VALIDATION OF A FRENCH MEASURE OF BODY COMPARISON: THE PHYSICAL APPEARANCE COMPARISON SCALE
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Validation of a French measure of body comparison: The Physical Appearance Comparison Scale

Abstract
This study examined the validity of a French version of the Physical Appearance Comparison Scale (PACS; Thompson, Heinberg, & Tantleff, 1991). The participants were university students (N = 297, 81.1% female) from two French universities, between 18 and 30 years of age (M = 20.77, SD = 1.99). The factor structure obtained for the French version of the PACS was concordant with the version proposed for the original scale (Davison & McCabe, 2006), and internal consistency and test-retest reliability were good. The participants’ scores on the French PACS were significantly correlated with self-weighing, body size estimation, body size satisfaction, social physique anxiety, self-esteem and depression. This measure can help

Résumé
Cette étude a examiné la validité d’une version française de l’échelle de comparaison de l’apparence physique (PACS; Thompson, Heinberg, & Tantleff, 1991). Les participants étaient des étudiants (N = 297, 81,1% de femmes) provenant de deux universités françaises, âgés de 18 à 30 ans (M = 20,77, SD = 1,99). La structure factorielle obtenue pour la version française du PACS était semblable à l’échelle originale (Davison & McCabe, 2006), et la cohérence interne et la fidélité test-retest étaient bonnes. Les scores des participants sur la version française de la PACS sont significativement corrélatés avec le contrôle du poids, l’auto-évaluation de l’apparence physique, la satisfaction corporelle, l’auto-évaluation de l’apparence physique, l’estime sociale liée à l’apparence, l’estime

Key-words
Physical Appearance Comparison Scale, French validation, social comparison, body satisfaction.

Mots-clés
Échelle de comparaison de l’apparence physique, validation française, comparaison sociale, satisfaction corporelle.

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A large body of work describes the impact of body dissatisfaction on psychosocial experiences. Analyses of the cognitive processes that mediate the relationship between sociocultural factors and body dissatisfaction have revealed the role of appearance social comparison (Strahan, Wilson, Cressman, & Buote, 2006; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999; van den Berg & Thompson, 2007; Want, 2009). In other words, individuals’ evaluations of their bodies are adversely affected when they compare their own appearance with the appearances of their peers or significant others.

Body comparison1 is the process of comparing one’s appearance with the appearance of others. Although social comparison processes may lead individuals to feel either less or more satisfied with their bodies, these processes most often negatively affect body satisfaction. Body comparison may contribute to the development of eating disorders, such as bulimia or dietary restrictions (Keery, van den Berg, & Thompson, 2004; Thompson et al., 1999; van den Berg, Thompson, Obremski-Brandon, & Coover, 2002). The concept of body comparison is based on Festinger’s (1954) Social Comparison Theory. This theory posits that individuals compare themselves to others to form assessments of themselves. Social comparison is an evaluation process that involves both information retrieval and the production of judgments about oneself and others (Jones, 2004). There is a large drive to compare and submit to group norms in the case of body image. For example, having a body mass index indicating that one is overweight or seeing oneself as “fat” in a social environment that emphasizes the importance of thinness can increase the self-relevance of thinness. Comparisons made in this context may

1. As in the literature related to this issue, we will use the terms “appearance social comparison” and “body comparison” interchangeably.

VALIDATION OF A FRENCH MEASURE OF BODY COMPARISON
have negative consequences for those who consider themselves abnormal. Research conducted in this area shows that women tend to compare themselves to others more than men do (Myers & Crowther, 2009). In addition, the comparison of one’s appearance with others’ has been found to correlate with a number of psychosocial variables. For example, among young women, more frequent body comparison is associated with lower self-esteem and depression (Keery, van den Berg, & Thompson, 2004; Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006; van den Berg et al., 2007), a higher level of body dissatisfaction (Jones, 2004; Schutz, Paxton, & Wertheim, 2002), social physique anxiety (Dittmar & Howard, 2004; Etu & Gray, 2010), and eating behaviors such as dieting (Humphreys & Paxton, 2004; Stice, 2002; van den Berg et al., 2007). Researchers have recently demonstrated that men are also engaged in appearance comparisons (Karazsia & Crowther, 2009; Myers & Crowther, 2009). However, they do so less frequently than women (Jones, 2004) and with fewer associated negative feelings about their body (Davison & McCabe, 2005; Ricciardelli, McCabe, & Banfield, 2000).

In the Tripartite Influence model (van den Berg, Thompson, Obremski-Brandon, & Coover, 2002) the appearance comparison tendencies constitute a mediating variable (with the internalization of societal ideals of appearance) for the relation between sociocultural pressures, body dissatisfaction and eating problems as restriction or bulimia (Keery, van den Berg, & Thompson, 2004; Thompson, Coover, & Stormer, 1999; van den Berg et al., 2002). Also, it is important to precise that the “targets” of body comparison can be peers as well as media figures (e.g., models, celebrities). These kinds of models represent an important “upward comparison target” as demonstrated by the literature on the influences of sociocultural model on body image (Rousseau, Rusinek, Valls, & Callahan, 2011; Wykes & Gunter, 2005).

Despite the importance of the concept of body comparison, there are no validated French-language instruments to assess physical appearance comparison. To facilitate research, valid and reliable instruments to measure body comparison are needed. The Physical Appearance Comparison Scale (PACS) was devel-
oped to measure the level of appearance social comparison (Thompson, Heinberg, & Tantleff, 1991). PACS is a 5-item (see Table 1), self-report measure designed to assess the degree to which individuals are engaged in body comparison. Items are centered on a general evaluation of appearance. For each item, participants must indicate the extent to which statements are characteristic or true for them on a 5-point Likert scale ranging from 1 = never to 5 = always. Total scores range from 5 to 25, with a high score indicating a strong tendency to compare one’s appearance with others’. Subsequent researches (Davison & McCabe, 2005, 2006) argued for a revised version of the original model that excludes item 4 because of its low correlation with the other items. The present study had two aims: (1) to examine the factor structure and model fit of a French version of the PACS and (2) to test the validity of the French version of the PACS by investigating its relationship with psychosocial variables (body satisfaction, body size estimation, body size satisfaction, social physique anxiety, self-esteem, depression), physical characteristic (body mass index) and behavior (self-weighing).

Method

Participants

The participants were 297 university students (81.1% female) between 18 and 30 years of age ($M = 20.77, SD = 1.99$; $M_{male} = 20.88, SD = 2.25$ vs. $M_{female} = 20.75, SD = 1.92$; $t(295) = 0.43, p = .665$) from two French universities. The sample size was calculated according to the recommended 10:1 ratio of the number of subjects to the number of test items (Pett, Lackey, & Sullivan, 2003).

Measures

Body mass index. Body mass index (BMI) was calculated as kg/m$^2$ from participants’ self-reported height and weight. The average BMI of the participants was 21.3 ($SD = 2.73$, from 16.14 to 39.35). A significant difference was observed with regard to gender ($M_{male} = 22.45, SD = 2.63$ vs. $M_{female} = 21.03, SD = 2.69$; $t(295) = 3.55, p < .001$).
Body size satisfaction. The Figure Rating Scale (FRS; Stunkard, Sorenson, & Schlusinger, 1983) was used to assess body size satisfaction. The FRS consists of a series of nine drawings of a female figure (for female participants) or a male figure (for male participants), ordered from extremely thin (1) to very obese (9) in appearance. Participants are provided with a set of two scales. On the first scale, participants rate their current size (i.e., how they think they look). On the second scale, participants rate their ideal figure (i.e., what they ideally want to look like). Discrepancy scores were calculated based on the difference between the ideal and actual figures chosen (positive scores indicate a desire to be larger, whereas negative scores suggest a desire to be thinner). The discrepancy between the current and desired figures has been interpreted as an indication of body size satisfaction (Gardner, Friedman, & Jackson, 1999). The mean discrepancy between the current and the ideal figures in the sample ($M = -.70, SD = .95$) indicated a desire to be thinner.

Body satisfaction. The Body-Image Questionnaire (BIQ; Bruchon-Schweitzer, 1987) was used to assess body satisfaction. This scale consists of 19 bipolar items concerning descriptors of the body such as “sexy/not sexy” or “energetic/not energetic”. For each item, subjects respond on a five-point scale. A total favorable body image score was calculated by adding the answers to the 19 items. The BIQ has been reported to have high reliability (from .82 to .85), and the reliability in the present study was .79.

Social physique anxiety. The Social Physique Anxiety Scale (SPAS; Hart, Leary, & Rejeski, 1989; Maïano et al., 2010) was used to assess social physique anxiety. The SPAS is a 7-item self-report measure designed to assess the degree to which individuals feel anxious when they believe others are evaluating their physiques (example: “I am comfortable with the appearance of my physique/figure”). The reliability of the SPAS in the French validation was $\alpha = .74$ (Maïano et al., 2010) and in our sample $\alpha = .78$.

Self-esteem. Rosenberg’s (1965) Self-Esteem Scale (RSES) was used to assess self-esteem. This scale is designed to provide a unidimensional measure of global self-esteem. This instrument consists of a 10-item measure using 4-point scales ranging from “strongly disagree” (1) to “strongly agree” (4). Self-esteem was
assessed through agreement with global self-evaluative statements such as “On the whole I am satisfied with myself”. The higher the score, the higher self-esteem. In the present study, the average score was $M = 29.59$ ($SD = 4.69$), and reliability was $\alpha = .85$.

**Depression.** The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977; Fuhrer & Rouillon, 1989) was used to assess depression. This version of the CES-D consists of twenty items that are scored from zero to three points depending upon their frequency during the past week (example: “I was bothered by things that usually don’t bother me”). The maximum score is 60; the higher the score, the more depressed the participant is considered to be. In the present study, reliability was $\alpha = .86$. The average score was $M = 19.28$ ($SD = 8.99$).

**Body size estimation.** A question on self-assessment of body size was included. Each participant had to evaluate his or her body on a 5-point scale ranging from (1) “underweight” to (5) “too big”. The higher the score, the more the participant considers himself / herself as overweight. The average score in our sample was $M = 2.81$ ($SD = 1.15$).

**Self-weighing.** Self-weighing frequency was also assessed. Participants had to evaluate their self-weighing behavior on a 5-point scale ranging from (1) “never” to (5) “all days”. Higher scores indicated greater frequency of self-weighing. The average score in our sample was $M = 3.37$ ($SD = .69$).

**Validation of PACS – Procedure**

**Translation of the PACS.** We used forward and back-translation procedure to translate the PACS (see Appendix). The initial version of the PACS was submitted to an English-language specialist for an initial translation. A second translation in the opposite direction was then performed. The two translations (English to French, French to English) were compared to ensure the fidelity of the French translation. The first translated version of the scale was evaluated in a pretest with 10 people. The objective of this pretest was to test the participants’ understanding of the items, the overall assessment of the scale and the operational
capability of the set. The pretest did not result in the modification of any items or changes to their order.

Statistical analyses. Initial considerations of the PACS included examining the adequacy of the sample size and the factorability of the correlation matrix. Frequency distributions were analyzed to identify items with extremely skewed response distributions or low variability. Intercorrelations between items were examined to ensure that all variables correlated with a sufficient number of other variables but not too strongly. Item-total statistics were analyzed to detect items showing weak correlations with the overall score of the questionnaire.

A maximum likelihood principal components analysis (PCA) was performed to examine the underlying factor structure among the remaining items. The factor structure was investigated to find items with weak factor loadings (lower than .40) or cross loadings (second loading higher than .30). In addition, the factor structure suggested by the PCA was tested by confirmatory factor analysis (CFA) using Lisrel 8.80. We used several indices of fit: chi-squared value, Root Mean Square of Approximation (RMSEA), Standardized Root Mean square Residual (SRMR), Comparative Fit Index (CFI). Cronbach’s $\alpha$ coefficient was used to examine the internal consistency of the scale.

The concurrent criterion validity of the PACS was investigated by analyzing its relationships with psychosocial variables (body satisfaction, body size estimation, body size satisfaction, social physique anxiety, self-esteem and depression), physical characteristic (body mass index) and behavior (self-weighing). Participants were Psychology students at the University of Paris 8, Saint-Denis. They participated in the study on a voluntary basis as part of an introductory course in Psychology and the data collected were anonymous. The handover took place twice at 15 days apart and only the participants who completed the evaluations both times have been preserved (93 participants from the sample, 88.2% female).

For all analyses, SPSS 19.0 for Windows was used (SPSS Inc., Chicago, IL, USA).
Results

*Item-analysis and exploratory factor analysis*

All items had response rates of 100%. The frequency distributions showed no extremely skewed response distribution or low variability. Item 4 (“Comparing your ‘looks’ to the ‘looks’ of others is a bad way to determine whether you are attractive or unattractive”) had low intercorrelations with other items (.030 to .085) and a low item-total correlation (.083). We conducted PCA with maximum likelihood estimation. The Kaiser-Meyer-Olkin measure of sampling adequacy (.733) indicated satisfactory factorability of the correlation matrix. Two components attained eigenvalues > 1.0, although examination of the scree plot (Cattell, 1966) indicated that a one-factor solution was optimal. PCA indicated a satisfactory percentage of total variance explained (46.35%). Table 1 illustrates the results from the PCA for this solution.

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>ITC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. At parties or other social events, I compare my physical appearance to the physical appearance of others.</td>
<td>3.05</td>
<td>1.15</td>
<td>-.023</td>
<td>-.738</td>
<td>.640</td>
</tr>
<tr>
<td>2. The best way for a person to know if they are overweight or underweight is to compare their figure to the figure of others.</td>
<td>2.20</td>
<td>1.12</td>
<td>.489</td>
<td>-.882</td>
<td>.321</td>
</tr>
<tr>
<td>3. At parties or other social events, I compare how I am dressed to how other people are dressed.</td>
<td>3.30</td>
<td>1.12</td>
<td>-.258</td>
<td>-.691</td>
<td>.581</td>
</tr>
<tr>
<td>4. Comparing your «looks» to the «looks» of others is a bad way to determine if you are attractive or unattractive. <em>(reversed item)</em></td>
<td>3.14</td>
<td>1.20</td>
<td>-.173</td>
<td>-.879</td>
<td>-.017</td>
</tr>
<tr>
<td>5. In social situations, I sometimes compare my figure to the figures of other people.</td>
<td>2.99</td>
<td>1.12</td>
<td>-.064</td>
<td>-.768</td>
<td>.657</td>
</tr>
</tbody>
</table>

Note: ITC, item-total correlation

*Confirmatory factor analysis, internal consistency and test-retest reliability*

The initial model (PACS-5) tested was the original 5-item, 1-factor structure. The goodness-of-fit indices for the original and tested
models and the $\chi^2$ difference tests of improvements are presented in Table 2.

<table>
<thead>
<tr>
<th>Factor</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. In social situations, I sometimes compare my figure to the figures of other people.</td>
<td>.926</td>
<td>-.021</td>
</tr>
<tr>
<td>1. At parties or other social events, I compare my physical appearance to the physical appearance of others.</td>
<td>.821</td>
<td>-.094</td>
</tr>
<tr>
<td>3. At parties or other social events, I compare how I am dressed to how other people are dressed.</td>
<td>.708</td>
<td>.178</td>
</tr>
<tr>
<td>2. The best way for a person to know if they are overweight or underweight is to compare their figure to the figure of others.</td>
<td>.374</td>
<td>.214</td>
</tr>
<tr>
<td>4. Comparing your «looks» to the «looks» of others is a bad way to determine if you are attractive or unattractive.</td>
<td>.071</td>
<td>.233</td>
</tr>
</tbody>
</table>

The good concordance among indices indicates that the fit was adequate ($2df/\chi^2$, RMSEA, SRMR, GFI, CFI). The second model (PACS-4) tested was a one-factor structure suggested by the PCA that excludes item 4 (model 2). There was better concordance among indices for this model. All goodness-of-fit statistics were adequate (RMSEA, SRMR, GFI, CFI) or almost adequate ($2df/\chi^2$). Comparison with the initial model by partial $\Delta\chi^2$ indicated no significant difference. The PACS-4 (Table 3) demonstrated good internal consistency in our sample, $\alpha = .79$ (for the PACS-5, reliability was lower, $\alpha = .69$), and good test-retest reliability, $r = .76$.

<table>
<thead>
<tr>
<th>Model fit indices</th>
<th>1 (PACS-5)</th>
<th>2 (PACS-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$\chi^2$ (DL)</td>
<td>8.15 (5)</td>
<td>5.77 (2)</td>
</tr>
<tr>
<td>$p (\chi^2)$</td>
<td>.16</td>
<td>.056</td>
</tr>
<tr>
<td>$\Delta\chi^2$/DL</td>
<td>1.63</td>
<td>2.88</td>
</tr>
<tr>
<td>RMSEA</td>
<td>.033</td>
<td>.057</td>
</tr>
<tr>
<td>SRMR</td>
<td>.02</td>
<td>.01</td>
</tr>
<tr>
<td>GFI</td>
<td>.99</td>
<td>1.00</td>
</tr>
<tr>
<td>CFI</td>
<td>1.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Comparison with the initial model by partial $\Delta\chi^2$: $\chi^2(\Delta$dl) = 2.38 (3), $p > .05$

*Change from model 1 to model 2
Given these results, we elected to retain the 4-item, one-factor model (PACS-4) because it demonstrated good fit and was readily interpretable. The item 4 was also eliminated from subsequent analyses (Davison & McCabe, 2005, 2006). The total scale explained a good percentage (54.00%) of the variance.

**Concurrent criterion validity**

A significant difference was observed with regard to gender ($M_{male} = 9.42$ vs. $M_{female} = 12.19$; $t(295) = -5.38$, $p < .001$). The Pearson’s correlation coefficient was used to assess the relationship between PACS and other measures (Table 4). The PACS score was significantly correlated with self-weighing, body size estimation, body size satisfaction, social physique anxiety, self-esteem and depression. With exception of the correlation with social physique anxiety, the correlations were low. The PACS score was not correlated with body satisfaction assessed with the BIQ.

<table>
<thead>
<tr>
<th>(1) Appearance social comparison (PACS)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
<th>(9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>.044</td>
<td>.192**</td>
<td>.210**</td>
<td>-.237**</td>
<td>-.072</td>
<td>.439**</td>
<td>-.289**</td>
<td>.203**</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(2) Body mass index (BMI)</th>
<th>-</th>
<th>.032</th>
<th>.463**</th>
<th>-.376**</th>
<th>-.148*</th>
<th>.107</th>
<th>-.061</th>
<th>.023</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Self-weighing</td>
<td>-</td>
<td>.105</td>
<td>-.119*</td>
<td>.024</td>
<td>.100</td>
<td>-.082</td>
<td>-.049</td>
<td></td>
</tr>
<tr>
<td>(4) Body size estimation</td>
<td>-</td>
<td>-.662**</td>
<td>-.100</td>
<td>.401**</td>
<td>-.171**</td>
<td>.038</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Body size satisfaction (FRS)</td>
<td>-</td>
<td>.186**</td>
<td>-.435**</td>
<td>.261**</td>
<td>-.123*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Body satisfaction (BIQ)</td>
<td>-</td>
<td>-.291**</td>
<td>.505**</td>
<td>-.406**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Social physique anxiety (SPAS)</td>
<td>-</td>
<td>-.424**</td>
<td>.304**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Self-esteem (RSES)</td>
<td>-</td>
<td>-.532**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) Depression (CES-D)</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: * $p < .05$, ** $p < .01$.

Abbreviations: PACS, Physical Appearance Comparison Scale; BIQ, Body Image Questionnaire; SPAS, Social Physique Anxiety Scale; RSES, Rosenberg Self-Esteem Scale; CES-D, Center for Epidemiologic Studies Depression Scale.
Discussion

The aim of the present study was to translate the PACS into French and validate the translated version. The data confirm the adequate psychometric properties of the French version of the PACS. However, item 4 was excluded from the original instrument; the reversed phrasing of item 4 may have confused the participants. Confirmatory factor analysis indicated an adequate model fit that was significantly improved after removing item 4. The factor structure obtained for the French version of the PACS is consistent with the proposed revision of the original scale (Davison & McCabe, 2006), and internal consistency and test-retest reliability were good.

Correlational analysis showed that more frequent body comparison is associated with lower self-esteem, less body satisfaction (measured by FRS), less body size satisfaction and more physical anxiety, self-weighing and depression. These findings are consistent with results of previous studies (Davison & McCade, 2006; Dittmar & Howard, 2004; Etu & Gray, 2010; Paxton, Eisenberg, & Neumark-Sztainer, 2006).

We found no correlation between body comparison and body satisfaction, as measured by the BIQ. To understand this result, we can refer to the distinction between spatial and emotional representations of the body (Bruchon-Schweitzer, 1990). Body satisfaction, as measured by the FRS, consists of a measure of the general proportion of the body (perception). Body satisfaction measured by the BIQ is related to representations and emotions concerning the body. Both tools explore two aspects of body experience: perception of physical properties and perception of affects and emotions (e.g., Bruchon-Schweitzer, 1990). Our results indicate that body comparison is more associated with perceptual satisfaction than with affective satisfaction. Further research will explore this hypothesis.

Several limitations should be pointed out. The first one concerns our sample (overrepresentation of women) and the fact that our data are cross-sectional. Second, the correlations between PACS and others measures were low. One explanation can be linked to our sample. We have a mixed population concerning the gender.
The constitution of the sample can explain that correlations were low between PACS and some other variables. Indeed, it seems that men are sensitive to a more variety of worries and concerns regarding their weight and appearance. In other words, the ideal to which they aspire is more complex than those of women (Westmoreland-Corson & Anderson, 2002). Further research could explore more specifically the impact of body comparison in a gendered perspective. Third, one limitation of the PACS should be mentioned. In the PACS, social comparison of physical appearance is understood as a general tendency to compare oneself to others without information concerning the direction of these comparisons (i.e., upward or downward comparison to people with better or worse physical appearance, respectively). If social comparisons serve a self-evaluative function, then their functions and consequences also depend on the context in which they are performed.

Despite these limitations, a general body comparison measure, such as the PACS, can help better understand body dissatisfaction processes and the impact of this dissatisfaction on psychological distress. This tool enables researchers to explore the impact of body comparison on behaviors such as dieting or eating disorders.

References


