A biopsychosocial model of body image, disordered eating, and breastfeeding among postpartum women

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ABSTRACT

Background: The aim of the current study was to test a biopsychosocial model of body image, eating, and feeding attitudes among postpartum women. Specifically, the model predicted that desired weight-loss, depressive symptoms, and body surveillance would predict body dissatisfaction and appearance-related barriers to breastfeeding, which in turn would predict maternal disordered eating and breastfeeding self-efficacy.

Methods: Data from 151 women, mean age = 32.77 (4.47) years, who provided complete data in response to an online survey were analyzed.

Results: Path analysis revealed that after minor modifications, the biopsychosocial model was a good fit to the data. Desired weight-loss, depressive symptoms, and body surveillance were associated with higher levels of disordered eating and lower levels of breastfeeding self-efficacy directly, as well as indirectly through body dissatisfaction and appearance-related barriers to breastfeeding.

Conclusion: Findings provide support for an integrated biopsychosocial model of body image concerns, and eating and feeding attitudes among postpartum women as well as highlighting the need for additional support around body image, eating, and breastfeeding following childbirth. Our study has clinical implications for healthcare providers working with new mothers and can be used to inform postpartum psychoeducation efforts addressing breastfeeding, weight loss expectations and body image concerns.

1. Introduction

During the months following childbirth, women are highly vulnerable to body image and eating concerns. In Western culture, much emphasis is placed upon appearance, with significant pressures to achieve and maintain a socially prescribed weight and shape, leading to high levels of investment in appearance (Tiggemann, 2004). The ensuing body dissatisfaction and concern with body shape and size may be associated with high levels of distress and impairment, that can contribute to eating concerns and disordered eating (Rohde, Stice, & Marti, 2015). Pregnancy and the postpartum period is a particularly vulnerable time for many women, who experience negative feelings about their bodies after pregnancy. These concerns have been associated with a number of negative physical and mental health outcomes in postpartum women including eating and feeding difficulties (Shloim, Rudolf, Feltbower, & Hetherington, 2014; Skouteris, 2011), and are likely in part due to the physical changes related to pregnancy that move women away from social standards of slenderness (Lovering, Rodgers, Edwards George, & Franko, 2018; Rallis, Skouteris, Wertheim, & Paxton, 2007). However, other factors including psychological factors and biological changes linked to pregnancy may also play a role. Indeed, among other age groups, biopsychosocial models have been shown to be useful in describing the pathways associated with body image and eating concerns (Muris, Meesters, van de Blom, & Mayer, 2005; Rodgers, Paxton, & McLean, 2014). In addition, the postpartum period is unique as these processes are tightly intertwined with breastfeeding, and therefore related to eating and feeding outcomes at the dyadic level (Shloim et al., 2014). To date, however, few integrated models of body image, eating, and breastfeeding attitudes have been examined among women following childbirth.

Body image concerns have been reported to be high among postpartum women (Shloim et al., 2014; Skouteris, 2011), and are a source of significant psychological distress (Skouteris, Carr, Wertheim, Paxton, & Duncombe, 2005). In addition, body image concerns have been shown to be associated with negative eating and feeding related outcomes including maternal disordered eating, and lower rates and shorter duration of breastfeeding (Franko & Walton, 1993; Fuller-Tyszkiewicz, Skouteris, Watson, & Hill, 2013), all of which can be...
detrimental to the development and functioning of mother and infant. To date, however, few efforts have been made to incorporate these pathways together into an integrated model of body image concerns and outcomes. Biopsychosocial frameworks that emphasize the contributions of biological and psychosocial dimensions to these processes have emerged as useful grounding frameworks for the development of models of body image concerns (Muris et al., 2005; Rodgers et al., 2014). Such models have been described as useful in adolescence to capture the physical and developmental changes that accompany puberty (Rodgers et al., 2014). Similar to adolescence, the period surrounding childbirth is one accompanied by a number of unique and rapid changes in body shape and size, as well as developmental processes that impact sense of self, and other psychological dimensions (Bailey, 1999; Fuller-Tyszkiewicz et al., 2013). As such, biopsychosocial frameworks seem particularly useful for conceptualizing body image concerns during this period.

Previous biopsychosocial models of body image concerns have highlighted the roles of dimensions including negative affect, the endorsement of body image related attitudes promoted by Western culture, and physical weight as predictors of body dissatisfaction (Rodgers et al., 2014). In the context of the postpartum period, these dimensions are relevant to explore. Depressive symptoms and negative affect are very common during the postpartum period (Downs, DiNallo, & Kirner, 2008), and extant literature suggests that body dissatisfaction may increase new mothers’ risk for depression (Clark, Skouteris, Wertheim, Paxton, & Milgrom, 2009; Downs et al., 2008; Duncombe, Wertheim, Skouteris, Paxton, & Kelly, 2008; Rauff & Downs, 2011; Sweeney & Fingerhut, 2013). These depressive symptoms may contribute to body dissatisfaction by increasing negative attributions and evaluations related to body weight and shape, as well as decreasing the likelihood of women engaging in positive body-related activities including physical exercise and self-care (Downs et al., 2008). Conversely, prenatal and postpartum depression may contribute to body image concerns (Clark et al., 2009; Downs et al., 2008; Rallis et al., 2007; Skouteris et al., 2005).

Consistent with this, negative affect has been supported by both cross-sectional and longitudinal work as a predictor of body dissatisfaction during and following pregnancy (Downs et al., 2008; Fuller-Tyszkiezwnic et al., 2013; Rallis et al., 2007).

Sociocultural constructions of appearance have also been shown to be relevant during the postpartum period (Lovering et al., 2018; de Jager, Broadbent, Fuller-Tyszkiewicz, & Skouteris, 2014). One of the frameworks that has been developed to account for the ways in which the Western sociocultural context affects body image among women is objectification theory (Fredrickson & Roberts, 1997). Objectification theory holds that Western culture constructs women’s bodies as objects to be looked at through a sexualizing lens, and that this perspective is then internalized by women, leading them to experience their body in terms of its appearance rather than its embodied function (Fredrickson & Roberts, 1997). This self-objectification, and surveillance of the body as an object to be appraised by others has been shown to be associated with greater body dissatisfaction (Fitzsimmons-Craft, 2011). Both print and screen forms of media exacerbate this objectification by promoting the commodification of women’s bodies, glamorizing a thin and toned body type, and suggesting the attainability of such an appearance through diet and exercise (Rodgers, McLean & O’Flynn, in press). Indeed, the consumption of media focused on appearance ideals has been found to be correlated with greater body dissatisfaction, drive for thinness and internalization of the thin ideal (Murnen, Levine, Groesz, & Smith, 2007), and time spent viewing media has been shown to be a risk factor for disordered eating (Levine & Murnen, 2009). The postpartum period in particular has been described as a time when women experience high levels of pressure to conform to unrealistic body shape ideals, and to quickly lose weight gained during pregnancy (Lovering et al., 2018). The increasing media focus on the appearance of pregnant bodies, or swift return to pre-pregnancy body shape after childbirth (Gow, Lydecker, Lamanna, & Mazzeo, 2012; Hopper & Aubrey, 2016), may lead women to place greater emphasis on the appearance of their body as opposed to its functioning during the postpartum period, leading to increased body dissatisfaction. Consistent with this, qualitative research has explored the experiences of objectification of mothers during the postpartum period (Bailey, 2001). However, to our knowledge, no quantitative data yet exist regarding the relationship between self-objectification and body image among postpartum mothers.

The third aspect included in previous examinations of biopsychosocial models of body image is body weight. In the context of the postpartum period, physical weight, or perhaps more importantly, the amount of weight that women perceive themselves as needing to lose to meet their weight goals, has been shown to be associated with body image concerns (Devine, Bove, & Olson, 2000; Lovering et al., 2018). Working towards these goals may be particularly stressful for women whose target weight is even below their pre-pregnancy weight (Hodgkinson, Smith, & Wittkowski, 2014; Lovering et al., 2018), and thus associated with heightened body dissatisfaction.

As described above, the high levels of body dissatisfaction experienced during the postpartum period, may be associated with disordered eating behaviors with the notion that these behaviors will speed weight loss (Franko & Walton, 1993; Lovering et al., 2018). Concomitantly, these body image concerns may impact breastfeeding, through increased self-consciousness, or negative affect when breastfeeding, which could constitute a barrier to breastfeeding (de Jager et al., 2014). Brown, Rance, and Warren (2015) found that body image concerns were associated with embarrassment regarding breastfeeding in public and associated with early cessation of breastfeeding. Consistent with this, feeling fat has been negatively associated with breastfeeding duration, as well as breastfeeding self-efficacy among mothers at six months postpartum who were exclusively breastfeeding (de Jager et al., 2015). Thus, there is initial support for a relationship between body dissatisfaction and lower breastfeeding self-efficacy.

In addition to body image concerning breastfeeding, the belief that breastfeeding is more difficult or less rewarding than formula feeding may also be an important factor to take into account. While breastfeeding is undoubtedly perceived as beneficial, the transition of a mother from pre-pregnancy fertility to breastfeeding can be a challenging process. In this context, we hypothesize that the combination of biopsychosocial factors, specifically desired weight-loss, depressive symptoms, and body surveillance, would predict body dissatisfaction and appearance-related barriers to breastfeeding, which in turn would predict maternal disordered eating and breastfeeding self-efficacy.

2. Methods

2.1. Participants

Participants were 151 women, mean age = 32.77 (4.47) years, who provided complete data in response to an online survey. Women 18 or older who had given birth within the last 6 months and were currently...
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