels about her body related to how she thinks her husband feels about her body? Women's own body satisfaction was strongly, positively related to their *perceptions* of their husbands' satisfaction with their bodies, $r(170) = .68$,



Fig. 1. Mean body figure scores used to determine women's own body satisfaction, their perceptions of their husbands' satisfaction with their bodies, and husbands' actual satisfaction with their wives' bodies.

$p < .01$. In other words, women's satisfaction with their own bodies was associated with their belief that their spouses were also satisfied with their bodies. Husbands' actual satisfaction with their wives' bodies was not significantly related to women's own body satisfaction, $r(170) = .14, p > .05$, or to their perceptions of their husbands' satisfaction with their bodies, $r(170) = .14, p > .05$. These analyses indicate that women's own body satisfaction and their perceptions of their husbands' satisfaction with their bodies have little relation to their husbands' actual satisfaction with their bodies.

Relations Between Body Satisfaction and Body Mass Index

Correlational analyses were conducted to determine if relations existed between women's body satisfaction scores and their actual weight status (i.e., BMI). Women's own body satisfaction and their perceptions of their husbands' satisfaction with their bodies were strongly related to women's actual BMI. Women who had higher BMIs were less likely to be satisfied with their bodies, $r(170) = -.69, p < .01$, and less likely to think that their husbands were satisfied with their bodies, $r(170) = -.61, p < .01$. Similarly, husbands' actual satisfaction with their wives' bodies was inversely related to wives' body mass index, $r(170) = -.29, p < .01$. However, the effect sizes yielded from these analyses indicate that women's weight status was much more integral to their own body satisfaction than it was to their husbands' satisfaction with their bodies. Using t tests to examine the differences between these correlations, it was found that women's BMIs were not as strongly related to husbands' actual satisfaction scores as they were to women's own body satisfaction, $t(169) = 5.69, p < .01; r = .40$, or to women's perceptions of their husbands' satisfaction with their bodies, $t(169) = 4.14, p < .01; r = .30$.

DISCUSSION

In the present study we examined women's satisfaction with their own bodies, their perceptions of their husbands' satisfaction with their bodies, and their husbands' actual satisfaction with their bodies. In addition, relations between wives' and husbands' satisfaction scores were investigated, as was the role of BMI in predicting these satisfaction scores.

Findings from the present study are consistent with those of past reports (Cash & Henry, 1995; Rodin, Silberstein, & Striegel-Moore, 1989) that indicate that women tend to be dissatisfied with their own bodies. The women in our study wanted to be thinner, and they thought their husbands wanted them to be thinner as well. However, it appears that women have an inaccurate idea of what their husbands would like them to look like. Husbands actually reported being relatively satisfied with their wives' bodies (i.e., they wanted their wives to be only slightly thinner). This finding parallels past research that indicates that women believe men prefer thinner women than men actually do (Collins, 1991; Fallon & Rozin, 1985; Forbes, Adams-Curtis, Rade, & Jaberg, 2001), and suggests that even married women believe their husbands would prefer them to be thinner than their husbands actually would like them to be. It appears that husbands tend to be more content with their wives' bodies than women are with their own bodies.

Correlational analyses indicated that women's body satisfaction ratings were associated with their perceptions of their husbands' satisfaction with their bodies. In other words, women who were satisfied with their bodies were likely to believe that their husbands were satisfied with their bodies. Further, these *perceptions* of their husbands' satisfaction appeared to be more integral to women's body satisfaction than were husbands' *actual* satisfaction ratings. The ratings of husbands' actual satisfaction with their wives' bodies were only moderately related to wives' own body satisfaction. This interesting finding suggests that women may not necessarily be aware of whether or not their husbands are actually satisfied with their body.

It is not surprising that women's BMIs were strongly related to their body satisfaction such that women who were heavier were less satisfied with their bodies and also thought that their husbands were less satisfied with their bodies than did women who were thinner. However, husbands' satisfaction with their wives' bodies was only moderately related to the objective criteria of BMI. Perhaps, husbands' feelings about their wives' physical appearance is based less on their wives' actual body size and more on subjective information about the women with whom they are in a committed relationship.

Although health guidelines suggest the importance of maintaining a BMI ranging from 18.5 to 24.9 (CDC, 2003; World Health Organization, 1998),⁷ and

⁷See footnote 6.

it may be beneficial for many of these women to lose *some* weight (given their average BMI of approximately 27), the “ideal body” they desire may not be realistic or healthy (i.e., too thin). It is likely that these women’s perceptions of what constitutes an attractive body are influenced by the overwhelming presence of extremely thin and unhealthy models that pervade the media (Field et al., 1999; Markey, 2004; Wiseman et al., 1992). However, the present findings suggest that husbands’ perceptions of their wives’ bodies may not be as strongly influenced by the current sociocultural ideal of thinness.

In sum, in this study we extend the work of earlier researchers (e.g., Tantleff-Dunn & Thompson, 1995) by investigating older (noncollege-aged), married couples and by examining an objective assessment of body size (BMI) in relation to body image. The current findings are very similar to past findings that indicate that women’s body satisfaction is associated with their *perception* of their significant others’ satisfaction with their bodies (Tantleff-Dunn & Thompson, 1995). Further, the results of this study help to substantiate past research (e.g., Rozin & Fallon, 1988) that indicates that women underestimate the body size that men find desirable.

Limitations

Although the present study contributes to the literature as one of the first attempts to investigate husbands’ potential role in determining women’s body satisfaction, some limitations of this study warrant mention. The first limitation concerns the homogenous, European American sample. Future research endeavors are needed to determine if these findings are generalizable to other ethnic groups. Further, these results should be interpreted with caution, as cause cannot be determined based on the correlational nature of the design employed. It is not possible to discern if, for example, women’s perceptions of their husbands’ satisfaction (or lack thereof) with their bodies are causing their body dissatisfaction.

Implications

The present findings point to the importance of considering the role of social relationships in determining women’s body satisfaction. Because women “accept weight as a defining aspect of their value”

(Grover, Keel, & Mitchell, 2003, p. 132), it is necessary to understand the extent to which husbands care about and are satisfied with their wives’ bodies. Consistent with past findings (e.g., Cash & Henry, 1995; Forbes et al., 2001; Rodin et al., 1989), these results indicate that women are inclined to experience body dissatisfaction and to desire what is often an unrealistic body image ideal. The salience of weight issues in our culture, and the many messages about weight that are directed at women, may help to explain why women are so dissatisfied with their bodies and why they tend to assume that their husbands are dissatisfied as well.

The data also suggest that, although men may be apt to evaluate women’s bodies when they initiate a romantic relationship, they may be less critical of their wives or women with whom they are in enduring, stable relationships. Issues of physical attractiveness, specifically body size and shape, may become less important in a relationship over time. In other words, men may not necessarily contribute to their wives’ body image concerns, as men appear to be much more accepting of their wives’ bodies than their wives are.

It is somewhat surprising that the wives in this sample seem to be unaware of their husbands’ general satisfaction with their bodies. However, it is possible, given research that indicates that body dissatisfaction begins so early in life (as young as 5 years of age; Davison, Markey, & Birch, 2000) that women’s body image is firmly established before adulthood (and marriage) and that women fail to internalize their husbands’ positive messages about their bodies. Further, women may be projecting their sense of dissatisfaction with their bodies onto their husbands and making assumptions about their husbands’ dissatisfaction with their bodies based on their own dissatisfaction with their bodies. It is also possible that husbands don’t communicate their general satisfaction with their wives’ bodies to their wives. This lack of affirmation from their husbands, in combination with sociocultural pressures and socially-sanctioned gender roles, could contribute to women’s concerns about their bodies (Levine & Smolak, 1996; Stice, Maxfield, & Wells, 2003; Striegel-Moore, Silberstein, & Rodin, 1986).

Women’s husbands might actually buffer their wives from the glorified-extremely-thin ideal by explicitly communicating to their wives their body preferences. Because some research indicates that feeling accepted, valued, and supported by meaningful others may render women more resilient to

social messages about body image (Stice, Spangler, & Agras, 2001), husbands could play an important role in efforts aimed at increasing women's body satisfaction (Markey, Markey, & Birch, 2001). Further, as family members are often included in therapy to alleviate girls' eating behaviors and body image disturbances (see Minuchin, Rosman, & Baker, 1979), it is possible that couples' therapy that facilitates communication about partners' body image issues may contribute to more positive body images among women.

ACKNOWLEDGMENTS

This research was funded by grant #RO1 HD 32973 from the National Institute of Health awarded to Leann L. Birch. In addition, the first author was supported during the writing of this manuscript by a grant from the Robert Wood Johnson Foundation awarded to the Center for State Health Policy at Rutgers University, New Brunswick. The authors wish to thank Kirsten Krahnstoever Davison, Luis Garcia, Holly Serrao, Joan C. Chrisler, and two anonymous reviewers for their contributions to the ideas presented here.

REFERENCES

- Cash, T. F. (2003). Body image: Past, present, future. *Body Image, 1*, 1–5.
- Cash, T. F., & Henry, P. E. (1995). Women's body images: The results of a national survey in the U.S.A. *Sex Roles, 22*, 19–28.
- Cash, T. F., Lewis, R. J., & Keeton, W. P. (1987, March). *The Body-Image Automatic Thoughts Questionnaire: A Measure of body-related cognitions*. Paper presented at the meeting of the Southeastern Psychological Association, Atlanta, GA.
- Center for Disease Control (CDC). (2003). *Body Mass Index for adults*. Retrieved December 8, 2003, from <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-adult.htm>
- Cohn, L. D., & Adler, N. E. (1992). Female and male perceptions of ideal body shapes. *Psychology of Women Quarterly, 16*, 69–79.
- Collins, M. E. (1991). Body figure perceptions and preferences among preadolescent children. *International Journal of Eating Disorders, 10*, 199–208.
- Davison, K. K., Markey, C. N., & Birch, L. L. (2000). Etiology of body dissatisfaction and weight concerns among 5-year-old girls. *Appetite, 35*, 143–151.
- Fallon, A. E., & Rozin, P. (1985). Sex differences in perceptions of desirable body shape. *Journal of Abnormal Psychology, 94*, 102–105.
- Field, A. E., Cheung, L., Wolf, A. M., Herzog, D. B., Gortmaker, S. L., & Colditz, G. A. (1999). Exposure to the mass media and weight concerns among girls. *Pediatrics, 103*(3), E36.
- Forbes, G. B., Adams-Curtis, L. E., Rade, B., & Jaberger, P. (2001). Body dissatisfaction in women and men: The role of gender-typing and self-esteem. *Sex Roles, 44*, 461–484.
- Friedman, M. A., Dixon, A. E., Brownell, K. D., Whisman, M. A., & Wilfley, D. E. (1999). Marital status, marital satisfaction, and body image dissatisfaction. *International Journal of Eating Disorders, 26*, 81–85.
- Furnham, A., Dias, M., & McClelland, A. (1998). The role of body weight, waist-to-hip ratio, and breast size in judgments of female attractiveness. *Sex Roles, 39*, 311–326.
- Gilbert, S., & Thompson, J. K. (1996). Feminist explanations of the development of eating disorders: Common themes, research findings, and methodological issues. *Clinical Psychology: Science and Practice, 3*, 183–202.
- Goodrick, G. K., Poston, W. S. C., & Foreyt, J. P. (1996). Methods for voluntary weight loss control: Update. *International Journal of Applied and Basic Nutritional Sciences, 12*, 672–676.
- Gordon, R. A. (2000). *Eating disorders: Anatomy of a social epidemic*. Oxford: Blackwell.
- Grover, V. P., Keel, P. K., & Mitchell, J. P. (2003). Gender differences in implicit weight identity. *International Journal of Eating Disorders, 34*, 125–135.
- Katzman, M. A. (1997). Getting the difference right: It's power not gender that matters. *European Eating Disorders Review, 5*(2), 71–74.
- Katzman, M. A., & Lee, S. (1997). Beyond body image: The integration of feminist and transcultural theories in the understanding of self starvation. *International Journal of Eating Disorders, 22*, 385–394.
- Leon, G. R., Fulkerson, J. A., Perry, C. L., & Cudeck, R. (1993). Personality and behavioral vulnerabilities associated with risk status for eating disorders in adolescent girls. *Journal of Abnormal Psychology, 102*, 438–444.
- Levine, M. P., & Smolak, L. (1996). Media as a context for the development of disordered eating. In L. Smolak, M. P. Levine, & R. Striegel-Moore (Eds.), *The developmental psychopathology of eating disorders* (pp. 183–204). Hillsdale, NJ: Erlbaum.
- Lohman, T. G., Roche, A. F., & Martorell, M. (1988). *Anthropometric Standardization Reference Manual*. Champaign, IL: Human Kinetics.
- Markey, C. N. (2004). Culture and the development of eating disorders: A tripartite model. *Eating Disorders: The Journal of Treatment and Prevention*.
- Markey, C. N., Markey, P. M., & Birch, L. L. (2001). Interpersonal predictors of dieting practices among married couples. *Journal of Family Psychology, 15*, 464–475.
- Miller, D. J. (2001). Weight satisfaction among Black and White couples: The role of perceptions. *Eating Disorders, 9*, 41–47.
- Minuchin, S., Rosman, B. L., & Baker, L. (1979). *Psychosomatic families: Anorexia nervosa in context*. Cambridge, MA: Harvard University Press.
- Mishkind, M. E., Rodin, J., Silberstein, L. R., & Striegel-Moore, R. H. (1986). The embodiment of masculinity: Cultural, psychological, and behavioral dimensions. *American Behavioral Scientist, 29*, 545–562.
- Mokdad, A. H., Ford, E. S., Bowman, B. A., Dietz, W. H., Vinicor, F., Bales, V. S., et al. (2003). Prevalence of obesity, diabetes, and obesity-related health risk factors, 2001. *JAMA, 289*, 76–79.
- Murray, S. H., Touyz, S. W., & Beaumont, P. J. (1995). The influence of personal relationships on women's eating behavior and body satisfaction. *Eating Disorders, 3*, 243–252.
- Reed, D. L., Thompson, J. K., Brannick, M. T., & Sacco, W. P. (1991). Development and validation of the Physical Appearance State and Trait Anxiety Scale (PASTAS). *Journal of Anxiety Disorders, 5*, 323–332.
- Rodin, J., Silberstein, L., & Striegel-Moore, R. (1989). Women and weight: A normative discontent. *Nebraska Symposium on Motivation, 32*, 267–307.

- Rosen, J. C., Srebnik, D., Saltzberg, E., & Wendt, S. (1991). Development of a Body Image Avoidance Questionnaire. *Psychological Assessment, 3*, 32–37.
- Rozin, P., & Fallon, A. (1988). Body image, attitudes toward weight, and misperceptions of figure preferences of the opposite sex: A comparison of men and women in two generations. *Journal of Abnormal Psychology, 97*, 342–345.
- Silverstein, B., & Perlick, D. (1995). *The cost of competence: Why inequality causes depression, eating disorders, and illness in women*. New York: Oxford University Press.
- Singh, D., & Young, R. K. (1995). Body weight, waist-to-hip ratio, breasts, and hips: Role in judgments of female attractiveness and desirability for relationships. *Ethology and Sociobiology, 16*, 483–507.
- Smith, J. E., Waldorf, V. A., & Trembath, D. L. (1990). "Single White male looking for thin, very attractive . . ." *Sex Roles, 23*, 675–685.
- Smolak, L. (2003). Body image in children and adolescents: Where do we go from here? *Body Image, 1*, 15–28.
- Steiner-Adair, C. (1994). The politics of prevention. In P. Fallon, M. Katzman, & S. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 381–394). New York: Guilford.
- Stice, E., Maxfield, J., & Wells, T. (2003). Adverse effects of social pressure to be thin on young women: An experimental investigation of the effects of "fat talk." *International Journal of Eating Disorders, 34*, 108–117.
- Stice, E., Spangler, D., & Agras, W. S. (2001). Exposure to media-portrayed thin-ideal images adversely affects vulnerable girls: A longitudinal experiment. *Journal of Social and Clinical Psychology, 13*, 288–303.
- Striegel-Moore, R. H., Silberstein, L. R., & Rodin, J. (1986). Toward an understanding of risk factors for bulimia. *American Psychologist, 41*, 246–263.
- Stunkard, A. J., Sorensen, T., & Schlusinger, F. (1983). Use of the Danish Adoption Register for the study of obesity and thinness. In S. Kety, L. P. Rowland, R. L. Sidman, & S. W. Matthyse (Eds.), *Genetics of neurological and psychiatric disorders* (pp. 115–120). New York: Raven.
- Tantleff-Dunn, S., & Thompson, J. K. (1995). Romantic partners and body image disturbance: Further evidence for the role of perceived-actual disparities. *Sex Roles, 33*, 589–605.
- Thompson, J. K., & Altabe, M. (1991). Psychometric qualities of the Figure Rating Scale. *International Journal of Eating Disorders, 10*, 615–619.
- Thompson, J. K., & Smolak, L. (Eds.). (2001). *Body image, eating disorders, and obesity in youth: Assessment, prevention, and treatment*. Washington, DC: American Psychological Association.
- Wiseman, L. V., Gray, J. J., Mosimann, J. E., & Ahrens, A. H. (1992). Cultural expectations of thinness in women: An update. *International Journal of Eating Disorders, 11*, 85–89.
- World Health Organization. (1998). Global prevalence and secular trends in obesity. In *Obesity: Preventing and managing the global epidemic (Report of a WHO consultation on obesity, Geneva, 3–5 June 1997)* Geneva: World Health Organization.