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A Prospective Study of Factors that Lead to Body Dissatisfaction During Pregnancy.

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Abstract

This study examined changes in body image and predictors of body dissatisfaction during pregnancy. It was expected that higher levels of depression, social comparison tendencies, teasing, societal pressure to be thin and public self-consciousness would predict body dissatisfaction prospectively. Healthy pregnant women ($N=128$) completed questionnaires on three occasions during their pregnancies reporting on a total of four time points: three months prior to pregnancy (retrospectively reported), in the early to mid second trimester, the late-second /early-third trimester, and the latter part of the third trimester. For the most part women reported adapting to the changes that occurred in their body; however, women were most likely to experience higher levels of body dissatisfaction in early to mid second trimester. Findings related to predictors of body dissatisfaction revealed that both social and psychological factors contributed to body image changes in pregnancy. Implications of the findings are discussed.

A Prospective Study of Factors That Lead to Body Dissatisfaction During Pregnancy

Pregnancy is an ideal time to examine body image prospectively given that pregnant women experience rapid physical changes over a relatively short (40-week) period. The term body image refers to the internal representation an individual has of his or her own outer appearance (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). It is generally agreed that body image encompasses a range of behavioural, perceptual, cognitive, and affective phenomena (Pruzinsky & Cash, 1990). Body dissatisfaction is one facet of body image relating to the degree of dissatisfaction with particular aspects of the body (Thompson et al., 1999).

During pregnancy, women are likely to re-evaluate their body image over time as their size increases and body shape changes. This potentially allows for a more powerful test of the factors leading to body dissatisfaction than at other times in women's lives, when body shape remains relatively stable. Moreover, body dissatisfaction during pregnancy is of particular importance because it can potentially lead to unhealthy eating and weight loss behaviours (Fairburn & Welch, 1990), which in turn can have serious implications for both mother and child health (Franko & Walton, 1993). To date, the factors that might lead to body dissatisfaction during pregnancy have not been explored systematically. The overall goal of the research described here, therefore, was to address this issue.

Several researchers have suggested that body image standards may be relaxed during pregnancy (Davies & Wardle, 1994; Fairburn, Stein, & Jones, 1992; Richardson, 1990) since women see the changes that they are going through as "transient and unique to the childbearing endeavour" (Richardson, 1990, p.105). Pregnancy has been argued to be the one time in a woman's life when it is socially acceptable to be large because the reproductive role is valued more highly than physical appearance (Usher, 1989). However, other research reveals that pregnancy is not always a time of positive adjustment to the changes in physical appearance. Leifer (1977) found that body image changes in pregnancy evoked negative feelings, irrespective

of how satisfied women were with their body prior to pregnancy. Similarly, Fairburn and Welch (1990) found that 40% of the pregnant women in their sample expressed fear of weight gain in pregnancy and 72% expressed a fear that they would not be able to return to their pre-pregnancy body weight.

In terms of changes in body image as women progress through pregnancy, findings have been inconsistent. Three studies from the 1970s and early 80s (Leifer, 1997; Moore, 1978; Strang & Sullivan, 1985) found that body dissatisfaction increased over the course of pregnancy. More recent studies, however, have not replicated this pattern. Goodwin, Astbury, and McMeekan (2000) found that, while there were no significant changes in body dissatisfaction as pregnancy progressed from early to middle pregnancy, body dissatisfaction was greater at early pregnancy compared to pre-pregnancy. In contrast, Boscaglia, Skouteris, and Wertheim (2003) found that the pregnant women in their study did not become more negative in the evaluations of their bodies from pre-pregnancy to 15—22 weeks gestation; women either became significantly more positive (high exercise group) or remained relatively stable (low exercise group).

From this literature conclusions about changes in body image across the course of pregnancy are difficult to make (see Tiggemann, 2004, and Wertheim, Paxton, & Blaney, 2004). The disparate findings may reflect differing research methods, making direct comparisons difficult; for example, approaches have been cross-sectional (Davies & Wardle, 1994), retrospective (Fairburn & Welch, 1990; Strang & Sullivan, 1985), part retrospective through pregnancy and part prospective (Richardson, 1990), prospective but with a small sample size (Leifer, 1977), or prospective to middle pregnancy only (Boscaglia et al., 2003; Goodwin et al., 2000). It is clear that a prospective study across pregnancy is needed to clarify the nature of changes in body image during this time. To this end, the study reported here had two aims. The first aim was to examine body image changes in women as they progressed through pregnancy. Two key aspects of body image were examined: (1) body dissatisfaction as assessed by attitudes and (2) discrepancies between current and ideal shape as measured by figural stimuli.

The second aim of this study was to determine which distal and proximal factors earlier in pregnancy predict body dissatisfaction during late pregnancy. Researchers in the body image and eating disorders fields are in agreement that any complete model of the development of body image disturbance and consequent behaviours needs to be multi-factorial and cover bio-psycho-social elements (Pruzinsky & Cash, 2002; Thompson et al., 1999; Wertheim et al., 2004). Many multifactorial studies have been conducted in the general (non-pregnancy related) body image research field reporting the effects of different variables on body dissatisfaction; these studies appear to be consistent in terms of the impact of factors such as global psychopathology, perception of family influences, teasing history, and social comparisons (Schutz, Paxton, & Wertheim; 2002; Wertheim et al., 2004). Hence, we focussed on identifying social and psychological factors that might lead to body dissatisfaction during pregnancy in particular.

Depressive symptoms and affect have been found to be associated with greater body dissatisfaction (Koff, Rierdan, & Stubbs, 1990; Kostanski & Gullone, 1998; Rierdan & Koff, 1997; Stice & Whitenton, 2002). Measures of depression are particularly important to assess during pregnancy since they have been found to predict adverse pregnancy outcomes (Paarlberg et al., 1995; Rutter & Quine, 1990; Stanton, Lobel, Sears, & DeLuca, 2002). Whether depressed affect predicts body dissatisfaction in pregnant women was investigated here.

In terms of individual psychological characteristics, empirical evidence suggests that body comparison tendencies contribute to the development of body dissatisfaction (Stice & Agras, 1998; Thompson et al., 1999; Wertheim et al., 2004; Wertheim, Paxton, Schutz, & Muir, 1997). Body comparison is defined as the 'tendency to compare one's body with others' and is based on social comparison theory (SCT: Festinger, 1954). Recent findings have shown that appearance comparisons in young women statistically predict body dissatisfaction (van den Berg, Thompson, Brandon, & Coover, 2002). Based on these findings, we reasoned that women who report most often comparing themselves to others earlier on in their pregnancy would be at

greater risk of increased body dissatisfaction later in pregnancy. An additional dispositional variable to be considered was Public Self-Consciousness (PSC; Fenigstein, Scheier, & Buss, 1975), which involves the tendency to be conscious of whether one is being judged by others when in public. PSC has been found to be associated with eating problems (Striegel-Moore, Silberstein, & Rodin, 1993) and may enhance any concerns about one's body by increasing body salience (Schutz et al., 2002). Whether this continues to be the case prospectively during pregnancy was a research question addressed here.

Empirical evidence also suggests that two social environmental factors are associated with body dissatisfaction in non-pregnant groups – teasing (Cattarin & Thompson, 1994; Fabian & Thompson, 1989; Jackson, Grilo, & Masheb, 2000; Levine, Smolak, & Hayden, 1994; Schwartz, Phares, Tantleff-Dunn, & Thompson, 1999; Thompson, Coovert, Richards, Johnson, & Cattarin; 1995) and social pressures to lose weight (Fabian & Thompson, 1989; Green & Pritchard, 2003; Levine et al., 1994; Paxton, Schutz, Wertheim, & Muir, 1999; Twamley & Davis, 1999; Wertheim et al., 1997). Whether these two factors also influence pregnant women's body satisfaction was explored here.

In summary, there were two main aims of this study. The first aim was to examine body image changes in women as they progress from early or mid second trimester to the third trimester of their pregnancy. It was expected that if women see pregnancy as a special time in which normal standards are relaxed, increases in body dissatisfaction (e.g., feeling fat or unattractive) may not occur as a response to increases in body size over the course of pregnancy, and ideal body size may increase in parallel to increases in body size. Alternatively, if pregnancy is not a time of positive adjustment to the changes in physical appearance, it is expected that body dissatisfaction will increase throughout the course of pregnancy as will the discrepancy between current and ideal shape/size.

The second aim was to determine which distal and proximal factors during early or mid second trimester of pregnancy predict body dissatisfaction during late pregnancy. Firstly, a

stability model of body image was proposed, in which pre-pregnancy levels of feeling fat; salience of weight and shape; perceived attractiveness; and strength and fitness ratings would strongly predict the concomitant body image measures in late pregnancy. Several further predictions were made in accordance with the proposed model of predictors of body dissatisfaction and findings of past research. It was expected that higher levels of depression, social comparisons with others, perceived societal pressure to be thin, and public self-consciousness during early/mid second trimester, as well as greater perceived levels of teasing during late-second/ early-third trimester, would predict four aspects of body image (feeling fat, greater salience of weight and shape, feeling less attractive and feeling less strong and fit) during late pregnancy. In each case, pre-pregnancy body size and the relevant body image variable assessed in relation to pre-pregnancy were controlled for. In addition to examining the individual contributions of each of the predictors, their combined contribution was examined (in a regression) to determine whether the potential risk factors each contributed *unique* variance in the prediction of body image and thus offered a more powerful predictive model.

Method

Participants

Healthy pregnant women ($N=128$) from Melbourne, Australia, volunteered to participate in the study, with an age range between 23 and 42 years ($M = 31.63$ years, $SD = 3.44$). Women were recruited between 16-23 weeks gestation. This standardised time period allowed for women to learn about their pregnancy, consider the pregnancy certain (since the threat of miscarriage has subsided) and to then participate at regular eight-week time points. Data from 39 women who withdrew from the study before the last time point were omitted from the final analyses.

Forty-nine percent of the women in the final sample were primiparous. The majority of women were tertiary educated (79.5%), 74.8% reported an annual household income exceeding A\$70,000 (about US\$45,000), 11.8% reported an income between A\$51,000 – 69,000 and 11% reported an income below A\$50,000 (about US\$32,500) (4 women did not respond). Nearly all

of the women were either married (82.8%) or in a partnered but non-marital (de-facto) relationship (16.4%); one woman was single; 90.6% were in paid employment, while 8.6% reported being fulltime mothers/home carers. Most were born in Australia (88.3%), with others originating from Europe (5.5%), the USA (3.1%), South Africa (0.8%), or Canada (0.8%). Average reported weight was 65.51 ($SD = 14.10$) kilograms three months prior to pregnancy and 69.12 ($SD = 13.02$), 74.33 ($SD = 13.31$), and 78.83 ($SD = 13.08$) kilograms in the early/mid second trimester (16-23 weeks), the late-second /early-third trimester (24-31 weeks), and the latter part of the third trimester or late pregnancy (32-39 weeks), respectively. Average reported Body Mass Index (BMI) was 24.03 ($SD = 5.21$) three months prior to pregnancy; and 25.47 ($SD = 4.88$), 27.23 ($SD = 4.90$), and 29.01 ($SD = 4.86$) kilograms at 16-23 weeks, 24-31 weeks, and 32-39 weeks, respectively. Three months pre-pregnancy 17.6 % of the women had a BMI < 20, 37.4% of the women had a BMI from 20-24, 27.5 % had a BMI from 25-29 and 17.5% of the women had a BMI \geq 30. At 16 – 23 weeks gestation 4.6 % of the women had a BMI < 20, 54.1% of the women had a BMI from 20-24, 24.8 % had a BMI from 25-29 and 16.5% of the women had a BMI \geq 30. Only nine (6.3%) women reported smoking throughout their pregnancy and 63.2% said they had abstained from alcohol during pregnancy.

Measures

Table 1 outlines the questionnaires used in the study according to the time points at which they were administered: three months prior to pregnancy (Retrospective; R); at 16-23 weeks (Time 1; T1); at 24-31 weeks (Time 2; T2), and at 32-39 weeks (Time 3; T3).

Insert Table 1 about here

Demographics. BMI at each time point was calculated based on self-report about pre-pregnancy and current weight and height. Participants reported their age, parity status, employment and marital status, annual household income, ethnicity, smoking habits and alcohol consumption.

Body Attitudes Questionnaire. The four sub-scales from the Body Attitudes Questionnaire most suitable for pregnant women (BAQ: Ben-Tovim & Walker, 1991) assessed: feeling fat (13 items); strength and fitness (6 items); salience of weight and shape (8 items); and attractiveness (5 items). Items were rated from definitely disagree (1) to definitely agree (5). Items in each subscale were scored so that a higher score represented greater attractiveness, feeling fat, salience or strength and fitness. Factor structure, test-retest reliability and construct validity have been demonstrated in a variety of samples (Ben-Tovim & Walker, 1991; 1992). Cronbach's alpha at each time point for the four sub-scales were feeling fat –Retrospective (R) = .91; T1 = .89; T2 = .88; and T3 = .88; strength and fitness - R = .80; T1 = .64; T2 = .75; and T3 = .70; salience of weight and shape - R = .79; T1 = .79; T2 = .70; and T3 = .72; attractiveness - R = .54; T1 = .67; T2 = .71; and T3 = .74.

Contour Drawing and Pregnancy Figure Rating Scales. The Contour Drawing Rating Scale (CDRS: Thompson & Gray, 1995) shows eight non-pregnant female figures that were rated from 1 (very underweight) to 17 (very overweight) with odd numbers under figures and even number ratings halfway between. Participants rated their perceived actual size three months prior to pregnancy and their preferred size at that retrospective time point. Body dissatisfaction was calculated as current figure minus ideal figure; this scale has shown test-retest reliabilities between .71 and .84 over periods of one, two and six weeks (Thompson & Gray, 1995; Wertheim, Paxton, & Tilgner, 2004). Current figure ratings have correlated well with self-reported BMI in university students (.59) (Thompson & Gray, 1995) and measured BMI in adolescents (.69) (Wertheim et al., 2004). In the latter study current-ideal discrepancy scores demonstrated good construct validity with measures of body and weight dissatisfaction.

A set of Pregnancy Figure Rating Scales was developed for use in the current study. The Pregnancy Figure Rating Scale (PFRS) consists of ratings for three body parts, comprising bust, stomach and buttocks. Each body part was depicted by five drawings of that part increasing in size from small (rated 1) to very large (rated 10), in which odd numbers were placed under the

figures and even numbers half way between. Women first selected the number under a figure (or between figures) that best represented their current size/shape for each of the three body parts (current size of bust, stomach and buttock) and then selected the number that best represented their ideal for each of the three body parts. Body dissatisfaction for each body part was calculated by the difference between the current and ideal rating for that part.

Given the small number of items in the scale, inter-item correlations (rather than alphas) were performed to assess internal consistency of the PFRS (Kline, 1986). For adequate internal consistency these r s should be between .2 and .4 (Pallant, 2001). Inter-item r s for Current PFRS ranged from .27 to .46 (T1 .36 -.39, T2 .27 -.46, T3 .37 -.47) and for Ideal PFRS from .27 - .44 (T1 .28 -.37, T2 .32 -.43, T3 .27 -.44), demonstrating adequate internal consistency.

To assess test-retest reliability for the PFRS, 11 additional pregnant women (not included in the main analyses) who were in the second or third trimesters of their pregnancies were administered the PFRS on two occasions one week apart. The Current figure ratings for bust, stomach, and buttocks revealed test-retest r s of .92, .91, and .86, respectively. The test-retest r s for Ideal figure ratings for bust, stomach, and buttocks were .81, .91, and .91, respectively.

To assess construct validity the correlation between the discrepancy scores on the PFRS and the BAQ feeling fat subscale for the same time point was examined. Correlations between PFRS discrepancy and feeling fat at T1 were: bust $r = .32, p < .0005$, stomach $r = .25, p = .003$, and buttocks $r = .31, p < .0005$. Correlations with feeling fat at T2 were: bust $r = .19, p = .03$, stomach $r = .36, p < .0005$, and buttocks $r = .51, p < .0005$. Correlations with feeling fat at T3 were: bust $r = .21, p = .02$, stomach $r = .27, p = .001$, and buttocks $r = .28, p = .001$. Further analyses relevant to construct validity of the PFRS are presented in the Results section.

Beck Depression Inventory. The short form of the Beck Depression Inventory (BDI: Beck, Rial, & Rickels, 1974) is a well-validated brief screening measure of depression which has been found to correlate .96 with the long form (Beck & Beck, 1972; Reynolds & Gould, 1981) that has been validated for use in an obstetric population (Holcomb, Stone, Lustman, Gavard, &

Mostello, 1996). All but one of the 13 items were included (the item related to suicide). The test has been widely used and has resulted in excellent internal consistency ($\alpha = .73-.95$), and good test-retest reliability ($r = .60$ to $.83$) in non-psychiatric samples (Beck, Steer, & Garbin, 1988; Gould, 1982). The sensitivity of the BDI to detect current depression in a sample of pregnant women was $.83$ (Holcomb et al., 1996). In the current study, alphas were T1 $\alpha = .80$; T3 $\alpha = .79$.

Physical Appearance Comparison Scale. The 5-item weight and shape sub-scale of the revised Physical Appearance Comparison Scale (PACS revised version: Thompson et al., 1999) assessed tendencies to compare one's physical appearance, one's weight, and one's shape to those features of other people. Given that the scale was administered at the first pregnancy time point, it measured disposition to compare relatively early in pregnancy. A sample item is "At parties or other social events, I compare my physical appearance to the physical appearance of others", and higher scores indicate greater comparisons. The PACS has been found to be correlated strongly with body dissatisfaction, suggesting good construct validity, and the scale has been found to have a test-retest reliability of $.72$ to $.78$ and a Cronbach's alpha of $.78$ to $.95$ (Schutz et al., 2002; Thompson, Heinberg, & Tantleff, 1991, as cited in Thompson et al., 1999). In the current study, the revised PACS had an adequate alpha for a 5-item scale ($.75$).

Perception of Teasing Scale. The 6-item weight-teasing sub-scale of the Perception of Teasing Scale (POTS: Thompson et al., 1995) assessed reported frequency of being teased about weight and shape with the context of "during the last 8 weeks" being added for this study. Higher scores indicated greater teasing. The POTS has been successfully used with Australian samples, with a Cronbach's alpha range from $.95-.96$ (Lunner et al., 2000) and has demonstrated construct validity (Thompson et al., 1999). In the present sample, $\alpha = .86$.

Perceived Socio-Cultural Pressure Scale. The Perceived Socio-Cultural Pressure Scale (PSCP-2) indicated the degree to which women experienced pressure to be thin from family members, friends, partners, and the media (Stice, Nemeroff, & Shaw, 1996). The phrase "during

my pregnancy” was added to all 8 items in the scale (e.g., ‘I’ve felt pressured from friends to not put on too much weight during my pregnancy’). Items were rated from always (1) to never (5) and were averaged for the analyses; lower scores indicated perception of greater pressures to maintain social standards of appearance. The scale has resulted in good internal consistency ($\alpha = .83$; Stice, & Agras, 1998) and excellent test-retest reliability of .93 (Stice et al., 1996). In the present sample, $\alpha = .89$.

Public Self-Consciousness Scale. The Public Self-Consciousness Scale (PSCS), a 7-item subscale of the Fenigstein Self-Consciousness Scale, assesses an awareness of other’s reactions to one’s self (Fenigstein et al., 1975). Higher scores reflect greater a greater disposition to public self-consciousness. The PSCS has demonstrated good reliability both in prior research ($\alpha = .81$; Cramer, 2000) and the present sample (T1 $\alpha = .82$; T3 $\alpha = .85$). Test-retest, factorial integrity, and construct validity have been demonstrated (Nasby, 1989; Schlenker & Weigold, 1990).

Procedure

Relevant ethics approvals and written informed consent were obtained. Pregnant women were recruited from prenatal exercise classes, or through advertisements placed in a university newsletter and in the waiting rooms of obstetricians and gynaecologists located in various suburbs; the advertisement invited women to take part in a “Pregnancy and Wellbeing” study that was exploring a range of life style factors during pregnancy and how these factors are related to the health of the mother. At recruitment the women were between 16 and 23 weeks gestation, with a mean of 18.7 ($SD = 1.8$) weeks. At this time point women completed T1 questionnaires that related to experiences during the last 8-week period and also to their immediate or current experiences (see Table 1) and they also completed retrospective information relating to the three-month period before becoming pregnant. Reply-paid envelopes were provided.

Eight weeks after first contact (T2) and then again eight weeks later (T3), questionnaire packs and reply paid envelopes were again mailed to each participant. The study, therefore, involved three data collection points: the early to mid second trimester (with a range of 16 to 23 weeks gestation), the late-second /early-third trimester (24 to 31 weeks), and the latter part of the third trimester or late pregnancy (32 to 39 weeks).

Results

All the assumptions of parametric statistics were met with the exception of the BDI T1 and T3 (BDI-1 and BDI-3), the Perceived Socio-Cultural Pressures Scale T1 (PSCP-1), and the Perception of Teasing Scale T2 (POTS-2) data sets, which were not normally distributed. Transformations were applied successfully: logarithm for PSCP-1 and POTS-1; square root for BDI-1 and BDI-3. To preserve sample size, in three instances extreme outliers were reassigned a value one unit larger or smaller than the next extreme score in the distribution (Tabachnick & Fidell, 1996).

Table 2 presents the mean scores and standard deviations for BMI and each of the scales used in subsequent regression analyses, across the four time points.

Insert Table 2 about here

Body Image Changes in Women Across Pregnancy

Body attitudes relevant to dissatisfaction. The mean BAQ sub-scale scores are presented for each time point in Table 3. Differences across time for these scores were explored using repeated measures one-way ANOVAs. Due to violation of the sphericity assumption on all sub-scales, Huynh-Feldt Epsilon adjustments were implemented. A significant effect for Time was found for the attractiveness sub-scale, $F(2.88, 365.98) = 3.70, p = .01, \eta^2 = .03$. Least Significant Difference (LSD) post hoc comparisons revealed that women felt significantly more attractive prior to pregnancy (R) than at T1 ($p = .001, \eta^2 = .08$) or T3 ($p = .01, \eta^2 = .03$). A significant effect for Time was found for the feeling fat sub-scale, $F(2.61, 331.45) = 4.51, p = .006, \eta^2 = .05$;

women felt significantly fatter prior to pregnancy than they did at T3 ($p = .01$, $\eta^2 = .06$), significantly fatter at T1 than at T3 ($p = .002$, $\eta^2 = .07$), and significantly fatter at T2 than at T3 ($p < .0005$, $\eta^2 = .14$). There was a significant effect for Time on strength and fitness, $F(2.63, 334.65) = 16.76$, $p < .0005$, $\eta^2 = .11$; LSD post hoc comparisons showed that women felt significantly stronger and fitter prior to pregnancy than they did at T1 ($p < .0005$, $\eta^2 = .23$), T2 ($p < .0005$, $\eta^2 = .13$) and T3 ($p < .0005$, $\eta^2 = .14$). There was no significant effect for Time on salience scores.

Correlations for body image subscales over the course of pregnancy indicated stability across time. Correlations across time for feeling fat were: T1-T2 $r = .73$, T1-T3 $r = .70$, T2-T3 $r = .87$, pre-pregnancy –T3 $r = .66$; for attractiveness r s were: T1-T2 = .58, T1-T3 = .70, T2-T3 $r = .70$, pre-pregnancy –T3 $r = .56$; for salience r s were: T1-T2 = .58, T1-T3 = .68, T2-T3 $r = .66$, pre-pregnancy –T3 $r = .52$; and for strength and fitness r s were: T1-T2 = .68, T1-T3 = .70, T2-T3 $r = .74$, pre-pregnancy –T3 $r = .58$.

Insert Table 3 about here

Discrepancy between current body shape/size and ideal shape/size three-months prior to pregnancy. Results from the CDRS revealed that only 19.5% of the women were satisfied with their pre-pregnancy bodies, that is, they did not want to be either bigger or smaller in size. The majority of women (76.6%) indicated that they would like their bodies to be smaller in size. The difference between each contour figure was two points; women indicated that they would like to be from one point (0.5 of a contour figure) to nine points (4.5 contour figures) smaller in size. Table 4 presents the percentages of women who were satisfied or dissatisfied with specific body parts at each time point during pregnancy and the mean discrepancy scores.

Changes in ideal and current figure ratings across pregnancy. Three repeated measures one-way ANOVAs were conducted to explore changes in the PFRS Current figure ratings for bust, stomach and buttocks across the three pregnancy times (see Table 4). All three ANOVAs resulted in

significant F s in which women rated themselves as increasingly larger at each time point: bust $F(1.88, 238.84) = 27.14, p < .0005, \eta^2 = .17$ (Huynh-Feldt Epsilon adjustment used), stomach $F(2, 254) = 438.04, p < .0005, \eta^2 = .77$, and buttocks $F(1.87, 238.03) = 75.54, p < .0005, \eta^2 = .35$ (Huynh-Feldt Epsilon adjustment used). These results support the construct validity of the PFRS scales.

Parallel ANOVAs using the Ideal figure ratings also indicated significant increases in Ideal sizes for the three body parts over time: bust $F(1.94, 244.25) = 43.26, p < .0005, \eta^2 = .25$ (Huynh-Feldt Epsilon adjustment used), stomach $F(2, 252) = 234.40, p < .0005, \eta^2 = .65$, and buttocks $F(2, 254) = 49.97, p < .0005, \eta^2 = .28$. Finally, three similar ANOVAs were conducted to explore changes in the current-ideal discrepancy over time. These analyses revealed that the bust, stomach, and buttocks discrepancy scores did not differ significantly over time ($p > .05$).

Insert Table 4 about here

Correlations Among Study Variables and Body Dissatisfaction

Preliminary correlations were conducted among the BAQ subscales and all variables hypothesised to predict body dissatisfaction in late pregnancy (see Table 2). The findings revealed intercorrelations between related constructs, but no multicollinearity.

Prospective Predictors of Body Dissatisfaction

A series of four hierarchical regressions and four sets of partial correlations were performed. Partial correlations determined whether BAQ subscale scores at T3 were predicted by the five individual predictor variables, having partialled out pre-pregnancy BMI and the relevant pre-pregnancy BAQ-R subscale score. A Bonferroni adjustment was made for repeated tests in the partial correlations (resulting in alpha level of .01). Regressions indicated whether significant predictors contributed *unique* variance to the prediction of BAQ scores, resulting in increased variance accounted for when combined. For the regressions, in step one BMI-R and the relevant BAQ-R subscale were entered and in step two depression, perceived socio-cultural pressure, public self-consciousness, and physical appearance comparison tendencies at T1 and perception

of teasing at T2 were entered to assess the combined contribution of those latter predictors. The findings of these regressions are presented in Table 5 along with partial r s, which controlled for the same BMI-R and relevant BAQ-R. It should also be noted that some variables with significant partial r s did not emerge as significant predictors in the regressions because of shared variance among the potential predictor variables (see Table 2).

In relation to the attractiveness subscale, partial r s (controlling for BMI-R and BAQ attractiveness-R) indicated that depression, perceived socio-cultural pressure, and perception of teasing all predicted attractiveness. In the regression, the first (pre-pregnancy variables) step accounted for 31.4% of the variance in T3 attractiveness with BAQ attractiveness - R (not BMI-R) as the only significant predictor, $F(2, 120) = 27.45, p < .0005$. The addition of step two added a further significant 10.8% to the prediction, F change $(5, 115) = 4.307, p = .001$; teasing was the only significant step two predictor, POT2: $t = -2.02, p = .046$, although depression had a similar beta weight (both = .16).

Insert Table 5 about here

In relation to the feeling fat subscale, partial r s (controlling for BMI-R and BAQ feeling fat-R) indicated that depression, physical appearance comparison and perceived socio-cultural pressures were significant predictors. In the regression, the first step accounted for 42.9% of the variance in T3 feeling fat with feeling fat-R as the only significant predictor, $F(2, 120) = 45.15, p < .0005$. The addition of step two added a further significant 8.1 % to the prediction, F change $(5, 115) = 3.821, p = .003$; however, none of the step two predictors made unique contributions.

In relation to the strength and fitness subscale, depression was the only significant predictor in partial r s (controlling for BMI-R and BAQ strength and fitness-R). In the regression, the first step accounted for 34.2% of the variance in T3 strength and fitness with strength and fitness-R as the only significant predictor, $F(2, 120) = 31.20, p < .0005$. The addition of step two

added a further 4.5% to the prediction, however this was not significant, F change (5, 115) = 1.69, $p = .143$.

Finally, in relation to the salience of weight and shape subscale, partial r s (controlling for BMI-R and BAQ salience-R) indicated physical appearance and perceived socio-cultural pressure were significant predictors. In the regression, the first step accounted for 27% of the variance in T3 salience with salience-R as the only significant predictor, F (2, 120) = 22.23, $p < .0005$. The addition of step two added a further significant 10.7 % to the prediction, F change (5, 115) = 3.950, $p = .002$; with physical appearance comparison ($t = 2.68$, $p = .009$) and perceived socio-cultural pressure ($t = 2.12$, $p = .037$) remaining as significant predictors.

Examining the Effect of BMI During Pregnancy

In order to rule out further possible effects of BMI, this variable at T1 and T3 was entered as both a concurrent and prospective predictor of body dissatisfaction in the hierarchical regressions described above, respectively. In neither case was pregnancy-related BMI found to add significantly to the prediction of BAQ ($p > .05$).

Discussion

The aim of this study was to examine normative body image changes in women over the course of pregnancy and to explore which factors predicted the greatest increases in body concerns over time. In relation to the first aim, four aspects of body image were examined over time: feeling fat; strength and fitness; salience of weight and shape; and attractiveness. Overall, a stability model of body image was strongly supported, with a large amount of the variance of late pregnancy body image (of all sorts) being accounted for by body image at early to mid second trimester of pregnancy. Body image at pre-pregnancy was also a strong predictor of body image in late pregnancy. However, in addition, women also felt less fat at late pregnancy than at any other time point during pregnancy and prior to pregnancy. Conversely, women reported feeling more fit and strong prior to the pregnancy than they did during pregnancy, and feeling more

attractive prior to pregnancy than they did during early to mid second trimester and late pregnancy. While these findings were statistically significant, it is important to note that the effect sizes reported were small, suggesting only small changes in the body image factors assessed by the BAQ. Nonetheless, given that this is the first study to examine body dissatisfaction and changes in body image reported by women over the full course of pregnancy, small effect sizes cannot be ignored.

In terms of feeling fat, it is possible that during the earlier stages of pregnancy, when the pregnant belly is just beginning to form, women feel their current state is equal to that of a person who has gained weight rather than that of a woman who is pregnant. However, as the pregnancy progresses and their belly has taken a more “pregnant form” women may adapt to the physical changes, appreciate the difference between a ‘usual not-pregnant me’ from a ‘now-pregnant me’ (Richardson, 1990, p.105), and expect the changes because they understand that physical change is necessary for the health of their child (Davies & Wardle, 1994; Fairburn et al., 1992; Richardson, 1990). Given that body shape and weight is normally viewed as being controllable by the individual (Tiggemann & Rothblum, 1997), pregnancy may alleviate this pressure in women and indeed may be a time when women are ‘permitted’ to be large because their shape and size signifies a pregnant state.

Consistent with these speculations, while women in this study reported that their actual body size (stomach, breast, and buttocks current figure ratings) increased over the course of pregnancy, their reported ideal sizes also increased over time. These findings suggest that most women do adapt to body changes over the course of their pregnancy and shift to a more realistic ideal as their body grows larger. Similarly, there were no significant differences between time points in the current minus ideal discrepancy scores for bust, stomach, and buttocks. In general this sample of women reported similar dissatisfaction with their pre-pregnant bodies as has been documented in the body image field previously. Our finding that 76.6% of women wanted to be smaller in size prior to their pregnancy is similar to the finding of Wertheim et al. (2004), using

the same figure rating scale, that 72% of 1056 young adolescent girls chose a smaller ideal figure. This supports Tiggemann's (2004) claim that there appears to be no effect of age, in terms of the difference between adolescents and women of childbearing age, on females' body dissatisfaction.

Interestingly, women felt less attractive in late pregnancy as compared to pre-pregnancy despite reporting that they did not feel as fat as they did pre-pregnancy. This finding reveals that body image concerns may be evident despite some measures of body dissatisfaction showing otherwise. While the body image measure used in the current study (BAQ) had several subscales of relevance to women in pregnancy, it was not specifically developed for pregnant women. Therefore, possible body changes common in pregnancy may have been involved in women's feelings of attractiveness, such as the development of stretch marks, acne, skin pigmentation and varicose veins (Johnson, 1994), and it is possible women felt 'big' and uncomfortable in late pregnancy, which the feeling fat subscale of the BAQ did not pick up on. Indeed, Pruzinsky (1990) argued that in relation to body image and psychological change, it is assumed that "all experience takes place in the context of bodily experience, in particular, against a constant background of kinaesthetic and proprioceptive cues" (p.300). Pregnant women may use such cues to feel larger but not necessarily fatter in late pregnancy because the sensation of carrying a pregnant belly may be different to carrying excess fat from a kinaesthetic and proprioceptive perspective. It would be useful in future research to consider the specific body image concerns that pregnant women have and the factors that impact on those specific, rather than global, concerns. In particular, the impact of physical symptoms commonly associated with pregnancy on body image, such as nausea and backache, should be explored in addition to psycho-social factors.

Even though most women appeared to adapt to the changes in their body, some women did report being dissatisfied with their body, and wanting a smaller stomach, bust and buttocks. The stability model further suggested that women who were most dissatisfied with their body

prior to pregnancy stayed that way during the pregnancy itself. While some research has suggested that women with more severe pathology in the form of eating disorders at times do improve their eating patterns during pregnancy, this is not always the case, and these women often fail to gain full weight during the pregnancy (Franko & Walton, 1993; Lemberg & Phillips, 1989; Wertheim, Paxton, Schutz & Muir, 1997). Therefore, more research is needed to examine the women with greatest body concerns prior to pregnancy with the aim of exploring how those concerns manifest during the pregnancy, particularly in relation to resultant eating patterns and their potential effects on foetal development. Further, in clinical settings, women with high body image concerns may require particular support during pregnancy.

The second aim of the study was to examine whether depression, social comparisons with others, perceived societal pressure to be thin, weight related teasing, and public self-consciousness would predict changes in body dissatisfaction over the course of pregnancy. The findings partially supported our predictions. These analyses were conducted individually on each of the four types of body image (feeling fat, salience, strength and fitness, attractiveness) with BMI and pregnancy body image of the same type as the criterion variable being controlled for. In no analysis was body size, as assessed by BMI (either at pre-pregnancy or later in pregnancy), found to be a significant predictor of increases in body dissatisfaction by late pregnancy. The strongest predictor was uniformly prior body image, suggesting largely a stability model. Correlations between body image variables of the same type from pre-pregnancy to late pregnancy ranged from .52 to .66. However, in addition, several of the other variables were predictive of body image, and significant predictors varied depending on the type of body image variable assessed, supporting the idea that body image is not a uniform construct. These findings are discussed next.

Depressive symptoms at 16-23 weeks gestation were found to predict (in partial correlations) pregnancy decreases in feeling attractive and feeling strong and fit, and an increase in feeling fat, although depression emerged as a unique predictor only for feeling strong and fit.

That is, higher depression scores at 16-23 weeks predicted less strength and fitness at late pregnancy. Of course, as noted in the results section, depression may not have emerged as a unique predictor of feeling attractive and feeling fat because of the shared variance among other potential predictor variables. These findings partially support the idea that depressive symptoms are associated with less positive body image of a variety of types (Koff, Rierdan, & Stubbs, 1990; Kostanski & Gullone, 1998; Rierdan & Koff, 1997; Stice & Whitenton, 2002) and suggest that depression precedes body dissatisfaction, although its impact appears to be small in the context of other risk factors.

In accordance with theories of the impact of comparing one's body to others' in developing body dissatisfaction (Thompson et al., 1999; Wertheim et al., 2004), our findings revealed that body comparison tendency in early pregnancy was a significant predictor of seeing weight and shape as more salient and, to a lesser extent, feeling fat in late pregnancy. These findings are consistent with those of Schutz et al. (2002) who concluded that, while body comparison potentially can serve the function of helping individuals to feel better about themselves, it can also result in making body shape and weight more salient; consequently, comparers may feel worse about their body. This result may partly depend on who is chosen as the comparison target. If pregnant women shift their comparison target to other similarly pregnant women they may not be at as much risk of resulting body concerns, while if they focus on upward targets (e.g., thinner pregnant or non-pregnant women) the result may be more damaging. Future research should explore whether the comparison target chosen moderates the relationship between body comparison tendencies and body image concerns.

Two measures of social pressure were examined as predictors: perceived socio-cultural pressures to lose weight from significant others and the media, and negative verbal commentary in the form of teasing; the findings provided partial support for their role as risk factors of body image concerns. Socio-cultural pressure predicted feeling less attractive and feeling fatter in partial correlations, and also salience of weight and shape. The experience of weight-related

teasing at 24-31 weeks gestation predicted feeling less attractive (but not the other body image variables). Inspection of the mean scores for the teasing measure indicated that the majority of women in this study rarely experienced teasing from family, friends, and/or partners regarding their weight and appearance during pregnancy. It appears, then, that significant others in this sample approached pregnancy appropriately by not teasing or commenting negatively on women's physical changes in size and shape. Having said that, the finding that teasing during the late-second/early third trimester predicted lower ratings of attractiveness during the latter part of the third trimester suggests that when teasing does occur it can have a negative impact on women's views of their body at an important time in their life. The findings here support those involving adolescent girls and non-pregnant women, that social pressures to be thinner and teasing can be risk factors for body dissatisfaction (see Jackson et al., 2000; Levine et al., 1994; Thompson et al., 1995).

Public self-consciousness did not predict changes in the body image variables assessed in this study. Striegel-Moore, et al. (1993) found that body dissatisfaction and Evans and Wertheim (1998) found that eating, shape and weight concerns in non-pregnant women were positively associated with public self-consciousness, however, those studies were cross-sectional. Consistent with those findings, public self-consciousness was associated with salience and feeling fat in the current study, however, it was not predictive in prospective analyses which controlled for baseline levels, suggesting that a tendency to be aware of self as others see you is an associated, not causal, factor in body image. Prospective replication in other samples is warranted, however.

Regression analyses explored whether a combination of the predictor variables increased the risk of developing body image concerns over and above any individual variable. This was indeed the case in relation to salience in which a combination of perceived pressure (from family/media) to be thin and comparison tendencies placed women at higher risk than only one of the variables (each contributing unique variance). In contrast, while attractiveness and feeling

fat were predicted by three variables in univariate analyses, the combination of those characteristics did not place the person at significantly more risk of feeling unattractive or fat. Some of these variables may be acting as mediators, a possibility that should be explored in subsequent research. In relation to strength and fitness, only prior depression was a predictor.

The findings of differing patterns of change across pregnancy (e.g., late pregnancy being associated with perceptions of having a larger body size, less attractiveness, strength and fitness, but also with less feeling 'fat' and a larger ideal body size) and differing factors predicting changes in different aspects of body image supports the conceptualisation of body image as multidimensional. Cash and colleagues (Cash & Hrabosky, 2004; Pruzinski & Cash 2002) describe multiple dimensions, including two major components of body image: an evaluation/affect component and an investment component, each of which can be applied to different aspects of the body (e.g., size, shape, specific features). The evaluative/affect component was represented here by measures of feeling fat, perceptions of strength and fitness, attractiveness and ideal-current figure discrepancies; each of these measures related to somewhat different (but partially overlapping) aspects of the body. The investment component was represented by the salience (importance) measure. More extreme 'distress' levels (an aspect of investment) were not evaluated in this study and would be of use to examine in future.

A limitation of the present study was that the majority of pregnant women involved were tertiary educated and were either married or in a de facto relationship. Replication in a more diverse sample is needed. Future research should also consider demographic variables, such as socioeconomic status and education levels, to determine whether body dissatisfaction during pregnancy is predicted by environmental factors that have not been considered here. Other variables such as parity and age may also impact on body image during pregnancy. A further limitation of this study was the reliance on retrospective data for the pre-pregnancy period. Pregnancy itself may bring an idealisation of the pre-pregnancy period in terms of body image or it may distort one's view leading to a poorer perception of the pre-pregnancy body than would

normally be the case. Retrospective reporting was chosen due to the difficulties inherent in trying to track non-pregnant women prospectively until they become pregnant; difficulties include the large sample size necessary and possible biasing effects of repeated measure pre-pregnancy measurements and/or non-standardised time points of pre-pregnancy assessment. Nonetheless, the findings should be treated with some caution due to possible inaccuracy of retrospective recall.

A final suggestion for further research involves following women through pregnancy into the first year postpartum. The few studies of body image concerns related to childbearing are limited primarily to pregnancy only (Boscaglia et al., 2003; Goodwin et al., 2000; Marquez-Sterling et al., 2000; Moore, 1978) or the immediate postpartum period including retrospective information about pregnancy (Strang & Sullivan, 1985), with limited data on the postpartum period (Jenkin & Tiggemann, 1997; Leifer, 1977). Given that pregnancy and the postpartum period are associated with vulnerability to body image problems (Thompson et al., 1999), future studies on body image concerns related to childbearing should be welcomed.

In conclusion, the findings of this study indicated that for most women body image during pregnancy was relatively stable, despite the changes in body size and shape that pregnant women experienced. Nonetheless, some changes across the course of pregnancy were noted for the sample as a whole and these changes differed according to the aspect of body image assessed. In addition, some factors noted in the general body image literature as predictors of body image also appeared to be impacting on body satisfaction during pregnancy. Depressive symptoms, tendency to compare one's body to others, perceived socio-cultural pressure to be thinner, and teasing from others all appeared to be risk factors for later body image concerns. The findings suggest that public health professionals should be alert to these risk factors and develop preventive measures aimed at minimising the risks or inoculating pregnant women and significant others against them early in the pregnancy. Given that the research described here was the first longitudinal study to examine risk factors for body image

dissatisfaction throughout pregnancy, the findings reported contribute to the limited research on body image during pregnancy. Clear avenues for further research were highlighted.

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Table 1.

Questionnaires Administered at Three Time Points During Pregnancy

Time 1: 3 Months Prior to Pregnancy (Retrospective report)	Time 1: 16-23 weeks	Time 2: 24-31 weeks	Time 3: 32-39 weeks
	Demographic Questionnaire	Weight & Exercise Inventory	Weight & Exercise Inventory
Body Attitudes Questionnaire (Retrospective)	Body Attitudes Questionnaire	Body Attitudes Questionnaire	Body Attitudes Questionnaire
Contour Rating Scale (Thompson original)	Contour Rating Scale (Pregnancy Version)	Contour Rating Scale (Pregnancy Version)	Contour Rating Scale (Pregnancy Version)
	Physical Appearance Comparison Scale Perceived Socio-Cultural Pressure Scale	Perception of Teasing Scale	
	Public Self-Consciousness Scale Beck Depression Inventory		Beck Depression Inventory

Table 2

Intercorrelations, Means, and Standard Deviations for Study Variables in the Regression Analyses

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 BMI Prepreg.		-.09	.09	.43**	-.24*	-.05	.18*	.07	-.30**	.23*	-.10	.02	.33**	-.13
2 BAQ-Att R			-.10	-.27*	.42**	-.07	-.20*	-.10	-.08	-.11	.56**	-.05	-.25**	.20*
3 BAQ-Sal R				.67**	-.18*	.47**	.35*	.30**	.46**	.11	-.31**	.52**	.55**	-.14
4 BAQ-FF R					-.32**	.40**	.47**	.33**	.27*	.24*	-.34**	.35**	.66**	-.18*
5 BAQ-SF R						-.09	-.19	-.08	-.01	-.11	.33**	-.11	-.24*	.58**
6 PACS-1							.39**	.31**	.46**	.06	-.19*	.48**	.39**	-.08
7 BDI-1								.24**	.28**	.27**	-.32*	.33*	.46**	-.30**
8 PSCP-1									.16*	.36**	-.28*	.36**	.40**	-.07
9 PSCS-1										-.01	-.07	.31**	.27*	-.03
10 POTS-2											-.29*	.15	.28*	-.17
11 BAQ-Att3												-.42**	-.52**	.46**
12 BAQ-Sal3													.65**	-.28**
13 BAQ-FF3														-.32**
14 BAQ-SF3														
<i>M</i>	24.03	17.80	11.77	32.82	21.11	13.82	3.26	15.72	19.19	8.10	17.15	11.26	30.95	19.52
<i>SD</i>	5.21	2.72	3.76	10.10	4.31	3.56	2.58	6.73	4.30	3.28	3.40	3.37	9.82	3.95

Note: Cases were excluded pairwise and correlations performed on transformed variables.

*Significant at the .05 level. ** Significant at the .001 level.

Note: BMI – Body Mass Index; BAQ Att – Body Attitude Questionnaire Attractiveness subscale; BAQ-Sal – Body Attitude Questionnaire Salience subscale; BAQ-FF – Body Attitude Questionnaire Feeling Fat; BAQ-SF – Body Attitude Questionnaire Strength and Fitness subscale; PACS – Physical Appearance Comparison Scale; BDI – Beck Depression Inventory; PSCP – Perceived Socio-Cultural Pressures Scale; PSCS – Public Self-Consciousness Scale; POTS – Perception of Teasing Scale; R – Retrospective; 1- Time 1; 2- Time 2; 3-Time3

Table 3.

Means (and Standard Deviations in Brackets) for the BAQ Sub-scales at Each Time Point

	Time Point			
	Pre-pregnancy (Retrospective)	Time 1 16-23 weeks	Time 2 24-31 weeks	Time 3 32-39 weeks
Attractiveness (range 5-25)	17.80 ^a (2.72)	17.03 ^b (3.28)	17.44 (3.42)	17.15 ^b (3.39)
Feeling Fat (range 12-60)	32.82 ^a (10.10)	33.02 ^a (9.96)	32.96 ^a (10.11)	30.95 ^b (9.83)
Salience (range 5-25)	11.77 (3.76)	11.79 (3.64)	11.53 (3.52)	11.26 (3.37)
Strength and Fitness (range 6-30)	21.12 ^a (4.32)	19.02 ^b (3.79)	19.43 ^b (4.40)	19.51 ^b (3.95)

Note: $n = 128$, Significant differences were found between variables labelled ^a compared to ^b

Table 4

Percentage of Women Satisfied With Their Bust, Stomach, and Buttocks and the Means (and Standard Deviations) for Current Figure, Ideal Figure and Current-Ideal Discrepancy at Three Time Points in Pregnancy

Body Part	Time 1 (16- 23 weeks)	Time 2 (24-31 weeks)	Time 3 (32-39 weeks)
Bust			
Satisfied	39.1 %	44.9 %	48.0 %
Want a smaller bust	44.5 %	41.7 %	37.8 %
Want a larger bust	16.4 %	13.4 %	14.2 %
Discrepancy score mean	.54 (1.47)	.47 (1.10)	.40 (1.18)
Current figure mean	5.93 (1.71) ^a	6.27 (1.59) ^b	6.64 (1.67) ^c
Ideal figure mean	5.39 (1.17) ^a	5.79 (1.25) ^b	6.23 (1.35) ^c
Stomach			
Satisfied	49.2 %	57.1 %	62.5 %
Want a smaller stomach	39.8 %	33.3 %	35.2 %
Want a larger stomach	10.9 %	9.5 %	2.3 %
Discrepancy score mean	.74 (1.65) ^a	.41 (1.12) ^b	.70 (1.28) ^a
Current figure mean	5.11 (1.24) ^a	6.88 (1.16) ^b	8.23 (1.04) ^c
Ideal figure mean	4.36 (1.68) ^a	5.79 (1.25) ^b	7.54 (1.54) ^c
Buttocks			
Satisfied	29.9 %	33.6 %	25.8 %
Want smaller buttocks	68.5 %	65.6 %	71.9 %
Want larger buttocks	1.6 %	0.8 %	2.3 %
Discrepancy score mean	1.37 (1.31)	1.38 (1.37)	1.38 (1.37)
Current figure mean	5.63 (1.44) ^a	6.33 (1.40) ^b	6.92 (1.40) ^c
Ideal figure mean	4.32 (1.27) ^a	5.06 (1.29) ^b	5.54 (1.45) ^c

Note: Significant differences were found between means labelled ^a and ^b and ^c; $n = 128$

Table 5

*Summary of Hierarchical Regression Analyses for Variables Predicting Late Pregnancy**Body Dissatisfaction*

Dependent variable	Step	Predictor	β	Partial r^a	$R^2 \Delta$
BAQ Attractiveness	Step 1	BMI r	-.05		.31***
		BAQ r	.55***		
	Step 2	BMI r	.04		.11**
		BAQ r	.50***		
		BDI 1	.16	-.27**	
		PSCP 1	-.12	-.27**	
		PSCS 1	.10	-.03	
		PACS 1	-.07	-.18 ^T	
POTS 2	-.16*	-.29**			
BAQ Feeling Fat	Step 1	BMI r	.06		.43***
		BAQ r	.63***		
	Step 2	BMI r	.14		.08**
		BAQ r	.40***		
		BDI 1	.14	.25**	
		PSCP 1	.15	.26**	
		PSCS 1	.10	.18 ^T	
		PACS 1	.09	.22**	
POTS 2	.06	.16 ^T			
BAQ Strength and Fitness	Step 1	BMI r	.01		.34***
		BAQ r	.59***		
	Step 2	BMI r	.06		.04
		BAQ r	.56***		
		BDI 1	-.21*	-.24**	
		PSCP 1	.03	-.05	
		PSCS 1	.02	-.04	
		PACS 1	.04	-.04	
POTS 2	-.08	-.14			
BAQ Salience	Step 1	BMI r	-.02		.27***
		BAQ r	.52***		
	Step 2	BMI r	-.03		.11**
		BAQ r	.35***		
		BDI 1	.07	.19 ^T	
		PSCP 1	.18*	.27**	
		PSCS 1	-.03	.07	
		PACS 1	.25**	.32**	
POTS 2	-.01	.10			

Note: * $p < .05$, ** $p < .01$, *** $p < .0005$, ^T $= p < .05$ in Bonferroni-corrected partial r s.

^a. partial one-tailed correlations between the predictor variable and the BAQ subscale at Time 3 when controlling for the retrospective version of the BAQ subscale that was being predicted and for retrospective BMI, $n = 123$.

