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## Self-Discrepancy Theory and Body Image

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### Glossary

**anthropometric values** Values based on measurements of the human body.

**idiographic approach** Studying individuals from their own unique perspective.

**nomothetic approach** Studying individuals from a generalized perspective (e.g., relative to norms or other groups).

**transtheoretical model** Developed by James Prochaska and colleagues, a theory that models individuals' readiness to change a problem behavior as a series of stages.

### Introduction to Self-Discrepancy Theory

The concept of the self is multifaceted and complex: it includes various attributes or domains that define the self (I am a husband, I am an academic, I am a basketball fan), as well as various temporal dimensions (who I was in the past, who I am today, who I would like to be in the future). The notion that people have different self states has been described by theorists for more than a century, with the earliest conceptualization generally being attributed to William James, who wrote that "In each kind of self, material, social, and spiritual, men distinguish between the immediate and actual, and the remote and potential, between the narrower and the wider view, to the detriment of the former and advantage of the latter." The principle captured in that passage, and further formalized by E. Tory Higgins in his self-discrepancy theory (SDT), is that there are consequences that arise when individuals compare one self-state to another self-state and find that a discrepancy exists between the two. The discussion of self-discrepancies in this article will center on Higgins' model.

According to SDT, there are three domains of self. The 'actual' (or current) self reflects the individual's perceptions of her or his own attributes or characteristics. It is important to note that it is the individual's self-perceptions that comprise the actual self, and not the individual's objective standing on a given attribute. This focus on individuals' own perceptions is particularly relevant to the context of body image as it is well documented that people often misperceive the shape and size of their own body. In addition to the actual self, Higgins also describes two other domains of self that can direct or motivate people (what he refers to as 'self-guides'): the 'ideal' self refers to the attributes that the individual would like to possess or that the individual aspires to have (I want to be a firefighter); the 'ought' self reflects the attributes that the individual believes she or he has an obligation or duty to possess

(my parents expect me to become a lawyer). In addition to defining these three domains of self, SDT also proposes that these selves can be conceptualized from one's own perspective, as well as from the perspective of significant others (e.g., a parent, a spouse, or a best friend). Thus, in combination, there are six self-states described by SDT: actual/own, actual/other, ideal/own, ideal/other, ought/own, and ought/other. In the body image literature, researchers typically focus on a discrepancy between how one sees one's self (actual/own) and how one would ideally like to be (ideal/own), while acknowledging that the ideal/own self might well reflect an internalization of society's standards of attractiveness.

One of the primary objectives of SDT is to outline the specific emotional consequences of perceiving a discrepancy between one's actual self and one's ideal/ought selves. According to SDT, perceiving a discrepancy between one's actual self and one's ideal self (actual-ideal discrepancy) should elicit dejection-related emotions, such as dissatisfaction and depression, because one's hopes and wishes have been unfulfilled. In contrast, perceiving a discrepancy between one's actual self and one's ought self (actual-ought discrepancy) should elicit agitation-related emotions, such as anxiety and guilt, because one has violated some standard. In addition to, and perhaps because of, the emotional responses elicited by self-discrepancies, these discrepancies can also motivate the individual to engage in behaviors that will reduce the discrepancy.

Since the initial description of SDT, there have been several modifications to the theory, particularly with respect to the domains of self. For example, expansions of SDT have included potential selves, or 'can' selves, as well as future selves more generally. Although not considered to be self-guides in the same way as actual or ought selves, these future selves reflect an individual's perceptions of what might be. Another extension of SDT has been to include the 'feared' self, which reflects

the qualities that an individual does not want to possess but fears she or he might. The notion of the feared self originated from the recognition that the ought self described by SDT might involve both approach and avoidance motives; that is, a desire to fulfill one's obligations and a desire to avoid punishment for having failed to fulfill those obligations. According to this perspective, an actual-ought discrepancy would be most likely to elicit agitation-related emotions when individuals see themselves as far from their feared self; when they are close to their feared self, individuals may become preoccupied with distancing themselves from this undesirable state, and the feared self should be a stronger predictor of affective responses.

The relevance of SDT to body image is largely based on the fact that there are cultural norms that espouse particular standards of attractiveness. In many cultures, the standards prescribed include a thin body for women and a lean and muscular body for men. Importantly, these standards are unrealistic for the vast majority of the population to achieve without the use of extreme measures (such as self-starvation, cosmetic surgery, or steroids). Thus, when comparing one's actual self with the ideal promoted by society, it is highly likely that the individual will fall short of the standard, resulting in a body-related self-discrepancy. Furthermore, given that, on average, the population is getting heavier, the discrepancy between the societal standards and what is a reality for most people is becoming larger. These body-related self-discrepancies can, in turn, have emotional, psychological, and behavioral consequences for the individual.

### **Assessment of Self-Discrepancies**

Higgins developed the Selves Questionnaire, which is used to assess actual-ideal and actual-ought discrepancies in one's general self-concept. Respondents are asked to list up to 10 attributes that describe themselves from specific perspectives, including how they see themselves currently (actual self), or how they would ideally like to be (ideal self). The number of matches and mismatches among the attributes listed for each domain of self is computed to arrive at a discrepancy score, indicating the extent to which an individual's ideal or ought selves differ from that individual's actual self. The attributes for each domain of self are spontaneously generated by the respondent (an idiographic approach). Thus, these are aspects of the self that are particularly accessible or salient to the individual and should, therefore, be most likely to influence their affective responses. The Selves Questionnaire has been used in body image research but was not specifically designed for this context and, therefore, does not directly ask participants to reflect on their physical appearance, although some people (particularly women) do spontaneously list appearance-related attributes in completing the Selves Questionnaire. Other researchers have modified the instructions to the Selves Questionnaire, asking respondents to list attributes that describe their physical appearance in each of the domains of self.

Another approach to assessing self-discrepancies is to provide all respondents with a common list of characteristics or attributes (a nomothetic approach), and ask them to evaluate how their actual self matches their ideal self with respect to those characteristics. For example, Cash's Body-Image Ideals Questionnaire was designed to measure discrepancy from one's ideal self with respect to 11 different aspects of the body. For

each attribute (e.g., muscle tone and weight), respondents are asked to think about their personal ideal and evaluate the extent to which their body actually resembles that ideal. Furthermore, respondents are asked to rate the importance of each discrepancy because self-discrepancies should have particularly strong effects for individuals who consider their physical self-concept to be highly important. It has been argued, however, that these nomothetic, fixed-item measures assess discrepancies that are available to the individual, but not necessarily ones that are chronically accessible. One study comparing the two approaches in the context of body image generally found that the idiographic methods had greater predictive power, at least when considering the standpoint of the self.

Because body image can be considered in large part a visual phenomenon, many researchers have elected to assess self-discrepancies using various forms of figure rating scales. A large number of such scales have been developed (some 30+) in recent decades. The typical scale includes depictions of a variety of body sizes and respondents are asked to identify the figure that most closely matches their current body size, as well as the figure that most represents what they would ideally like to look like. The most commonly used versions of these scales include nine silhouette drawings of women ranging from very thin to overweight, arranged in ascending order of body size (e.g., the Stunkard Figure Rating Scale and the Contour Drawing Rating Scale). Other versions of the figure rating scale have used a larger range of figures/body sizes (e.g., to enable use with an obese population), included figure sets for men, used figures that vary based on known anthropometric values, systematically varied body fat and/or muscularity, presented the figures in random order, or used photographs of real women instead of drawn representations. Regardless of the specific scale used, self-discrepancies are typically calculated as the difference between the silhouette chosen as one's current body and the silhouette chosen as one's ideal (or ought) body. Another approach has been to use a variety of video-distortion techniques, in which individuals are shown a distorted image of their own body and are asked to adjust the image to match their current body size, their ideal body size, and so on. Other researchers have simply taken the difference between individuals' self-reported weight and their ideal weight as an index of self-discrepancy, arguing that body weight itself is a salient feature of body image and body satisfaction.

Two final comments are warranted with respect to the assessment of self-discrepancies. First, the specific wording used when asking participants to select their actual and ideal selves can vary considerably, and could potentially have theoretical implications that have not yet been unexplored. For example, when asking participants to identify their ideal selves, some researchers ask participants to "Select the image that best reflects the body that you would like to look like" whereas others have asked participants to "Select the image that you should look like." In this latter case, 'should' seems to be more of an 'ought' word than an 'ideal' word. Furthermore, some researchers consider the body reflecting societal standards of attractiveness to represent an 'ought' self but, to the extent that this has been internalized as the individual's own personal ideal, this could also be seen as an ideal self. Second, the typical approach of using difference scores (e.g., between actual and ideal selves) to compute self-discrepancies has been criticized. Critics argue that difference scores result in the loss of important information by collapsing distinct constructs

(e.g., actual and ideal self-representations) into a single score, and also provide less reliable estimates of the constructs being assessed. Thus, alternate scoring procedures have been used, such as simply asking respondents to indicate the extent to which they are discrepant from their ideal, including both actual and ideal selves in a regression model, or even using more sophisticated analytical strategies (such as polynomial regression).

## Self-Discrepancy and Body Image

### Females

The vast majority of studies examining self-discrepancies in the context of body image have examined these discrepancies among female participants. This research has, to varying degrees, supported the predictions made by SDT. As a starting point, there have been dozens of studies, mostly using some version of the figure rating scales, demonstrating that women choose a thinner figure for their ideal body than they do for their current body. Similarly, other studies have shown that women report a lower ideal weight than their current weight, and describe an ideal that they see as being more physically attractive than they are currently. These findings are remarkably consistent across assessment methods: whether individuals' actual body is compared to their own personal ideal, their perception of what society holds as an ideal, or some other frame of reference; whether discrepancies are calculated as signed or absolute values; and regardless of the particular sample studied (more on this below). This literature indicates that the majority of women perceive themselves as having a body that is larger, heavier, fatter, and less attractive than their ideal body. Many authors have described these self-discrepancies as indices of body dissatisfaction in and of themselves. That is, body dissatisfaction is operationalized as the difference between how a woman sees herself and how she would ideally like to be. Describing these effects as 'body dissatisfaction', however, seems to skip a step from the perspective of SDT. According to SDT, a self-discrepancy is a cognitive process generated by a perceived discrepancy between two self-states, and this perceived discrepancy then results in and leads to particular emotional responses. Actual-ideal discrepancies in particular should lead to dissatisfaction because one's aspirations have been unfulfilled. Thus, an actual-ideal discrepancy in body image should cause body dissatisfaction, but perhaps should not be considered body dissatisfaction *per se*.

Despite the noted concern with equating self-discrepancies and body dissatisfaction, there is considerable evidence that discrepancies between how women see themselves and how they would ideally like to be are related to body dissatisfaction along with other negative psychological outcomes. Using a variety of measures of body-related self-discrepancies, there is a consistent pattern showing that wanting an ideal body that is thinner than one's current body (an actual-ideal discrepancy) is associated with greater body dissatisfaction. This research, then, supports the basic tenet of SDT by showing that actual-ideal discrepancies lead to dejection-related emotions, in this case dissatisfaction with one's body. Another direct test of SDT comes from research examining feelings of shame associated with one's body. Higgins stated that actual-ideal discrepancies should result in increased feelings of shame. Indeed, there is evidence that actual-ideal discrepancies in

body size and in body weight predict levels of body shame reported by women, again supporting the predictions of SDT in the context of body image. Although not directly testing the predictions of SDT, other research has shown that body image self-discrepancies are related to a number of other psychological outcomes, such as increased fear of negative evaluations by others, increased depression, decreased global self-esteem, and increased overall negative affect. One study with a large sample of young children even showed that actual-ideal body discrepancies were related to more externalizing problems, more internalizing problems, more negative affect, and fewer prosocial behaviors. Thus, body-related self-discrepancies have far-reaching negative effects. Furthermore, the negative impact of self-discrepancies is not limited to body-related self-discrepancies: discrepancies in one's general self-concept (independent of physical appearance or body image) are also related to increased body dissatisfaction.

Examining mediators and moderators can help uncover more complex relationships between self-discrepancies and psychological outcomes. For example, it has been shown that chronic exposure to thin-promoting television is related to elevated body dissatisfaction and eating pathology only among girls who are high in actual-ideal self-discrepancies; girls who are low in actual-ideal self-discrepancies appear to be relatively unaffected. One's level of self-discrepancy can also influence how one responds to experimental presentations of thin-ideal media. As would be predicted by SDT, individuals high in actual-ideal discrepancies experienced more dejection-related emotions when the images were thin promoting (i.e., promoting an 'ideal'), whereas individuals high in actual-ought discrepancies experienced more agitation-related emotions when viewing images that are fat punishing (i.e., eliciting an 'ought'). Other work has shown that individuals high in actual-ideal discrepancies are more likely to engage in social comparisons when viewing thin-ideal images (comparing their own body to that of the thin model), and that engaging in social comparisons with the thin model leads to greater depression and lower self-esteem for individuals high in actual-ideal self-discrepancies.

When exposed to thin-ideal media, such as thin models in fashion magazines or thin actresses on television, women will spontaneously engage in a social comparison with the media image, and this social comparison should make salient a self-discrepancy within that individual (because she undoubtedly falls short of the idealized standard). If social comparisons can activate accessible self-discrepancies, then viewing thin-ideal images should elicit those self-discrepancies, making them more salient. Furthermore, a key determinant of people's responses to idealized media images is the extent to which those individuals have internalized the societal standards of attractiveness, taking them on as their own personal values and goals. Thus, one would predict that exposure to thin-ideal media images would elicit self-discrepancies, but only among women who had internalized the societal standard of attractiveness, and this is indeed the case.

Although most research in the area has focused on actual-ideal discrepancies and, to a lesser extent, actual-ought discrepancies, a few studies have considered expanded views of the self such as potential, future, and 'can' selves, along with the feared self. Each of these selves refers to a potential self that the individual could achieve. Future, potential, or can selves are generally thought of as positive possibilities, with failure to live

up to those potential selves resulting in negative affect. There is some evidence that future or potential selves are related to one's physical self-concept as well as to measures of eating pathology, but the evidence is not as strong as the evidence for actual-ideal discrepancies. The feared self, as a potential self, reflects an undesired self that one fears one day becoming. Only one study has examined the feared self in the context of body image, and found that feared self moderated the affective consequences of discrepancies from the ideal and ought selves. When women were far from their feared self, actual-ought discrepancies predicted agitation-related emotions, and actual-ideal discrepancies predicted dejection-related emotions. However, when these individuals felt that they were close to their feared body (e.g., they felt fat), the ideal and ought selves that pull individuals toward a positive goal were not as important as were their concern with creating some distance from their negative self-state. Thus, the feared self appears to be an important and distinct aspect of the body-related self-concept.

### **Males**

In recent years, there has been increasing awareness of the importance of male body image. Research on body-related self-discrepancies among men, as with other areas of body image research, has shown that there are many notable similarities in the processes for women and men, although the specific outcomes also vary in some important respects. In general, men tend to show less body image discrepancy than do women. In many studies, the ideal body selected by men is the same as their current body size, but other studies have shown that men view themselves as fatter and as weighing more than their ideal and still others report that men view themselves as smaller than their ideal. An important element to consider for self-discrepancies among men is the nature of those discrepancies. With women, it is typically assumed that having an actual body that is heavier than their ideal body leads to negative self-perceptions. When examining simple mean difference scores, therefore, women whose actual body is thinner than their ideal would be judged as having the lowest body dissatisfaction of all. Studies generally find that most, if not all, women report an ideal body that is smaller than their current body. This assumption is more problematic for men in that men may be just as likely to want to be thinner and leaner as they are to want to be larger and more muscular. When participants in a study have divergent ideals such as this, discrepancy scores in opposite directions tend to cancel each other out, giving the illusion of minimal self-discrepancy for men. Given these concerns, some researchers have argued that it is important to examine absolute discrepancies rather than signed discrepancies. For example, a man who is 10 lbs lighter than he ideally wants to be would be seen as having the same magnitude of body dissatisfaction as a man who is 10 lbs heavier than he ideally wants to be. Indeed, studies using these absolute discrepancy scores have shown comparable levels of self-discrepancies for men and for women. Furthermore, the standard approach to assessing self-discrepancies is to use figures that increase in overall body size and body fatness, but more recent attempts have been made to use figure rating scales that capture men's concern with muscularity. Studies assessing self-discrepancies with respect to muscularity tend to find that men select an ideal body that is

more muscular than their actual body. Importantly, just as with women, higher levels of self-discrepancy among men tend to be associated with negative outcomes, such as increased body dissatisfaction and increased negative affect.

### **Age Differences**

Studies of self-discrepancies related to body image have included a broad range of ages, although direct comparisons among the age groups or tests of age as a predictor of outcomes are relatively rare. The majority of studies rely on a convenience sample of undergraduate students and, in the context of body image research, this is certainly an appropriate population because these individuals are at increased risk of developing body image problems. Studies examining younger respondents, including children and high school students, have also found that actual-ideal self-discrepancies are associated with increased body dissatisfaction and lower self-esteem. What about body image among older adults? Research indicates that body image is fairly stable across the life span. A similar pattern might be expected with respect to self-discrepancies: although people may relax their ideal standards as they age, people also tend to gain weight as they get older, and thus the magnitude of the discrepancy between their actual and their ideal could be expected to remain the same. There has, however, been no test of this hypothesis to date. In one study examining self-discrepancies and body image among a group of women aged 30–80 years, the discrepancy between women's actual age and their ideal age was correlated with the magnitude of the discrepancy between their actual and ideal body, but there were no data reported on actual age and its relation to self-discrepancies. Another study, however, did find that current members of a sorority (aged 18–22 years) had greater actual-ideal discrepancies than did former members of the same sorority (aged 32–45 years).

### **Culture**

Body dissatisfaction and disordered eating are considered to be predominantly a product of Western cultures' emphasis on appearance, and in particular the emphasis on a thin ideal for women and a lean and muscular ideal for men. SDT can flexibly allow for cultural variations in standards of attractiveness because of the fact that it is the individual's own ideal (or internalized societal norm) that is the basis of comparison with the individual's actual body. Thus, in a culture that has larger, more realistic standards of attractiveness, individuals whose actual body is heavier or lighter than this more realistic standard should still experience the emotional consequences of the discrepancy. Rather than using a single, invariant standard that is applied equally to all individuals, SDT uses each individual's perceptions of the standard to which she or he elects to compare her or his current self.

Body-related self-discrepancies have been investigated in a wide variety of cultures, including Bahraini, African American, Muslim, Asian, Hispanic, Pakistani, Korean, Chinese, Jewish, Arab, Japanese, and Nigerian cultures. The vast majority of these studies examining SDT across cultures have used either a version of a figure rating scale or the discrepancy between self-reported weight and ideal weight. Although studies have found some variability in the extent to which individuals show



self-discrepancies across cultures, there are also some remarkable similarities: first, women in virtually all cultures that have been tested have shown preferences for a thinner ideal body than their current body. In some studies, this discrepancy is more pronounced among Caucasian women than among other groups (e.g., African Americans or Asians). With very few exceptions, however, all groups report wanting a slim body as their ideal. Second, men in all cultures assessed typically select a larger or more muscular body as their ideal than what they identify as the body they currently possess, although this pattern is less consistent than the desire for a thinner body found among women. Third, in many cases, cultural-group differences in body mass index (weight in kilograms/height in meters squared) can partially account for the observed discrepancies between Caucasian and non-Caucasian samples.

### Sexual Orientation

Relatively few studies have examined self-discrepancies among gay and lesbian individuals. Those studies that have examined self-discrepancies among these groups, however, have typically found results that parallel those found among predominantly heterosexual samples. Two studies with gay men (one with African American men and the other with Australian men) found that these individuals reported an actual self that was fatter and less muscular than their ideal self. In both studies, self-discrepancies based on body fat were similar in magnitude to those found among heterosexual men, but gay men showed greater discrepancy from their muscular ideal than what has been observed among heterosexual men. Furthermore, two studies with lesbian women found that these women weighed more than their desired weight, and had more body fat, larger waist-to-hip ratio, and smaller breasts than their ideal, and that the extent of the discrepancies did not differ between lesbian and heterosexual women.

### Clinical Populations

A meta-analysis of studies examining actual-ideal discrepancy in individuals with anorexia and bulimia found that the average effect size across studies was a Cohen's  $d = 1.13$ , indicating that patients' actual self was, on average, more than a standard deviation larger than their ideal self. These findings tend to vary across disorders. For example, bulimic patients and restrained eaters (chronic dieters) generally have greater actual-ideal discrepancies than do normal, non-dieting controls, although the normal controls also show an actual-ideal discrepancy. In bulimic patients, actual-ideal self-discrepancies are positively correlated with measures of body dissatisfaction: the larger the self-discrepancy, the more dissatisfied they are with their bodies. Actual-ideal discrepancies are more variable among anorexic patients, and it often appears as though they exhibit no self-discrepancies. The lack of self-discrepancy among anorexic patients can potentially be attributed to averaging discrepancy scores across all participants, who might vary considerably in the magnitude and direction of their self-discrepancies. For example, in one study, 42.9% of anorexic patients had an ideal body that was smaller than their current body size, but 33.3% had an ideal body that

matched their current body, and another 23.8% had an ideal body that was larger than their current body. The net effect of averaging these values is that anorexic patients as a group appear to have lower self-discrepancy scores than bulimic patients and even normal controls. One possible explanation for the variability in self-discrepancies among anorexic patients is that the differences reflect the stage of their illness and their readiness to change (in the language of the Transtheoretical Model). For example, individuals who are deeply entrenched in their illness, who have yet to lose as much weight as they intend to lose, and who perhaps are not yet considering a change in their behavior, might report having an ideal body that is thinner than their current body; individuals who are beginning to recognize that their weight loss is a problem, but perhaps are not yet ready to commit to change, might report having an ideal weight that is the same as their current weight (no desire to lose more weight, but not ready to gain weight); and individuals who are beginning the recovery process might recognize that their current emaciated body is unhealthy and might report having an ideal body that is larger than their current body. Finally, only one study has examined self-discrepancies among individuals with body dysmorphic disorder (using a physical appearance version of the Selves Questionnaire), and found that these individuals had greater actual-ideal and actual-should (or actual-ought) discrepancies than did normal controls.

### Self-Discrepancy and Weight/Appearance-Related Behaviors

Some studies have found that self-discrepancies are related to self-reported eating disordered behavior, although the findings of those studies are muddled by the fact that these self-report measures sometimes include assessments of attitudes as much as behaviors. Nonetheless, actual-ideal discrepancies have been shown to predict scores on measures of bulimic symptoms, and discrepancy from the 'can' self was also related to a measure of binge eating behaviors. In contrast, actual-ought discrepancies were correlated with measures of dieting and restriction, which is consistent with the view that actual-ought discrepancies should be uniquely related to anorexic-type symptoms because anorexic patients are viewed as being obedient and trying to live up to the expectations of others (i.e., their ought selves).

What impact do self-discrepancies have on individuals' weight- and appearance-related behaviors? There are two primary ways in which self-discrepancies can impact behavior. First, the crux of a self-discrepancy is that there is a perceived differential between one's current standing and where one would ideally like to be. This perceived discrepancy should motivate individuals to engage in behaviors aimed at minimizing the discrepancy. In the context of body-related self-discrepancies, relevant behaviors could include dieting, exercising, elective cosmetic surgery, and bariatric surgery. Experimental research has shown that women high in actual-ideal discrepancies who viewed images of thin models ate less than women low in actual-ideal discrepancies, presumably because viewing

these images activated the goal of reducing the discrepancy. In contrast, men who were high in actual-ideal discrepancies and who viewed images of muscular men actually ate more than men who were low in actual-ideal discrepancies, perhaps because of their goal to achieve a larger ideal body. Other studies have also shown that actual-ideal discrepancies are generally associated with attempts to change one's weight: individuals who see themselves as larger than their ideal engage in attempts to lose weight, and individuals who see themselves as smaller than their ideal engage in attempts to gain weight. Self-discrepancies are also related to individuals' motivation to exercise (e.g., greater weight and appearance reasons for exercise, and less autonomy for exercise), but not actual exercise behavior. Finally, one study showed that actual-ideal self-discrepancies (using the Selves Questionnaire) predicted a desire for cosmetic surgery.

A second way in which self-discrepancies can impact individuals' behavior is via the emotional impact of those self-discrepancies. According to Baumeister's Escape Theory, when individuals are confronted with an aversive self-awareness (such as the recognition of a discrepancy between one's actual self and some self-guide), they are motivated to escape that self-awareness. Individuals thus will engage in various behaviors (e.g., use drugs or self-harm) that will help them escape. There is a rich research history indicating that people often use food as a means of coping with their emotions, and binge eating in the context of bulimia nervosa or binge eating disorder is often considered an affect-regulation strategy. Thus, when individuals experience discrepancies between their actual and ideal body, those discrepancies can trigger negative self-evaluations that prompt individuals to eat as a means of reducing their emotional distress. Note that this coping strategy does nothing to reduce the discrepancy between one's current state and one's desired state, and may in fact be counterproductive by exacerbating the discrepancy. Unfortunately, there is very little direct evidence for the proposition that people eat to regulate the emotions elicited by self-discrepancies. One study did find that, for women, discrepancies between their actual selves and the ideal they believe their romantic partner held for them was related to emotional eating.

### **Implications of Self-Discrepancy for Prevention and Intervention Efforts**

Given the implications that body-related self-discrepancies have for individuals' psychological well-being, it is important to consider how intervention and prevention efforts might help reduce the presence and impact of those discrepancies. Recall that there are two key elements that form part of a self-discrepancy: the individual's perceptions of her or his current self and the individual's self-guide (e.g., the ideal self). Thus, there are also two key foci for interventions: perceptions of the actual self and perceptions of the ideal or ought self. Changing perceptions of the actual self might require correcting individuals' biased perceptions of their own bodies. For example, many studies have documented the fact that some individuals (particularly women, dieters, and heavier

individuals) have distorted perceptions of their bodies. Alternatively, changing perceptions of the actual self might involve making actual changes to the current self, such as by encouraging a healthy diet, exercise, and weight loss among individuals who are overweight.

The second target can be to change the nature of the ideals that people hold as their self-guides. For most people, the ideal they hold is unrealistic and unattainable. Representations of idealized bodies in the media likely play a role in creating or promoting those unrealistic ideals. For example, young girls exposed to images of a Barbie doll (as opposed to a plus-sized doll or control images) showed greater self-ideal discrepancies, and young adults exposed to images of thin-ideal bodies, sexist television advertisements, and media representations of men's ideal bodies also showed greater self-ideal discrepancies. The increased self-discrepancies arising from these media representations are most likely due to changes in what individuals consider to be their ideal. For women, exposure to thin-ideal images can lead them to select a thinner body as their ideal; for men, exposure to lean and muscular images can lead them to select a more muscular standard as their ideal. Indeed, one study showed that exposing men to idealized muscular images changed their perceptions of what was considered normal or average for other men. Thus, these idealized images create a distorted or exaggerated image of what is ideal, normal, and perhaps even possible. By making the ideal even more unrealistic, exposure to these idealized images will increase the self-discrepancies experienced by women and men, and will have consequences for their body satisfaction, psychological well-being, and disordered eating behavior.

Efforts to modify these ideal self-guides to reduce the discrepancy have produced mixed findings. One study used public service announcements in which a variety of body sizes were shown along with messages aimed at promoting diversity in acceptable body shapes. Overall, despite having a significant (but small) impact on participants' body dissatisfaction, this type of announcement did not impact ratings of the ideal female body. Another study that exposed participants to images of overweight women, however, did find increases in participants' perceptions of their ideal body size, indicating that some reversal of this trend could be achieved though media representations of more varied (and more realistic) body images.

A third feature of the self-discrepancy that can be targeted in interventions is the importance that individuals place on appearance-related discrepancies. Learning to reduce the importance of body image to one's self-concept, and focusing instead on other aspects of the self, can go a long way toward improving an individual's self-perceptions. For example, in one study, participants were exposed to images of thin-ideal models but were encouraged to engage in nonappearance-related downward comparisons to the models: that is, they were asked to think of ways in which they might be better than the models that had nothing to do with appearance. This intervention significantly reduced the discrepancy between participants' actual and ideal body, primarily by generating a larger ideal body, and there was a similar reduction in weight discrepancy (actual weight

minus ideal weight). Thus, focusing on aspects of the self unrelated to appearance can potentially reduce self-discrepancies.

## Conclusion

Self-discrepancies play an important role in the context of body image. They can negatively impact individuals' body satisfaction, and can also have implications for appearance-related behaviors (e.g., restricted food intake and cosmetic surgery). Notably, these self-discrepancies are remarkably consistent across groups (e.g., culture, age, and sexual orientation). Further methodological and analytical developments will help uncover the complexity of the relationships between self-discrepancies and the psychological and behavioral outcomes, and also to further test the predictions of SDT as it relates to body image.

*See also:* Body Image among Gay, Lesbian, and Bisexual Individuals; Body Image and Self-Esteem; Cognitive-Behavioral Perspectives on Body Image; Internalization of Thin-Ideal and Muscular-Ideal; Measurement of Body Image in Adolescence and Adulthood; Measurement of Body Image in Childhood; Measurement of Perceptual Body Image; Social Comparison Theory and Body Image; Sociocultural Perspectives on Body Image.

## Further Reading

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