

## **Childhood Beauty Pageant Contestants: Associations with Adult Disordered Eating and Mental Health**

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*This study evaluated the association between childhood beauty pageants and adult disordered eating, body dissatisfaction, depression, and self-esteem. Eleven women who participated in childhood beauty pageants were matched on age and BMI with 11 non-participating women. Childhood pageant participants scored higher on body dissatisfaction, interpersonal distrust, and impulse dysregulation than non-participants, and showed a trend toward greater ineffectiveness. There were no significant differences between groups on measures of bulimia, body perception, depression, and self-esteem. These findings suggest childhood beauty pageant participation may influence adult body dissatisfaction, interpersonal distrust, and impulse dysregulation, but not bulimic behaviors, body perception, depression, and self-esteem.*

A variety of biological, psychological, and environmental risk factors have been linked to disordered eating behavior and negative body image (Stice, 2002). Two environmental risk factors of particular interest are the sociocultural emphasis on thinness and internalization of the thin ideal (Stice). Over the last century, the ideal of female attractiveness in western culture has shifted towards thinness. Pressure to achieve this standard is thought to cause a self-internalization of the thin ideal (Stice). Therefore, individuals who are

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unable to achieve the internalized ideal may exhibit negative affect and feelings of body dissatisfaction that may contribute to eating pathology (Stice).

Such a drive to pursue thinness may stem from sociocultural messages presented in popular media. For example, Garner and colleagues (Garner, Garfinkel, Schwartz, & Thompson, 1980) reported the trend toward thinness among Playboy centerfolds from 1960 through 1978 by noting that the Body Mass Index (BMI) values were decreasing across time, whereas there was a significant increase in the general population of females' actual weights, creating a large discrepancy between ideal and actual weights. A follow up of the Garner et al. study included two time periods: 1979–1988 for Playboy centerfolds and 1979–1985 for Miss America contestants (Wiseman, Gray, Mosimann, & Ahrens, 1992). Results indicate a continued decrease in body size and weight among groups. Furthermore, 60% of Miss America contestants and 69% of Playboy centerfolds across the 10-year study period reported weights at or lower than 85% of the weight reported by the Society of Actuaries for their age and height (Wiseman et al., 1992). Singh (1993) reported the longest temporal examination of body size among both Playboy centerfolds (1955–1965 and 1976–1990) and Miss America contest winners (1923–1987). For both groups, the percentage of ideal weight decreased as years progressed, with both groups averaging less than 90% ideal weight by the 1980s. It is important to note that Singh's study only included Miss America contest *winners*, not all contest participants.

It is possible that the select group of women who win the Miss America contest are among an elite group representing the female cultural body ideal. However, the trend toward decreased weight across time has been found among all contestants, not just pageant finalists. Rubinstein and Caballero (2000) examined BMI values among Miss America contestants from 1922 to 1999. They found that BMI values of pageant contestants dramatically decreased over the 80-year study period to a value considered underweight. BMI values were generally within the normal range (between 20–25) among contestants in the 1920s, but were below normal (less than 18.5) among more recent contestants.

Aside from temporal changes in body size among idealized women, there is a dearth of research on the association between beauty pageant participation and mental health. Only one study examined cross-sectional associations among pageant participation, body image, eating disturbances, and self-esteem (Thompson & Hammond, 2003). Of the 131 females who participated in beauty pageant contests, 48.5% reported a desire to be thinner, 57% stated they were trying to lose weight, and 26% had been told or were believed to have an eating disorder. Furthermore, increased level of competition (such as progressing from local to international events) was associated with higher scores on a measure of self-esteem.

The purpose of the current study is to examine the relationship between childhood pageant participation and adult mental health, specifically disordered

eating behaviors and related pathology, body dissatisfaction, depression, and self-esteem. The authors hypothesize that women who participated in beauty pageants as a young child would be more likely than their peers who did not participate in beauty pageants to report disordered eating behaviors and associated concerns, body dissatisfaction, depression, and lower self-esteem. To reduce the effect of age and current BMI on the dependent variables, individuals were matched on age and BMI across beauty pageant category.

## METHODS

### Participants

Participants in the current study were 22 females selected from a larger study sample of 560 female university students (Ackard, Steffen, Schafer, Howe & Kearney-Cooke, 1998). All females ( $n = 11$ ) who indicated that they had participated in beauty pageants as a young girl were selected. An additional 11 females who had not participated in beauty pageants were selected from the remaining sample. The additional participants were matched on age (within one year), and Body Mass Index (BMI) within one point of the standard formula [weight in kilograms divided by squared height in meters]. Thus, the total sample consisted of 11 females who had participated in beauty pageants as a young girl and 11 who had not participated, matched on age and current BMI.

The average age of participants was 20 years ( $SD = 1.5$ ; range 19–25). Height and weight means were 5'6" ( $SD = 2.6$  inches) and 137.5 pounds ( $SD = 19.1$ ) respectively, corresponding to an average BMI of 22.5 ( $SD = 2.9$ ). Participants were single (73%) or in a partnership (27%), Caucasian (82%) or Black (18%), and of various religions (27% Catholic, 27% Protestant, 9% Jewish, 36% other/none). There were no significant differences among beauty pageant categories by race ( $p = .27$ ), religion ( $p = .25$ ), or marital status ( $p = 1.0$ ).

### Procedure

The current study was reviewed by the Institutional Review Board and Human Subjects Committee at the institution where it was conducted. Due to the anonymous nature of the study questionnaires, this study was exempt from needing Human Subjects approval.

Female students were recruited for the larger study using sign-up sheets. The sheets indicated the date, time, and location of study administration and the incentives for participation, and were posted in a hallway of the psychology department. At the time of administration, the research was described to the participants, and they provided their written consent. All

participants were free to withdraw from the study at any time. They were asked to refrain from discussing the study with other university students until the end of the school year to prevent selection bias and avoid influencing others' responses.

### Instruments

#### BEAUTY PAGEANT STATUS

All participants were asked one question to ascertain if they had participated in beauty pageants. "As a young girl, did you ever participate in any of the following...?" One of the response choices was "beauty pageants."

#### BODY MASS INDEX

Current body mass index was calculated by asking participants to report their height and weight. With these values, BMI was calculated. Ideal body mass index values were calculated using each participant's response to the question "Indicate your *ideal* weight in pounds (what you would *like* to weigh)" as the weight value within the formula.

#### BULIT-R

The Bulimia Test-Revised (BULIT-R; Thelen, Farmer, Wonderlich, & Smith, 1991) is a 28-item self-report Likert scale measuring symptoms of bulimia. The BULIT-R has established reliability and validity, and internal consistency (Cronbach's alpha) was .90 for the current sample.

#### EDI-2

The Eating Disorders Inventory-2 (EDI-2; Garner, 1991) is a valid and reliable self-report instrument that assesses characteristics of anorexia and bulimia nervosa. The EDI-2 consists of 11 subscales for a total of 91 questions. Participants use a 6-point Likert scale to indicate how often they engage in the eating disordered characteristics. Scores are then weighted from 0-3. Higher scores indicated worse symptomatology. Internal consistency (Cronbach's alpha) for the current sample ranged from a low of .52 (Bulimia subscale) to a high of .92 (Body Dissatisfaction subscale).

#### BODY IMAGE ASSESSMENT

The Body Image Assessment (BIA) is an instrument with established reliability and validity that assesses perception of current and preferred body shape (Williamson, Davis, Bennett, Goreczny, & Gleaves, 1989). From a set

of nine silhouettes, participants select one female body silhouette perceived to represent her current body size, and one silhouette for the preferred body size. Silhouette figures range from 1 (thinnest) to 9 (heaviest).

#### CES-D

The Center for Epidemiological Studies-Depression scale (CES-D; Radloff, 1977) is a reliable and valid 20-item self-report scale measuring symptoms of depression in the general population. For the current sample, internal consistency (Cronbach's alpha) was estimated at .94.

#### ROSENBERG SELF-ESTEEM SCALE

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) is a 10-item questionnaire that assesses overall self-esteem. Reliability and validity estimates have been published elsewhere (Fleming & Courtney, 1984). Internal consistency for the current sample was estimated to be .82.

#### Statistical Analyses

Data were analyzed using SPSS for Macintosh, Version 6.1. For descriptive analyses, frequencies and percentages were used to describe the sample. Continuous scores were examined with means and were compared using ANOVA across beauty pageant category. Alpha was set at .05 for each statistical test. Both significant and non-significant *p*-values are listed in tables. We believe that this alpha level is appropriate given the nature of this exploratory pilot study with a small sample size. Techniques to constrain alpha would have resulted in an extremely stringent test of our hypotheses.

## RESULTS

#### Eating Disorders

Females who had participated in beauty pageants scored higher on the BULIT-R and slightly lower on the EDI-2 Bulimia subscale than their peers who did not participate in pageants. However, none of these results were significant (see Table 1).

For all other EDI-2 subscales, scores for those who had participated in beauty pageants were higher than scores for those who had not participated. On the EDI-2, significant results were found for the following subscales: Body Dissatisfaction, Interpersonal Distrust, Impulse Regulation. In addition, there was a trend for significance on the Ineffectiveness subscale.

**TABLE 1** Means (Standard Deviations) of Scores on Eating Disorder Scales by Beauty Pageant Category

Scale	Beauty Pageant		F-test	p-value
	Yes	No		
BULIT-R	55.9 (15.8)	52.3 (19.7)	.2277	.6384
EDI-2 subscales				
Asceticism	4.5 (3.9)	3.4 (2.8)	.6760	.4207
Body Dissatisfaction	19.4 (6.7)	12.0 (8.6)	4.9932	.0370*
Bulimia	0.8 (1.7)	0.9 (1.8)	.0150	.9037
Drive for Thinness	7.6 (6.9)	4.8 (5.5)	1.1169	.3032
Interpersonal Distrust	4.2 (2.8)	1.8 (2.1)	4.9057	.0385*
Impulse Regulation	8.1 (8.3)	1.4 (1.7)	6.9194	.0160*
Ineffectiveness	6.1 (6.4)	2.1 (2.5)	3.6989	.0688 <sup>†</sup>
Interoceptive Awareness	4.9 (6.5)	2.5 (2.2)	1.4172	.2478
Maturity Fears	4.6 (4.4)	2.4 (2.3)	2.2995	.1451
Perfectionism	4.9 (5.0)	4.5 (3.2)	.0646	.8019
Social Insecurity	4.8 (3.5)	3.1 (3.3)	1.4113	.2488

\*  $p \leq .05$ .<sup>†</sup>statistical trend toward significance at  $p \leq .05$ .

These results indicate a significant association between childhood beauty pageant participation and increased body dissatisfaction, difficulty trusting interpersonal relationships, and greater impulsive behaviors, and indicate a trend toward increased feelings of ineffectiveness.

### Body Image

As mentioned earlier, individuals who participated in childhood beauty pageants scored significantly higher on the EDI-2 Body Dissatisfaction subscale than their peers who had not participated in beauty pageants (see Table 1). As additional measures of body image, the BIA was administered and ideal BMI was calculated (see Table 2). Despite being matched on BMI, females who had participated in beauty pageants perceived their current figure as larger, and preferred their figure to be smaller than females who had not participated in beauty pageants. Furthermore, the calculations of their ideal BMI also were smaller. However, none of these results were statistically significant.

### Mental Health

Depression scores were higher, and self-esteem scores lower, for those who had participated in beauty pageants compared to those who had not, but none of the results reached statistical significance (see Table 2).

**TABLE 2** Means (Standard Deviations) of Scores on Body Perception, Ideal BMI, Depression, and Self-Esteem Scores by Beauty Pageant Category

Scale	Beauty Pageant		F-test	p-value
	Yes	No		
Body Image Assessment (BIA)				
Current figure	4.2 (1.4)	3.9 (0.9)	.2866	.5983
Preferred figure	2.5 (1.0)	2.9 (0.8)	1.2887	.2697
Ideal Body Mass Index	20.0 (1.2)	20.6 (1.6)	.8344	.3719
Depression (CESD)	21.3 (14.3)	15.8 (10.7)	1.0299	.3223
Self-Esteem (RSES)	27.2 (5.6)	29.1 (4.3)	.8140	.3777

## DISCUSSION

Results from the current study indicate that women who participated in childhood beauty pageants scored significantly higher on measures of body dissatisfaction, interpersonal distrust, and impulse dysregulation than women who did not participate in childhood beauty pageants. Also, there was a trend for childhood beauty pageant participants to report greater feelings of ineffectiveness than non-participants. There were no significant differences between the two groups on measures of bulimic behavior, body perception, depression, or self-esteem.

The significant impact of childhood beauty pageant participation on body dissatisfaction, interpersonal distrust, impulse dysregulation, and ineffectiveness can be linked to findings in past research related to media exposure. Beauty pageant participation and viewing mass media are similar because they both expose individuals to thin female ideals. Exposure to feminine beauty ideals in mass media has been found to be associated with negative affect (Pinhas, Toner, Ali, Garfinkel, & Stuckless, 1999), general feelings of body dissatisfaction (Field et al., 1999), and body dissatisfaction as mediated by internalization of the thin ideal (Stice, Schupak-Neuberg, Shaw, & Stein, 1994). Moreover, the impact of beauty pageant participation on interpersonal distrust may be related to social comparison. Specifically, women who were exposed to music video clips that depicted the thin ideal reported higher levels of social comparison than those exposed to videos that did not emphasize appearance (Tiggemann & Slater, 2004). Individuals who engage in social comparisons may feel distrust among individuals because of their general feelings of insecurity, as well as specific feelings of insecurity if they believe they do not represent the thin ideal. The association between beauty pageants and varied affect is similar to the findings of Pinhas et al. (1999) who reported both increased anger and depression among women who viewed slides of fashion models when compared to women who viewed slides neutral in content. Strong affects such as anger

and depression, when not managed in a healthful manner, have been found to be associated with the use of externalized behaviors even in children and young adolescents (Whalen, Jamner, Henker, & Delfino, 2001; Zeman, Shipman, & Suveg, 2002). Therefore, the competition and exposure to thin ideals present in beauty pageants may contribute to feelings of body dissatisfaction, interpersonal distrust (potentially related to social comparisons), and poor impulse control.

Feelings of ineffectiveness also were found among childhood beauty pageant participants. Harrison and Cantor (1997) found that college women's media use (notably what they describe as thinness-depicting and thinness-promoting media) was associated with ineffectiveness, as well as disordered eating, drive for thinness, and body dissatisfaction. Therefore, it is possible that participants in the current study were exposed to thinness-promoting media, such as magazines within their childhood or adult household, such as could mediate the association between pageant participation and ineffectiveness. Furthermore, there are aspects of beauty pageant participation, such as the general competitiveness and ranking of individuals, that may elicit feelings of ineffectiveness.

Among findings from the current study, there were no significant associations between childhood beauty pageant participation and bulimic behavior, body perception, depression, and self-esteem. The lack of significance among these findings may be due to a variety of factors not assessed in the current study. For example, Stice (1998) found that reinforcement of thin ideals by peers and family members was associated with bulimic symptoms. In the current study, family and peer reinforcement of the sociocultural ideal was not assessed, yet this factor may have been influential toward the expression of bulimic symptoms. Furthermore, parental pressure may influence the association between beauty pageant participation and psychological health. Levey's (2002) thesis, which studied beauty pageant participation among children six years of age and their mothers, found that many mothers enroll their children into beauty pageants because they believe pageants to be a positive, beneficial experience. Specifically, these mothers believe that their children will gain better social skills, listening skills, confidence, independence, poise, and talent. Also, these mothers believe that the competitive nature and service aspect of pageantry taught their daughters important life lessons. These findings suggest that beauty pageant participants may differ whether they were exposed to beauty pageants as a childhood extracurricular activity, or as means to teaching life etiquette and values. Specifically, parents who believe beauty pageants are a way of teaching values and etiquette may put more pressure on their daughters to obtain the ideals of pageantry than parents who allow their children to participate for simple enjoyment. Also, Levey (2002) noted that pageant mothers become more serious on winning as the pageant participation increases. Thus, increased



pageant participation may be associated with increased parental pressure creating stronger pressure towards thin ideals.

The implications of the current study's results do not definitively associate childhood beauty pageant participation with disordered eating. However, risk factors associated with disordered eating were linked with participation. Therefore, these findings may suggest that participating in beauty pageants as a child may lead to associated risk factors of eating disorders, but that other factors such as internalization of the thin ideal and parental pressure, may mediate the association between beauty pageant participation as a child and adult psychopathology. Important preventative measures would be to decrease the emphasis placed on obtaining the thin female ideal and to offer alternative body ideals that include broader populations of women.

Several strengths were represented in the current study. The current study is one of a few investigating the associations between childhood beauty pageant participation and psychological and behavioral health, and indicates that this is an important area of research. Another noteworthy strength is that the sample was matched on age and BMI, controlling for confounding variables. Also, the current study used psychometrically sound measures for assessment of dependent variables.

However, several limitations should be considered. Qualitative factors, important in understanding potential risk and protective factors associated with pageant participation, were not collected. Collecting qualitative assessments regarding the participants' level (e.g., local, international) and type (e.g., hobby, circuit) of involvement in beauty pageants, internalization of the thin ideal, and parents' and peers' reinforcement of the thin ideal may help to elucidate the findings. These factors are important because they generate dosage variables that may impact the associations between variables. Another limitation is the small sample size and the use of college students as subjects. It is possible that the impact of childhood beauty pageants on adult disordered eating and mental health may not be fully realized by the college years. Also, the cross sectional nature of the design does not rule out the possibility that young girls that are prone to have eating disorders might be more inclined to enter beauty pageants. In addition, the design does not allow for clarification of the temporal order among variables of interest.

Future researchers may want to assess factors such as age of participation, number and type of beauty pageants entered, parental pressure, number of years in pageants, and familial history in pageantry. This would allow for dosage control between participants. Specifically, individuals could be matched on dosage variables to allow a parallel comparison. Furthermore, internalization of the thin ideal and parental/peer reinforcement of the thin ideal may be mediating factors important to clarifying any potential relationship between beauty pageant participation and psychological and behavioral

health. Also, the use of a larger sample would offer greater power for statistical analyses. Longitudinal data also would be useful to assess temporal order among variables. Finally, childhood beauty pageant participants should be followed into their thirties or forties to understand if pageant participation has a more full impact on eating, body image, and mental health concerns.

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