



Relationship between body dissatisfaction and disordered eating: Mediating role of self-esteem and depression



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ARTICLE INFO

Article history:

Received 22 August 2013

Received in revised form 6 October 2014

Accepted 3 December 2014

Available online 11 December 2014

Keywords:

Self-esteem

Depression

Body image

Eating behavior

Binge eating

ABSTRACT

The purpose of this study was to investigate the hypothesis that the effect of body dissatisfaction on disordered eating behavior is mediated through self-esteem and depression. If the effect of body dissatisfaction on disordered eating can be explained by self-esteem and depression, treatment may benefit from focusing more on self-esteem and depression than body dissatisfaction. We also hypothesized body image importance to be associated with lower self-esteem, stronger symptoms of depression, and more disordered eating. The results showed that the effect of body dissatisfaction on disorder eating was completely mediated, whereas the effect of body image importance was partly mediated. Both self-esteem and depression were significant mediators. Body image importance and self-esteem had a direct effect on restrained eating and compensatory behavior. Depression had a direct effect on binge eating. This effect was significantly stronger among women. Depression also had a direct effect on restrained eating. This effect was positive among women, but negative among men. The results support emotion regulation and cognitive behavioral theories of eating disorders, indicating that self-esteem and depression are the most proximal factors, whereas the effect of body dissatisfaction is indirect. The results point out the importance of distinguishing between different symptoms of bulimia. Depression may cause binge eating, but compensatory behavior depends on self-esteem and body image importance. The results suggest that women may turn to both binge eating and restrained eating to escape awareness of negative emotions, whereas men focus on eating to a lesser extent than women. Existing treatment focuses on eating behavior first and mechanisms such as self-esteem and depression second. The results from this study suggest that an earlier focus on self-esteem and depression may be warranted in the treatment of disordered eating.

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1. Introduction

Body dissatisfaction predicts development of disordered eating (e.g., Wertheim, Koerner, & Paxton, 2001), but why body dissatisfaction may lead to disordered eating remains an unanswered question. Self-esteem and negative emotions (e.g., depression) have been proposed as mediators in the relationship between body dissatisfaction and disordered eating (Fairburn, Shafran, & Cooper, 1999; Vitousek & Hollon, 1990), but with mixed results (e.g., Heywood & McCabe, 2006; Van den Berg, Wertheim, Thompson, & Paxton, 2002). Clinically, this proposition means that body dissatisfaction has an indirect impact on disordered eating, and that self-esteem and negative emotions are the intermediate agents or mechanisms through which the effect on disordered eating is transferred. We believe the mixed results may be explained by different aspects of body dissatisfaction (i.e., body dissatisfaction vs. body image importance) having different relations to different types of disordered eating (i.e., restrained eating, binge

eating, and compensatory behavior). Studies including men (Heywood & McCabe, 2006; Ricciardelli & McCabe, 2001) have been less successful in identifying the proposed mediation, than studies exclusively made up of women, thus the mixed results may also be due to gender differences.

Negative emotions have been identified as a mediator in the relationship between body dissatisfaction and bulimic symptoms (Heywood & McCabe, 2006; Ricciardelli & McCabe, 2001; Stice, 2001), but the concept of negative emotions has been operationalized as a composite of different types of negative emotions. Most often, it includes depression and anxiety, but mixed with other types of negative emotions, and sometimes also self-esteem. The problem is that we do not know if the results apply to all or just some of the different negative emotions. There is a need for research to investigate the mediating role of self-esteem and depression, distinctively, in the relationship between body dissatisfaction and disordered eating. If the relationship between body dissatisfaction and disordered eating can be explained by self-esteem and depression, acting as intermediate agents, clinical interventions against disordered eating may benefit from targeting self-esteem and depression. Such interventions may focus on improving self-esteem and solving emotional problems in general, by other means than body satisfaction, as well as reducing the importance of physical

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appearance for self-evaluation and the emotional significance of physical appearance.

1.1. Body dissatisfaction, self-esteem, depression, and disordered eating

Body dissatisfaction is defined as a negative subjective evaluation of one's physical body (Stice & Shaw, 2002). Body dissatisfaction, concern about gaining weight or becoming fat, and undue influence of body image on self-evaluation are features of both anorexia nervosa and bulimia nervosa (American Psychiatric Association: *Diagnostic and statistical manual of mental disorders*, 4th ed., text revision, 2000). However, according to Polivy and Herman (2002:192), body dissatisfaction is not merely a feature of eating disorders, but "may be regarded as an essential precursor and continuing accompaniment of eating disorders". Body dissatisfaction is a necessary, but not sufficient, factor in emergence of eating disorders. The determining factor is whether or not the individual seizes upon weight and shape as the answer to problems of identity and control (Polivy & Herman, 2002).

According to cognitive behavioral and emotion regulation theories of eating disorders (e.g., Fairburn et al., 1999; Vitousek & Hollon, 1990), self-esteem and negative emotions (e.g., depression) are the most proximate psychological factors contributing to eating disorders. This implies that the effect of body dissatisfaction on disordered eating behavior may be mediated through self-esteem and negative emotions, such as depression. Body dissatisfaction has been found to predict self-esteem and depression in longitudinal studies (e.g., Johnson & Wardle, 2005). Research based on the domain theory of self-esteem (James, 1890) suggests physical appearance is among the domains most relevant to general self-esteem (e.g., Crocker & Wolfe, 2001).

There is a lack of literature presenting a theoretical rationale for the association between body dissatisfaction and depression. However, it's clear that body dissatisfaction may contribute to depression indirectly, through self-esteem. Cognitive theories of depression suggest negative self-evaluation is central to depression (Beck, 1987). There are also other potential routes from body dissatisfaction to depression. Relational theories of depression suggest perceived lack of social support contributes to depression (Coyne, 1976). Because social avoidance is one way of coping with body dissatisfaction (Cash, Santos, & Williams, 2005), and because body dissatisfaction is associated with social anxiety (Cash, Theriault, & Annis, 2004), social phobia (Izgiç, Akyüz, Doğan, & Kuğu, 2004), and less intimacy in social interactions (Nezlek, 1999), it is likely that people who are more dissatisfied with their body also experience more lack of social support.

Siegel (2002) found that body dissatisfaction contributes to the prediction of development of symptoms of depression, also when controlling for the effect of self-esteem. Siegel's (2002) results indicate that the influence of body dissatisfaction on depression may not completely be explained by the effect of general self-evaluation. Body dissatisfaction may also influence depression directly or by some other mechanism (e.g., social support).

Cognitive behavioral models of eating disorders propose both anorexia and bulimia are rooted in low overall self-esteem, high importance attached to low weight and body image in evaluation of self-worth, and a need for achievement and control (Fairburn et al., 1999; Vitousek, 1996). Controlling the weight and shape of the body, in attempting to reach internalized standards of physical appearance, is the primary way of attempting to improve self-worth for people with eating disorders (Fairburn, 2008).

Binge eating may also be a method for coping and emotion regulation. Several researchers (e.g., Mizes, 1985) have proposed that binge eating is triggered by negative emotions (e.g., depression and anxiety), that may arise from negative self-esteem or other stressors (e.g., conflict and loss). The relief from negative emotions is believed to be short term. The concrete mechanism, by which relief is achieved, is more likely to be a shift of attention (i.e., distraction) from the negative emotions and their origins, rather than comfort of eating in itself (Heatherton &

Baumeister, 1991). Heatherton and Baumeister (1991) propose cognitive narrowing (focusing on the immediate present, concrete thinking, and refusing broadly meaningful thought) is the mechanism in place when people binge eat to escape from painful self awareness. Negative emotion is the immediate trigger. In a more long-term and less impulsive manner, the anorexic's narrow focus on eating restrictions is also proposed to be an escape from suffering and feelings of inadequacy in other areas of life, or life in general, by providing simplicity, lack of ambiguity, and comprehensiveness of the anorexic world-view (Vitousek & Hollon, 1990).

Although the eating restrictions of the anorexic is believed to be more associated with negative self-evaluation and rigidity (Tchanturia, Serpell, Troop, & Treasure, 2001), whereas the binge eating of the bulimic is believed to be more associated with a state of negative emotion and impulsivity (Fischer, Smith, & Anderson, 2003), the two types of eating disorders may both be a result of a focus on eating and body, as an escape from low self-worth and the resulting negative emotions. The idea that different forms of eating disorders (anorexia, bulimia, and EDNOS/Eating Disorder Not Otherwise Specified) have shared origins is in line with the transdiagnostic theory (Fairburn, Cooper, & Shafran, 2003). This theory suggests that anorexia and bulimia share the same psychopathology, expressed in similar attitudes and behavior. It is also supported by the fact that eating disorder diagnoses often shift from one form of eating disorder to another (Milos, Spindler, Schnyder, & Fairburn, 2005).

1.2. Body image importance

Because only body image discrepancies personally deemed important are expected to influence well-being, Cash and Szymanski (1995) suggested that a representation of negative body image should include not only the discrepancy between body image and body ideal, but also the importance attached to attaining the ideal. However, according to Thompson (2004), body image evaluation (i.e., body dissatisfaction) and body image importance tap into conceptually different aspects related to body image. James (1890) proposed we selectively attach more importance to domains in which we perform well and discount domains in which we do poorly, when constructing an overall self-evaluation. However, research has found body dissatisfaction and body image importance to be only modestly related, and not always in the direction suggested in James' discounting hypothesis (e.g., Cash & Szymanski, 1995). Some studies use composite measures, including both body image evaluation and body image importance in the same measure (e.g., Shepherd & Ricciardelli, 1998; Van den Berg et al., 2002), but we believe it is important to distinguish between body dissatisfaction and body image importance, as the two concepts may contribute to disordered eating in different ways.

Physical appearance may be a common contingency for self-esteem, as many people base their self-esteem to some degree on their physical appearance (Crocker & Wolfe, 2001). In general, high self-consciousness is associated with lower self-esteem and more depression and anxiety (e.g., Mor & Winquist, 2002; Turner, Scheier, Carver, & Ickes, 1978). More specifically, it is considered a symptom of eating disorders (*DSM-IV-TR*) when self-worth is overly based on physical appearance. Cognitive behavioral models of eating disorders propose that high importance attached to low weight and body image, in evaluation of self-worth, contributes to both anorexia and bulimia (Fairburn et al., 1999; Vitousek, 1996).

According to Engeln-Maddox (2006), physical appearance may be important for a number of reasons (e.g., job opportunities) and self-esteem is only one of them. Body image importance may be a broader concept that subsumes the narrower concept of appearance self-esteem contingency (Crocker & Wolfe, 2001). Nevertheless, the association between body image importance and appearance self-esteem contingency poses a threat to discriminant validity, when investigating the potential effect of body image importance on eating disorders. It is

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