Social Comparison Theory and Body Image: The Consequences of Cultural Influence

By

Lori Thomson, MS, RN, CPNP
Social Comparison Theory

- Developed by Leo Festinger in the 1950’s
- Derived through a compellation of experiments, historical evidence and philosophical thought.
- Based on the idea that humans have a drive to evaluate their own ideas, opinions and abilities by comparing themselves with others.
Social Comparison Theory

• Festinger was the first to coin the term “social comparison” however, the general concepts can be traced back to Aristotle and Plato.
• Aristotle studied comparisons between people.
• Plato spoke of self-understanding and absolute standards.
Social Comparison Theory

- People see images portrayed by others as realistic and attainable.
- We compare ourselves to people or groups of people we perceive to be similar.
- The more dissimilar the less the need to compare ourselves.
Social Comparison Theory

• Festinger theorized that humans had an upward drive to achieve greater abilities
• To cease comparison would cause hostility and the deprecation of opinions.
• Enduring truth: humans provide each other with important standards for self-evaluation.
Social Comparison Theory

• Recent studies suggest that the goals of social comparison are deeper than just basic self-evaluation; self-improvement and self-enhancement also play important roles.

• The two components of social comparison:
  – Upward comparison
  – Downward comparison
Downward Comparison

• Comparing oneself with someone perceived as “inferior” or “less fortune”
• Influenced by negative mood states
• Considered a defensive tendency
• People with high self-esteem compare downward more often than people with low self-esteem (i.e.: bullies)
Upward Comparison

• Compare themselves with others who are deemed “socially better.”
• Typically leads to negative self-evaluation
• People want to believe they are one of the elite by finding similarities between themselves and this comparison group.
Upward Comparison

• Positive benefits:
• Perceive position of authority as equal or attainable
• When a superior provides inspiration
• Potential to increase accurate self-understanding
• Greater chance of positive change
Social Comparison an Women

• Women compare themselves intentionally and unintentionally everyday.
• Her opinion to that of a newspaper article
• Her academic ability to that of a classmate
• Her fitness or appearance to those around her
Media Influence

• Media sources affect women’s body dissatisfaction via social comparison.
• Using this tendency create an ideal that women will want to attain.
• Fashion
• Skin care and make-up
• Body ideals: thin attractiveness
Media Influence

• Normative influence: peer pressure; women want to maintain equality within their comparison group.
• Media sources project images and ideals not realistic or attainable.
• Women’s dissatisfaction with body image r/t media’s portrayal of unrealistic ideal of thin attractiveness.
Media Influence

• Western ideals of slimness/beauty cause prevalence of anorexia nervosa
• DSM-III-R based on western cultural ideas of body shape and fat-phobia
• Globalization of western images and ideals of body image affect all cultures of women.
Our Cultural Influences

• Television shows: “A Makeover Story,” “Extreme Makeover,” “What Not to Wear”
Our Cultural Influences

• Barbie:
  • perfect physical ideal
  • Top of every profession
  • Has perfect mate
  • All unattainable and unrealistic
Our Cultural Influences

• Global Barbie: her influence on other cultures
• Nigerian Agbogho-mmuo mask
Our Cultural Influences
Health Issues

• These unattainable societal expectations have far reaching consequences to women’s health:
• Physical: hair dyeing, skin lightening/tightening, and plastic surgery
• Psychological: depression, anxiety, anorexia and bulimia
• Permanent physical mutilation ie: foot binding or plastic surgery complications.
Health Issues
Future Research

• Media generates anxiety about non-weight related body parts further research should focus on assessing these aspects as well.

• Development of culturally sensitive tools/diagnostic criteria.

• Use of social comparison in the prevention of body dissatisfaction.