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CATHERINE BOULIANNE-SIMARD, B.A.

LIENS ENTRE L'INSATISFACTION CORPORELLE À L'ADOLESCENCE ET LA
SATISFACTION DANS LES RELATIONS CONJUGALES À L'ÂGE ADULTE

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Sommaire¹

À l'époque d'Instagram, de Facebook, de Snapchat et d'autres réseaux sociaux, la préoccupation des adolescents pour leur image corporelle est un phénomène bien connu. De nombreux chercheurs s'intéressent à cette réalité, surtout en raison du rôle significatif de l'insatisfaction corporelle en tant que facteur de risque sur le développement de problèmes physiques et psychologiques (p. ex., dépression, anxiété, troubles alimentaires, idéations suicidaires, etc.). Peu d'études ont toutefois considéré les conséquences à long terme de cette insatisfaction dans les relations intimes. Pourtant, la satisfaction conjugale apparaît également être un sujet d'actualité alors que l'on entend beaucoup parler de violence conjugale et de séparation. Dans ce contexte, une analyse des données de l'Enquête longitudinale auprès des élèves saguenéens et jeannois (ELESJ) a été réalisée afin de mieux comprendre les liens entre la trajectoire d'insatisfaction corporelle à l'adolescence et la satisfaction dans les relations intimes à l'âge adulte. Cette base de données comprenait les données des participants ayant complété au moins 3 des 4 temps de suivi, à 16, 18, 24, ou 26 ans. Au total, la base de données comprend 285 participants en couple (66.7% de femmes). L'image corporelle a été mesurée aux quatre premiers temps de mesure, et la satisfaction conjugale (comprenant l'ajustement dyadique, la passion, l'engagement et l'intimité), a été mesurée à 26 ans. Des analyses de courbe de croissance latente ont été réalisées, en contrôlant pour le sexe et l'indice de masse corporelle. Les résultats de ces analyses indiquent que l'insatisfaction corporelle a

¹ Ce résumé a aussi été utilisé dans le cadre du congrès de la SQRP en octobre 2021. Une présentation par affiche des résultats de cet essai avait été donnée.

diminué dans le temps de 14 à 24 ans ($-0,373$ $p = .004$). De plus, ils permettent de constater que l'insatisfaction corporelle à 14 ans était associée négativement à la satisfaction dans les relations conjugales à 26 ans ($-0,333$ $p = 0.004$). Toutefois, l'évolution de l'insatisfaction corporelle dans le temps (la trajectoire entre 14 et 24 ans) n'était pas liée à la satisfaction conjugale. Ces résultats sont intéressants puisqu'ils suggèrent que des interventions plus ciblées pour promouvoir une meilleure satisfaction corporelle à l'adolescence pourraient avoir des impacts à long terme et permettre une meilleure satisfaction dans leurs relations amoureuses à l'âge adulte.

Table des matières

Sommaire	iii
Liste des tableaux.....	vi
Liste des figures	vii
Remerciements	viii
Introduction	1
Chapitre premier	10
Relationship between body dissatisfaction in adolescence and couple satisfaction in adulthood: A prospective Study	11
Conclusion.....	35
Références	40

Liste des tableaux

Tableau

- 1 Means, standard deviations, and correlation coefficients, for study variables. ... 22

Liste des figures

Figure

- 1 Latent Growth Curve of Body Dissatisfaction From Age 14 to Age 24 23
- 2 Latent Growth Model of Wave 1–4 Body Dissatisfaction Intercept and Wave 1–4 Body Dissatisfaction Slope as Predictors of Wave 5 Relationship Satisfaction, With Sex and BMI at Wave 4 as Covariates (Standardized Coefficients) 24

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Introduction

Dans les dernières décennies, les recherches sur l'image corporelle ont connu une hausse importante. En 2004, le lancement de la revue scientifique *Body Image* (40 volumes à ce jour) montre l'importance que prend cette problématique au sein de la recherche dans différentes disciplines. L'image corporelle, aussi appelée estime corporelle, fait partie du concept de soi et elle implique une évaluation subjective du corps à travers les dimensions affectives, cognitives et comportementales. Elle est l'image mentale qu'une personne se fait de son corps et la perception de ce que les autres voient lorsqu'ils la regardent (Mili & Raakhee, 2015). Elle est reliée à divers aspects comme les mesures du corps (poids, taille, etc.), l'attractivité, le fonctionnement physique, la forme ainsi que la santé (Davidson & McCabe, 2006).

L'image corporelle a un impact important sur le développement de la personnalité d'une personne, sur sa confiance en elle, sur ses habitudes de socialisation ainsi que sur sa santé physique et psychologique (Oksuz, 2012). Lorsqu'une personne a une image corporelle positive, sa perception d'elle-même se rapprocherait davantage de la réalité, elle serait confortable dans son corps et se sentirait bien par rapport à son apparence (Mili & Raakhee, 2015). Au contraire, lorsqu'une personne entretient une perception négative par rapport à son apparence physique, elle sera perçue comme souffrant d'insatisfaction corporelle (Heider, Spruyt, & De Houwer, 2018). Cette insatisfaction provient de la distance perçue entre l'image corporelle actuelle d'une personne (i.e. les perceptions, pensées et sentiments qu'elle a envers son apparence) (Cash, 1990) et l'image corporelle

désirée (i.e. les idéaux internalisés au sujet de l'apparence physique qu'elle devrait avoir) (Cooper & Taylor, 1988 ; Grogan, 2006).

Selon les recherches, l'insatisfaction corporelle serait principalement un problème touchant les adolescents et les jeunes adultes (Neumark-Sztainer, Hannan, Story, & Perry, 2004). Toutefois, les personnes de tous âges sont concernées par des problèmes d'image corporelle. De plus, alors que les pays occidentaux sont plus touchés par cette problématique (p. ex., États-Unis, Royaume-Uni, Australie), les recherches récentes suggèrent que l'insatisfaction corporelle se propage dans certains pays orientaux (p. ex., Fiji, Turquie, Chine, Malaisie) (Swami et al., 2010).

Adolescence et image corporelle

L'adolescence est une période développementale qui est comprise entre le début de la puberté et l'indépendance sociale (Steinberg, 2014) et inclut les individus âgés entre 10 et 19 ans (World Health Organisation, 2006). L'adolescence est reconnue comme étant une période critique pour le développement de l'image corporelle en raison de tous les changements qui surviennent pendant cette période (biologiques, émotionnels, cognitifs et sociaux). Pendant l'adolescence, la satisfaction corporelle est une composante qui joue un rôle important dans la construction de l'estime de soi puisque celle-ci regroupe les dimensions de satisfaction envers soi-même et de sentiment d'efficacité personnelle (Harter, 1998).

De récentes recherches ont montré qu'un pourcentage important d'adolescents et de jeunes adultes sont insatisfaits de leur apparence corporelle et veulent changer leur

physique (Cash, 2012; McCabe & Ricciardelli, 2001). En effet, les taux de prévalence de l'insatisfaction corporelle varieraient entre 57% et 84% pour les adolescentes et entre 49% à 82% pour les adolescents à travers différentes études selon les méthodologies employées (Almeida, Severo, Araújo, Lopes, & Ramos, 2012; Chen, Fox, Haase, & Ku, 2010; Cortese et al., 2010; Lawler & Nixon, 2011; Petroski, Pelegrini, & Glaner, 2012). De plus, les résultats d'une étude réalisée auprès de 1515 enfants et d'adolescents québécois âgés entre 9 et 14 ans montrent que 50,5% des filles et 35,9% des garçons désirent être plus mince alors que 21,1% des garçons et 7,2% de filles voudraient un corps plus massif (Dion et al., 2014). Les recherches indiquent également que la plupart des adolescents vivent une hausse importante d'insatisfaction corporelle au début de l'adolescence et qu'ils maintiennent cette insatisfaction corporelle jusqu'au début de l'âge adulte, moment où l'image corporelle aurait tendance à se stabiliser (Grogan, 2017). Généralement, ces résultats suggèrent que les années d'adolescence sont critiques dans le développement de l'image corporelle puisque celle-ci se maintiendrait ensuite à l'âge adulte.

Il s'agit de résultats inquiétants puisque l'insatisfaction corporelle est un facteur de risque important pour plusieurs difficultés physiques et psychologiques. À travers plusieurs études longitudinales, les chercheurs spécialisés en image corporelle, ont pu, dans les dernières décennies, se prononcer sur les conséquences d'une image corporelle négative à l'adolescence. Parmi ces conséquences, il est possible de retrouver la présence de symptômes dépressifs (Stice, Hayward, Cameron, Killen, & Taylor, 2000; Ohring, Graber, & Brooks-Gunn, 2002; Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006), une faible estime personnelle (Paxton et al., 2006) et des comportements alimentaires à

risque (Ohring et al., 2002). Ces résultats concordent également avec les recherches transversales qui permettent d'associer l'insatisfaction corporelle à une faible estime personnelle (Davidson & McCabe, 2006; DuBois, Tevendale, Burk-Braxton, Swenson, & Hardesty, 2000; Siegel, 2002), à des affects dépressifs, d'isolement et d'anxiété (Cruz-Sáez, Pascual, Salaberria, & Echeburúa, 2015; Murray, Rieger, & Byrne, 2015) et à un bien-être général diminué (Meland, Haugland, & Breidablik, 2007). L'insatisfaction corporelle a aussi été associée à des comportements de restriction alimentaire et d'activité physique excessive ainsi qu'au développement et au maintien de troubles des conduites alimentaires (Fairburn & Harrison, 2003; Neumark-Sztainer et al., 2006; Roy & Gauvin, 2009; Westerberg-Jacobson, Edlund, & Ghaderi, 2010). En plus des conséquences physiques et psychologiques, l'image corporelle négative est également associée à des difficultés relationnelles, notamment dans les relations avec les pairs (Hoyt & Kogan, 2001), les membres de la famille sans oublier les relations conjugales où la satisfaction peut être diminuée (Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999).

La satisfaction conjugale

La satisfaction conjugale d'un individu peut être décrite comme étant un jugement global et subjectif de sa relation amoureuse (Graham, Diebels, & Barnow, 2011). Cette évaluation est propre à chacun des partenaires qui n'ont pas nécessairement la même perception ou la même satisfaction par rapport à leur relation de couple. Il s'agit d'une mesure importante pour l'évaluation de la qualité d'une relation amoureuse (Hadden, Smith, & Webster, 2014; Yucel & Koydemir, 2015) puisque la satisfaction conjugale est

indispensable au processus d'ajustement dyadique à l'intérieur du couple (Spanier, 1976). Elle est aussi essentielle pour une relation conjugale durable à travers le temps puisqu'elle est un facteur de protection contre la séparation et le divorce (Favez, 2013). La satisfaction conjugale est associée à un meilleur bien-être personnel et familial ainsi qu'une meilleure santé mentale et physique (Proulx, Helms, & Buehler, 2007). À l'inverse, l'insatisfaction conjugale est associée, chez les individus qui la vivent, à un moins haut niveau de satisfaction envers leur vie, une plus faible estime personnelle et une moins bonne santé que ce que l'on pourrait observer chez les divorcés ou les célibataires (Hawkins & Booth, 2005). De plus, le fait d'être insatisfait dans sa relation est associé à certains problèmes de santé mentale comme la dépression ou l'anxiété (Croyle & Waltz, 2002), en plus d'avoir des répercussions sur les enfants nés de ces relations (Fergusson & Horwood, 2001).

Dans sa théorie du triangle de l'amour, Sternberg (1986) avance que l'amour peut être compris en trois dimensions qui forment les extrémités d'un triangle. Ces dimensions sont l'engagement, l'intimité et la passion. L'engagement est défini comme la décision d'aimer quelqu'un d'autre et de maintenir cet amour sur une longue période. L'engagement représenterait l'investissement cognitif dans la relation amoureuse. Cette dimension est jugée essentielle pour permettre à un couple de passer à travers les temps difficiles afin de revenir à des temps plus heureux (Sternberg, 1986). L'intimité représente les sentiments de proximité et de connectivité au sein de la relation. Elle inclut, entre autres, le désir de favoriser le bien-être de l'être aimé, de vivre du bonheur avec lui, de pouvoir compter sur lui en cas de besoin, de le tenir en haute estime, de le comprendre et d'être compris par

lui ainsi que de communiquer intimement avec le partenaire. Il s'agirait de l'expérience de la chaleur au sein d'une relation aimante. L'intimité représenterait l'investissement émotionnel dans la relation (Sternberg, 1986). La passion est reliée à la romance, l'attraction physique, aux relations sexuelles et aux autres phénomènes similaires toujours au sein d'une relation aimante. D'autres besoins comme l'estime de soi, l'affiliation ainsi que l'accomplissement personnel pourraient également contribuer à cette dimension. La passion représenterait l'investissement motivationnel au sein de la relation (Sternberg, 1986). Les recherches de Sternberg ont montré que la satisfaction conjugale à l'intérieur d'un couple était à son plus haut lorsque le triangle créé par l'intimité, l'engagement et la passion d'un des partenaires correspondait aux attentes de l'autre partenaire et vice-versa (Sternberg, 1986). Selon cette théorie, il est possible de croire que l'insatisfaction corporelle est un élément qui peut affecter négativement la satisfaction conjugale à travers ses différentes dimensions.

Selon le modèle de Karney et Bradbury (1995) sur la vulnérabilité, l'adaptation et le stress, les facteurs qui influencent la satisfaction conjugale pourrait être regroupés en trois domaines distincts : les traits de personnalité et les expériences vécues avant la relation actuelle (aspect de vulnérabilité), les événements stressants et les circonstances particulières pendant la relation (aspect de stress), et finalement, les émotions et les habiletés de communication pendant la relation (aspect d'adaptation). Ce cadre suggère que la satisfaction conjugale à l'intérieur d'un couple dépend de la manière avec laquelle les partenaires amoureux arrivent à composer avec certains stressseurs pendant la relation, ce qui est influencé par les traits de personnalité et les expériences vécues précédemment

et par la qualité de leurs interactions (Bradbury & Lavner, 2012). Parmi les aspects de vulnérabilité, il est possible de penser que l'insatisfaction corporelle, développée au cours de l'enfance et de l'adolescence, aura un impact sur la qualité de la relation.

La plupart des recherches suggèrent que la satisfaction conjugale change à travers les années. Elle serait plus élevée au début de la relation, diminuerait au milieu puis s'améliorerait de nouveau par la suite (VanLaningham, Johnson, & Amato, 2001). Il s'agit d'un constat intéressant dans le cadre de cette présente recherche.

Image corporelle et satisfaction conjugale

L'insatisfaction corporelle et la satisfaction conjugale ont été reliées dans différentes recherches portant, par exemple, sur la satisfaction sexuelle (Fisher et al., 2014) et l'estime de soi (Peterson & De Hart, 2013). Il en ressort que les individus ayant une faible estime d'eux-mêmes ont tendance à croire que l'amour et le respect de leur partenaire envers eux sont conditionnels à leur capacité à correspondre à certains standards physiques (Bellavia & Murray, 2003), ce qui aurait un impact négatif sur la satisfaction conjugale. De plus, il a été découvert que l'insatisfaction corporelle peut entraîner le sentiment d'être incapable d'atteindre le corps idéal, ce qui amène les individus à croire qu'ils seront moins acceptés par leur conjoint ou leur conjointe (Coker & Abraham, 2014). Sachant que la majorité des gens seront en couple à un ou des moments de leur vie, que plus du deux-tiers des premiers mariages se terminent en divorces (Karney & Bradbury, 1995), et que les divorces entraînent des conséquences négatives sur les individus (p.ex., anxiété, dépression, somatisation, appauvrissement) (Damota, 2019; Hald et al., 2020), il importe de mieux

comprendre comment l'insatisfaction corporelle à long terme peut influencer la satisfaction conjugale.

Les impacts de l'insatisfaction corporelle à l'adolescence sur la satisfaction dans les relations amoureuses à l'âge adulte ont été peu explorés par les chercheurs. Toutefois selon certains auteurs, ce n'est qu'après que les adolescents aient accumulé de l'expérience avec des relations amoureuses et sexuelles transitoires et que leur image corporelle ait mûri qu'ils sont en mesure de s'engager dans des relations amoureuses significatives. Les recherches n'ont cependant pas précisé si le fait d'avoir une image corporelle positive facilite l'engagement dans les relations amoureuses et contribue à l'attachement romantique (Seiffge-Krenke, Persike, & Shulman, 2015).

C'est dans ce contexte que prend forme le présent essai doctoral, qui vise à mieux comprendre les liens entre l'insatisfaction corporelle, de l'adolescence à l'émergence de l'âge adulte, et la satisfaction dans les relations conjugales au début de l'âge adulte. Pour répondre à cet objectif, une analyse secondaire des données longitudinales provenant de l'ELESJ-14 a été réalisée. L'essai est rédigé sous la forme d'un article scientifique soumis à la revue *Body Image*.

Chapitre premier

Relationship between body dissatisfaction in adolescence and couple satisfaction in adulthood: A
prospective study

Catherine Boulianne-Simard^a, Marilou Côté^b, Marie-Ève Blackburn^c, Catherine Bégin^b, Jacinthe
Dion^{a*}

^aUniversité du Québec à Chicoutimi, Saguenay, Canada

^bUniversité Laval, Quebec, Canada

^cCégep de Jonquière, Saguenay, Canada

*Corresponding Author.

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Correspondence concerning this article should be addressed to Jacinthe Dion, Department of Health Sciences, Université du Québec à Chicoutimi, Chicoutimi (QC), Canada, G7H 2B1

Email : Jacinthe_Dion@uqac.ca

Abstract

Objective. Body dissatisfaction has been widely studied as a risk factor for the development of physical and psychological problems. However, few authors have considered the long-term consequences of this dissatisfaction for intimate relationships. Yet, couple satisfaction is related to many benefits. In this context, the aim of this study was to better understand the effects of body dissatisfaction from adolescence to emerging adulthood (from 14 to 24 years) on satisfaction with intimate relationships at 26 years.

Method. The participants completed self-report questionnaires at ages 14, 16, 18, 24, and 26 years. Among these participants, those who completed the first four waves, and/or the outcome variables were selected, resulting in a subsample of 285 participants in a conjugal relationship (66.7% women). Body image was measured in the first four measurement times, and couple satisfaction (including dyadic adjustment, passion, engagement, and intimacy) was measured at age 26 years. Latent growth curve model analyses, where sex and body mass index were controlled for, were conducted.

Results. Body dissatisfaction was found to decrease over time from ages 14 to 25 ($-0.37 p < 0.01$). Furthermore, body dissatisfaction at age 14 was negatively associated with satisfaction in intimate relationships at age 26 ($-0.33 p < 0.05$). However, body dissatisfaction trajectory was not associated with couple satisfaction.

Conclusions and implications. These results suggest that more targeted interventions designed to promote better body satisfaction in adolescence could have long-term impacts by leading to better satisfaction in intimate relationships in adulthood.

Keywords. Body image, body dissatisfaction, adolescence, conjugal satisfaction, prospective study, young adulthood.

Relationship between body dissatisfaction in adolescence and couple satisfaction in adulthood: A prospective study

Many men and women have negative thoughts about some parts of their body (Buhlmann et al., 2010). Adolescence would, however, be a particularly fertile period for the development of a negative body image (Wang et al., 2019), because of physical and hormonal changes associated with puberty, identity development, as well as peer and media pressure (Markey, 2010). Furthermore, given the alarming prevalence of body dissatisfaction among male and female adolescents throughout the world (Al Sabbah et al., 2009; Neumark-Sztainer, Story, Hannan, Perry, & Irving, 2002), it is a major concern for public health organizations that aim to implement targeted prevention initiatives for the development of a healthy body image (Atkinson et al., 2020). Moreover, body dissatisfaction has been linked to negative consequences that can persist into adulthood (Ohring, Graber, & Brooks-Gunn, 2002). Despite extensive research in this area, there has been a paucity of studies on body dissatisfaction from adolescence to emerging adulthood and on how it may influence romantic relationships. Therefore, it is not known how body dissatisfaction affects relationship satisfaction through time. Considering that romantic relationships are a central component of youth's and emerging adults' development, the current study will address this gap by examining the impact of body dissatisfaction trajectory over 10 years on couple satisfaction.

Body dissatisfaction from adolescence to emerging adulthood

Body image is a multidimensional concept that includes people's cognitions, affects, and behaviors toward their bodies and physical appearance (Cash & Smolak, 2011). For its part, body dissatisfaction would originate from the perceived distance between people's images of their bodies (i.e., perceptions, thoughts, and feelings regarding their appearance) and their desired body image, which is generally influenced by internalized ideals concerning what their physical appearance

should be (Grogan, 2006). The longitudinal studies where body dissatisfaction trajectories from early adolescence to adulthood were analyzed showed that levels of body dissatisfaction generally rise substantially early in adolescence (Bearman, Presnell, Martinez, & Stice, 2006; Bucchianeri, Arikian, Hannan, Eisenberg, & Neumark-Sztainer, 2013; Frisén, Lunde, & Berg, 2015). Subsequently, different trajectories were observed: some studies showed an increase in levels of body dissatisfaction throughout adolescence (Rodgers, McLean, Marques, Dunstan, & Paxton, 2016) and even into early adulthood (Quick, Eisenberg, Bucchianeri, & Neumark-Sztainer, 2013), whereas others indicated a stabilization (Nelson, Kling, Wängqvist, Frisén, & Syed, 2018) or even a decrease in body dissatisfaction (Keel, Baxter, Heatherton, & Joiner, 2007; Nelson et al., 2018). In the study by Wang et al. (2019), body dissatisfaction remained stable, with a few minor changes, from mid-adolescence to adulthood for approximately 95% of both men and women. The body dissatisfaction trajectories observed in the studies differed by gender, with male adolescents generally reporting less dissatisfaction than female adolescents.

Body dissatisfaction and intimate relationships

Body dissatisfaction is associated with countless repercussions, several of which are well known, such as depressive affects (McLean et al., 2021), eating disorders or risky eating behaviors (Bornioli, Lewis-Smith, Smith, Slater, & Bray, 2019; Stice & Desjardins, 2018), and low self-esteem (Davidson & McCabe, 2006). Moreover, as much as body dissatisfaction stems from societal influences, its impact on social functioning is also non-negligible (Atkinson & Diedrichs, 2021; Cash & Flemming, 2002). However, less is known on how it may be related to intimate relationships. Yet, romantic relationships are a central component of young adult's development. Starting in late adolescence, being in a romantic relationship becomes the norm (Furman & Rose, 2015). During early adulthood, romantic relationships begin to be more enduring and to involve

strong attachment bonds (Connolly & McIsaac, 2011; Seiffge-Krenke, 2003). Satisfying dating relationships in youth foster the development of social, emotional, and communication skills, in addition to providing increased emotional support, companionship, and intimacy (Mauer & Reppucci, 2019). In a systematic review of 112 studies, Gómez-López et al. (2019) noted that well-being was higher for young adults involved in a romantic relationship than for singles. Importantly, well-being increased with the level of commitment to, or satisfaction with, the relationship. According to their vulnerability-stress-adaptation model of marriage, Karney and Bradbury (1995) suggests that several factors have an influence on couple satisfaction, and can be grouped in three different categories: 1) personality traits and experiences lived before the actual relationship (vulnerability aspect), 2) stressors and particular context in the relationship (stress aspect) and 3) emotions and communication in the relationship (adaptation aspect). This model suggests that couple satisfaction depends on how partners compose with stressors during the relationship, which is influenced by personality traits and past experiences as well as by the quality of the partners' interactions (Bradbury & Lavner, 2012). Among the vulnerability aspect, it is therefore possible that body dissatisfaction emerging in adolescence would have an impact on the quality of the couple relationship.

However, the influence of body dissatisfaction on satisfaction in romantic relationships have rarely been examined, and when they have been, it was in cross-sectional studies conducted with young adults. Therefore, it is known that body dissatisfaction is associated with a generally more preoccupied attachment, more relational anxiety, and a fear of intimacy in romantic relationships (Cash, Thériault, & Annis, 2004). This phenomenon has been observed mainly among women, and the findings have shown that the more they are dissatisfied with their body image, the more they are dissatisfied with their couple relationship (Friedman, Dixon, Brownell, Whisman, &

Wilfley 1999; Gagnon-Girouard, Turcotte, Paré-Cardinal, Lévesque, St-Pierre Tanguay, & Bégin, 2014; Meltzer & McNulty, 2010).

The Current Study

Prior research has suggested how important it is to consider risk factors (such as body dissatisfaction) when studying romantic relationship outcomes. However, there is a need to better understand how the developmental trajectories of body dissatisfaction during the transition from adolescence to early adulthood are associated with romantic relationship satisfaction in early adulthood in order to inform prevention and intervention programs for youth. Moreover, since few researchers have considered the possibility of a relationship between body dissatisfaction in adolescence and satisfaction with romantic relationships in young adulthood, the objective of the present study was to fill this gap, which may also support future research. Therefore, as knowledge about the relationship between those two variables grows, more targeted interventions for teenagers can be developed. More specifically, the purpose of this study was to examine the association between body satisfaction trajectory from age 14 to 24 years and relationship satisfaction at age 26. Body mass index (BMI) and sex were also included as covariates because these factors have been associated with body dissatisfaction. For instance, BMI is considered to be a useful predictor of body dissatisfaction (e.g., Radwan et al., 2019) and, as stated previously, women are typically more prone to suffer from body dissatisfaction than men. Based on the results of multiple transversal studies (Friedman et al., 1999; Gagnon-Girouard et al., 2014; Meltzer & McNulty, 2010; 2014), we hypothesized that body dissatisfaction trajectories from adolescence to adulthood could negatively affect relationship satisfaction in young adulthood. Given the high prevalence rates of body dissatisfaction among adolescents and because its consequences may persist through adulthood (Ohring et al., 2002), testing this hypothesis on this population is particularly relevant.

Methods

Participants

The original sample, recruited in 2002, consisted of 605 14 years old (266 boys and 339 girls) attending public and private high schools in (region blinded for review) and from whom parental' consent to participate in the longitudinal study was obtained. Research team members presented the study to the students, who could choose whether or not to complete the questionnaire (paper and pencil) while in class.

Four other measurements were subsequently taken, at the 2-year follow-up (2nd wave in 2004, 408 participants), 4-year follow-up (3rd wave in 2006, 413 participants), 10-year follow-up (4th wave in 2012, 370 participants) and 12-year follow-up (5th wave in 2014, 258 participants; 81% in a couple relationship). For the analyses, cases for which data were available for the first four waves, and/or data that were available for the outcomes at wave 5 ($N = 285$) were used.

Statistical analyses were performed to compare the 605 participants in the longitudinal study with the 320 who dropped out in one of the four other waves. The results indicated that the remaining participants were more likely than the dropouts to be adolescent girls (67.0% vs. 45.4%). No difference was found between remaining participants and dropouts in terms of perceived economic conditions or body dissatisfaction in the first wave.

Procedures

In 2002, the participants completed a self-administered questionnaire at school. In 2004, they had the choice of an online or paper version of the questionnaire to complete at home. In 2006, they either attended a group session at school or completed the questionnaire at home. In 2012 and 2014, the data collection was at home: the majority of the participants (94.3% in 2012 and 98.8%

in 2014) completed the questionnaire online, although they had the option of completing a paper and pencil version. This study was approved by the institutional review board of (blinded for review). Informed consent was obtained from all participants at each wave, and from their parents in the first wave.

Measures

Demographic and Anthropometric Data. Demographic characteristics were collected with a self-report questionnaire, which also included questions about weight and height. These measures were used to calculate the BMI by dividing the participants' weight by their height squared (kg/m^2).

Body Dissatisfaction. One item, "I am satisfied with my body (height, weight, beauty)," was specifically designed to measure body dissatisfaction. Participants had to answer on a Likert-type scale ranging from 1 (Completely agree) to 4 (Completely disagree), a higher score indicating less body satisfaction. Single item measures have been used previously in studies about body dissatisfaction (Rodgers et al., 2020)

Relationship Satisfaction. Two measures were used to evaluate relationship satisfaction in order to provide a broader picture of this outcome. The first was the Dyadic Adjustment Scale (Spanier, 1976), of which the validated abbreviated version (Sabourin, Valois, & Lussier, 2003) was used. The scale is composed of four items (thinking about divorce or separation, trust in the romantic partner, being happy in the relationship, and sharing positive elements) answered on a Likert scale ranging from 1 to 5 or 1 to 6 depending on the item. A lower score indicates less satisfaction in the relationship. The internal consistency of the scale is adequate, the Cronbach's alpha being 0.89 for women and 0.78 for men in the validation sample (Sabourin et al., 2005). In the present sample, $\alpha = .75$.

The Triangular Love Scale was also used (Crevier, Poulin, & Boilard, 2012; Lemieux & Hale, 1999). This questionnaire is composed of 19 items used to evaluate passion, commitment, and intimacy within romantic relationships. It is answered on a Likert scale ranging from 1 to 7 (1 = strongly disagree, 7 = strongly agree). Scores from the items were summed for each dimension, and lower scores meant participants were less satisfied. Again, lower scores meant less satisfaction. This measure has a good factorial validity. Its internal consistency is also good, with a Cronbach's alpha ranging from .80 to .89 for the three subscales in a validation sample (Overbeek, Ha, Scholte, de Kemp, & Engels, 2007), and in the present sample, $\alpha = .92$ for the passion subscale, .89 for the commitment subscale, and .84 for the intimacy subscale.

Data Analysis

The relationship between body dissatisfaction in adolescence and relationship satisfaction in adulthood was tested with a latent growth curve model analysis, in MPlus version 8.1, using the maximum likelihood parameter estimator (robust maximum likelihood [MLR]; Muthén & Muthén, 2012). The full information maximum likelihood (FIML) method was used to manage missing data (Acock, 2005; Schafer & Graham, 2002). In this model, body dissatisfaction from the four first measurement waves (i.e., at ages 14, 16, 18, and 24 years) were used as indicators of the latent intercept (i.e., initial body dissatisfaction score) and slope (i.e., linear change in body dissatisfaction across time; only one trajectory is estimated). Then, we added the latent dependent variable of relationship satisfaction at age 26 years (including relationship intimacy, passion, commitment, and adjustment) as well as two covariates (i.e., sex and BMI at age 24 years) to the model. The intercept and slope were used as predictors of relationship satisfaction, whereas sex and BMI were used as covariates.

To assess the model fit, various fit indices were used, as per Hu and Bentler's (1999) recommendations, that is, the chi-square statistic, the comparative fit index (CFI), the root mean square error of approximation (RMSEA), as well as the standardized root-mean-square residual (SRMR). A good fit is reflected by a non-significant chi-square, a CFI value of .95 or higher, an RMSEA value below .06, and an SRMR value below .08 (Hu & Bentler, 1999).

Results

Table 1 presents descriptive statistics as well as the correlation coefficients for the analyzed variables.

Table 1*Means, standard deviations, and correlation coefficients, for study variables*

Variable	<i>M (SD)</i>	1	2	3	4	5	6	7	8	9
1.T1 BD	2.27 (0.86)									
2.T2 BD	2.22 (0.84)	.37**								
3.T3 BD	2.16 (.75)	.42**	.44**							
4. T4 BD	2.13 (.76)	.32**	.26**	.42**						
5. Passion	35.43(5.69)	-.25*	-.20*	-.12	-.13					
6. Commitment	34.80(6.67)	-.08	-.03	-.08	-.06	.52**				
7. Intimacy	41.84(5.95)	-.11	-.12	-.16	-.11	.51**	.54**			
8. Couple Satisfaction	20.98(2.90)	-.10	-.07	-.15	-.14	.53**	.64**	.61**		
9. Sex (women)		.09	.11	0.10	-.04	-.08	.23**	.10	.08	
10. T4 BMI	24.72(6.08)	.19**	.12	.19**	.35**	.04	.02	.01	-.00	-.16*

*Note. BD = Body dissatisfaction; M = mean; SD = standard deviation.***p* < .05; ***p* < 0.01.

As some variables demonstrated non-normal distributions, a robust method of estimation was used for the latent growth curve analyzes. These maximum likelihood parameter estimates with standard errors are robust to non-normality of the data (Yuan & Bentler, 2000). The model had a good fit with the data; $\chi^2(31) = 41.22$, $p = .104$, CFI = 0.98, RMSEA = 0.034, SRMR = 0.046. First, the latent growth curve model indicated a slight downward slope growth of body dissatisfaction from age 14 to age 24, with a significant estimated mean slope of -0.012 ($p = .018$). The estimated mean intercept was also significant at 2.244 ($p < .001$), indicating that body dissatisfaction mean at baseline was significantly different from zero, suggesting elevated (i.e., higher than zero) initial levels of body dissatisfaction. Figure 1 illustrates the latent growth curve showing both observed and estimated mean values.

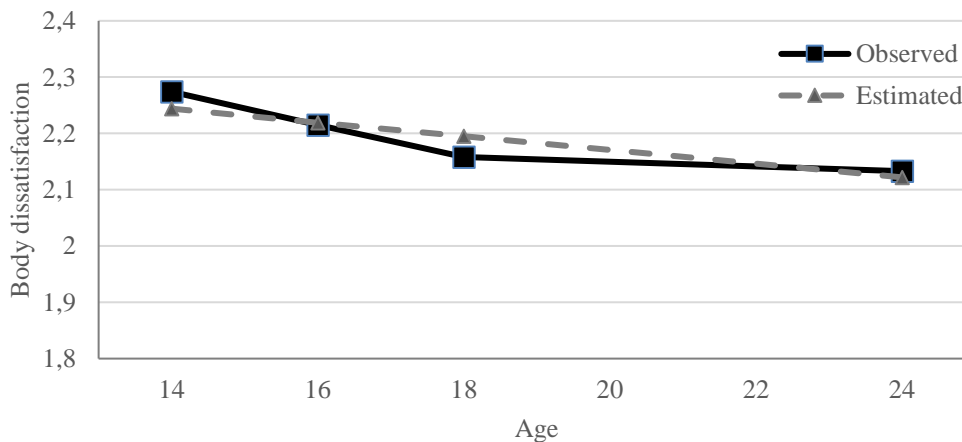


Figure 1

Latent Growth Curve of Body Dissatisfaction From Age 14 to Age 24

Significant variance was found in the intercept ($var(i) = 0.303$, $p < .001$), but not in the slope ($var(s) = 0.002$, $p = .105$), indicating that levels of body dissatisfaction varied significantly between participants at baseline, but that the trajectory of body dissatisfaction over time did not vary significantly between individuals (i.e., a similar trend was observed across all participants). The

covariates (BMI and sex) were also associated with body dissatisfaction, but not with relationship satisfaction. Moreover, the model showed that body dissatisfaction intercept at age 14 significantly predicted relationship satisfaction at age 25 years, supporting our hypothesis ($\beta = -0.333, p = .004$). However, the body dissatisfaction trajectory from age 14 to 24 years (slope) did not significantly predict relationship dissatisfaction at age 25 years ($\beta = -0.131, p = .584$). This means that it was not the way body dissatisfaction developed during adolescence that was linked to relationship satisfaction in young adulthood, but rather the initial level of body dissatisfaction at age 14 years. The slope and intercept were correlated ($\beta = -0.373, p = .004$), meaning that those who reported greater body dissatisfaction at Wave 1 reported a greater decrease in body dissatisfaction over the first four waves of the study. This model explained 10% of the variance in relationship satisfaction in Wave 5. Figure 2 presents the path coefficients in the latent growth curve model.

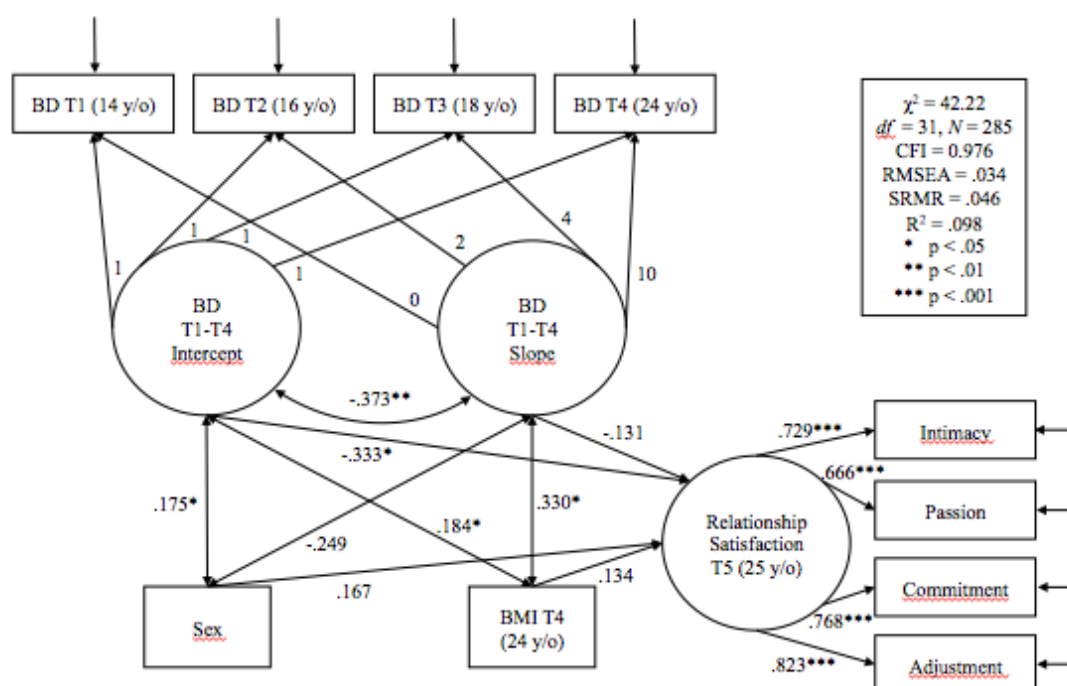


Figure 2

Latent Growth Model of Wave 1–4 Body Dissatisfaction Intercept and Wave 1–4 Body Dissatisfaction Slope as Predictors of Wave 5 Relationship Satisfaction, With Sex and BMI at Wave 4 as Covariates (Standardized Coefficients)

Discussion

Based on the data from a large-scale longitudinal study that lasted about a dozen years with a cohort of 14-year-old adolescents who were 26-year-old young adults at the fifth wave, the results of our study suggest that initial body dissatisfaction at age 14 years could lead to dissatisfaction in romantic relationships for young adults in their twenties. This study is thus one of the first, to our knowledge, to suggest a prospective association between body dissatisfaction in adolescence and satisfaction in intimate relationships in adulthood. The results also revealed that the body dissatisfaction trajectory between ages 14 and 24 years was not related to couple satisfaction. They further indicate that BMI and sex were not related either to couple satisfaction, but that they were indeed related to body dissatisfaction.

Some of the results obtained support already well-established knowledge about body image. First, these results are consistent with the fact that body dissatisfaction is an issue that affects women more than men (Neumark-Sztainer et al., 2002). Second, although BMI was weakly related to body dissatisfaction, it is consistent with the literature indicating that being overweight is considered to be a risk factor for body dissatisfaction in male and female adolescents (Presnell, Bearman, & Stice, 2004). Moreover, our results concerning the body dissatisfaction trajectory from adolescence to early adulthood, that is, a higher initial level of dissatisfaction and a progressive decrease in this dissatisfaction up to early adulthood, are consistent with what was observed in some prospective studies on body image (Keel et al., 2007; Nelson et al., 2018).

Although few studies have been conducted on the association between body dissatisfaction and intimate relationships, the results obtained are similar to the ones observed by Kvalem et al. (2019) in their prospective study on the development of body image and sexual satisfaction from adolescence to adulthood. Their results, just like ours, showed that it is baseline body satisfaction that can predict sexual, or couple in our case, satisfaction, but that the evolution of this satisfaction is not significant. Our results showed that the trajectories for body dissatisfaction, from adolescence to adulthood, are rather stable and negative; in other words, that a slight decrease in body dissatisfaction, more pronounced between ages 14 and 18, was observed. This finding could explain why baseline dissatisfaction was significant, whereas the trajectory of this dissatisfaction was not. Therefore, late childhood and early adolescence could be crucial periods for establishing a body image that will have repercussions on couple relationships in adulthood.

From the three components of love (Sternberg, 1986), passion seems to be the only one that was associated with body dissatisfaction. It is consistent with a previous study that has found that passion was related to body satisfaction in both men and women (Laus, Almeida, & Klos, 2018). Passion includes aspects related to attraction and sexual activity as well as infatuation and sexual excitement associated with one's partner (Lemieux, & Hale, 1999). Therefore, it may be that being dissatisfied with his/her body, makes it more difficult to feel at ease with passion. Moreover, as the intimacy and commitment were not related to body dissatisfaction (contrary to Laus et al., 2018 among women), we may wonder if passion may be the aspect of intimate relationships that is more prevalent in newer couples (commitment and intimacy may be more present later on). As such, passion is shown to be negatively associated with relationship length while commitment is positively associated with relationship length (Ahmetoglu, Swami, & Chamorro-Premuzic, 2010). However, intimacy stayed relatively the same no matter the length of the relationship. Future

studies could take an interest in how the different components of couple satisfaction are impacted (or not) by body dissatisfaction.

The impact of body dissatisfaction on romantic relationship can be understood through the vulnerability-stress-adaptation model (Karney & Bradbury, 1995). According to this model, past experiences with body dissatisfaction in childhood and adolescence would cause certain vulnerabilities in one or both partners that would be brought forth by stressors or particular context in the relationship. In those cases, adequate communication between partners may help maintain satisfaction within the relationship.

The main strength of this study was to consider the long-term effects of body dissatisfaction in adolescence on satisfaction in romantic relationships in early adulthood. Results will thus contribute to the continued development of knowledge about the consequences of body dissatisfaction. A second strength of this study was the use of longitudinal data, which made it possible to observe the evolution of body dissatisfaction over time within a same cohort over several years.

The conclusions of this study should be tempered by consideration of its limitations. One of the limitations of our study, present in most longitudinal studies, concerns attrition. Although the level of body dissatisfaction was similar among the participants who stayed in the study and those who dropped out, the remaining participants were more likely than the dropouts to be women. Therefore, our results might not be representative of subgroups of participants and the associations found could have been stronger within the entire sample. Another limitation is the low diversity of participants in the sample. Therefore, future studies should be conducted with a larger representative sample. Including more diverse groups would also give more generalizable results than the convenience sample used in this study. They should also start with younger children (around 11 or 12) to try and better assess the critical period for the development of body

dissatisfaction. Although we controlled for gender and for BMI, a larger and more diverse sample would have enabled us to test a higher number of control variables (e.g., sexual orientation, internalization of body ideals, influence of media). Finally, single item measures produce a restriction of range that could be responsible for the weaker correlations (Menzel et al., 2010). Future studies should have a multi-item measures for body dissatisfaction.

Conclusion

Overall, the results of this 12-year longitudinal study helped provide a better understanding of the body dissatisfaction trajectory from adolescence to emerging adulthood and of how it may impact couple relationships. The results revealed the negative effect of body dissatisfaction at age 14 years. They also indicate that although body dissatisfaction decreases during this transition, it decreases less among those with higher levels of body dissatisfaction at age 14. These results could suggest that the earlier in a child's or adolescent's life that body dissatisfaction appears, the more long-term impacts are observed. Therefore, more research conducted among children and adolescents could yield a better understanding of how body dissatisfaction is related to satisfaction with couple relationships in early adulthood and could help to identify a better age at which to start interventions to prevent body dissatisfaction. Considering the high prevalence and negative long-term impact of body dissatisfaction on relationship satisfaction as well as the importance of romantic relationships during this period, investment in policies and prevention programs are crucial for minimizing the development of body dissatisfaction during adolescence and for increasing relationship satisfaction.

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Conclusion

L'objectif de cette étude consistait à déterminer la nature des liens entre l'insatisfaction corporelle à l'adolescence et la satisfaction dans les relations conjugales au début de l'âge adulte. Des analyses de courbes de croissance latente ont été réalisées en utilisant les données des cinq temps de collecte de l'étude longitudinale sur les jeunes saguenéens et jeannois réalisées de 2002 à 2014.

L'analyse des résultats a permis de montrer que l'insatisfaction corporelle initiale, mesurée chez des jeunes âgés de 14 ans, est reliée à l'insatisfaction dans les relations conjugales chez les mêmes participants alors âgés de 26 ans. Le développement de l'insatisfaction corporelle, c'est-à-dire la trajectoire (courbe) de 14 à 24 ans, n'est toutefois pas lié.

Alors que les recherches montrent que la plupart des adolescents vivent une hausse importante d'insatisfaction corporelle au début de l'adolescence (Bearman, Presnell, Martinez, & Stice, 2006; Bucchianeri, Arikian, Hannan, Eisenberg, & Neumark-Sztainer, 2013; Frisé, Lunde, & Berg, 2015), les résultats de cette présente étude montrent un niveau d'insatisfaction corporelle initial assez élevé ainsi qu'une trajectoire légèrement à la baisse jusqu'au début de l'âge adulte où elle se stabilise davantage. Ces résultats pourraient s'expliquer par le fait que la première collecte a eu lieu alors que les participants étaient âgés de 14 ans et donc bien installés dans l'adolescence. Des mesures prises plus tôt (vers 11 ou 12 ans) auraient peut-être pu permettre d'observer si une telle hausse de l'insatisfaction corporelle était présente.

Les résultats de cette étude soutiennent également certaines données généralement bien établies au sujet de l'insatisfaction corporelle. Ainsi, les analyses effectuées montrent que le sexe est lié à l'image corporelle, c'est-à-dire que les filles sont davantage touchées que les garçons par l'insatisfaction corporelle. De plus, l'indice de masse corporelle (IMC) serait relié à l'image corporelle, les individus ayant un IMC plus élevés étant plus sujets à vivre de l'insatisfaction par rapport à leurs corps. Toutefois, il est important de noter qu'il s'agit d'un petit effet de taille qui pourrait possiblement être relié au fait que les corrélations entre l'IMC et l'image corporelle sont généralement plus fortes chez des populations obèses ou en surpoids (Weinberger, Kersting, Riedel-Heller, & Luck-Sikorski, 2016).

Ces résultats suggèrent une nouvelle fois à quel point des initiatives de prévention au sujet de l'insatisfaction corporelle sont nécessaires, et ce, très tôt dans le développement des enfants. En 2020, l'Organisation mondiale de la santé (OMS) a mis à jour ses chiffres par rapport à la proportion des jeunes entre 11 et 15 ans qui pensent qu'ils sont trop gros. En 2018, au Canada, 19% des filles et des garçons de 11 ans considéraient qu'ils étaient trop gros. À 13 ans, les taux de prévalence augmentaient à 24% pour les garçons et à 27% pour les filles. À 15 ans, ils sont de 22% pour les garçons et de 33% pour les filles (World Health Organisation, 2020). Ces chiffres sont alarmants et, tel qu'évoqué précédemment, les conséquences de l'insatisfaction corporelle sont nombreuses.

Dans ces circonstances et dans une ère où certains critères de beauté sont véhiculés sur les réseaux sociaux par des influenceurs de plus en plus populaires, le développement de programmes de prévention et d'intervention visant à promouvoir l'acceptation et

l'appréciation de l'image corporelle apparaît essentiel. Ces programmes devraient s'adresser aux enfants et adolescents ainsi qu'à leurs parents, professeurs, médecins et aux autres intervenants pouvant être appelés à travailler auprès de cette clientèle. Ils pourraient permettre de limiter les risques pour le développement de certains problèmes de santé mentale associés (p. ex., dépression, trouble des conduites alimentaires, anxiété). Une meilleure satisfaction corporelle pourrait également permettre le développement de relations amoureuses plus satisfaisantes à l'âge adulte.

Par ailleurs, les résultats obtenus suggèrent également que les interventions réalisées pour promouvoir et maintenir la satisfaction conjugale pourrait être améliorée en adressant la perception que les partenaires ont de leur corps. Ainsi, les initiatives de promotion d'une image corporelle saine ne devraient pas s'arrêter à l'adolescence, mais devraient viser également les jeunes adultes. Afin d'approfondir les résultats, les futures recherches longitudinales devraient commencer avec une population plus jeune (11-12 ans) afin de possiblement mieux comprendre le développement de l'insatisfaction corporelle et se poursuivre sur plus longtemps afin de s'intéresser aussi à la satisfaction conjugale d'adultes plus âgés. Des questionnaires plus complets pour mesurer l'insatisfaction corporelle devraient être utilisés et il serait intéressant de regarder séparément les différentes dimensions de la satisfaction conjugale (passion, intimité et engagement). Un échantillon plus large et plus diversifié serait également pertinent afin de mieux comprendre les relations entre l'insatisfaction corporelle et les relations intimes.

Néanmoins, les présents résultats permettent tout de même déjà de bien constater les liens à long terme entre l'insatisfaction corporelle à l'adolescence et la satisfaction dans

les relations amoureuses au début de l'âge adulte. Sachant que les relations intimes satisfaisantes sont importantes pour le bien-être d'un individu et que les données sur l'insatisfaction corporelle demeurent alarmantes, il nous apparaît essentiel d'intervenir pour accroître la satisfaction corporelle chez les jeunes.

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Certification éthique

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