



Dietary restraint and self-esteem as predictors of weight gain over an 8-year time period

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Accepted 14 January 2004

Abstract

The study aimed to assess dietary restraint and self-esteem as predictors of weight change over a time period of 8 years. Questionnaires assessing self-reported weight, body dissatisfaction, dietary restraint, and self-esteem were completed by 77 young adults (19 men and 58 women) on two occasions separated by 8 years. On average, participants gained approximately 6 kg over the 8 years. Although neither dietary restraint nor self-esteem predicted weight change on its own, their interaction did. Furthermore, the relationship between restraint and weight change was best described as curvilinear. It was concluded that dietary restraint is predictive of subsequent weight gain, but in a more complex way than previously assumed.

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Keywords: Dietary restraint; Self-esteem; Weight gain

1. Introduction

A number of studies document that many women experience considerable dissatisfaction with their body size and shape, and that such body dissatisfaction seems remarkably stable across the female adult life span (Tiggemann & Lynch, 2001). For men, there is evidence that body dissatisfaction seems to increase with age (e.g., Rozin & Fallon, 1988). Nevertheless, adults (both men and women) typically put on weight as they age (Andres, 1989; Heatherton, Mahamedi, Striepe, Field, & Keel, 1997). Such weight gain may move individuals into the overweight or obese categories, with the attendant potentially negative health consequences. As yet, however, there has been relatively little investigation of the predictors (other than age) of such weight gain. In one recent study, Quatromoni, Copenhafer,

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D'Agostino, and Millen (2002) found that women who consumed a diet high in empty calories were more at risk of overweight over a 12-year period than those who consumed a heart-healthy diet. Similarly, Ball, Brown, and Crawford (2002) found that women who gained weight over 4 years had greater sitting time and consumed take-away food more frequently than weight maintainers.

One common response among women to body dissatisfaction and anticipated weight gain is to diet to reduce (or maintain) weight. Correspondingly, the prevalence of dieting is now so great that Polivy and Herman (1987) argue that normal eating for women in Western countries is characterised by dieting. Yet, it is clear that diets rarely work (Herman & Polivy, 1991). Furthermore, dieting is argued to be counterproductive. Restraint theory (Herman & Polivy, 1991) suggests that when restricted eating practices (diets) are violated, chronic dieters will actually eat more than they normally would. Thus, restricted eating practices may lead to subsequent bingeing and have been implicated in the eating disorders of anorexia nervosa and bulimia (Polivy & Herman, 1985; Striegel-Moore, Silberstein & Rodin, 1986).

Although Heatherton, Herman, Polivy, King, and McGree (1988) have argued that dieters are not particularly successful at losing weight because they vacillate between periods of intense caloric restriction and bouts of disinhibited eating, which tend to cancel each other, thereby precluding weight loss, few studies have explicitly examined the relationship between dietary restraint and body weight. Heatherton, Polivy, and Herman (1991) found that a small sample of chronic dieters displayed greater weight fluctuations over a period of 6 weeks than did nondieters. There was no weight change in either group over a 6-month time period. Among larger samples of college students, Klesges, Klem, Epkins, and Klesges (1991) and Tiggemann (1994) similarly found no relationship between restraint and weight change over 2 1/2-year and 7-month time periods, respectively. In the latter study, restrained eaters reported both more recent weight loss and more recent weight gain than unrestrained eaters did. On the other hand, Klesges, Isbell, and Klesges (1992) found that weight gain was associated with higher restraint for women, but not for men, over a 1-year period. For middle-aged samples, French et al. (1994) found that a history of dieting (restraint was not measured) predicted weight gain in both men and women over a 2-year period, while Juhaeri et al. (2002) found greater weight gain over a 6-year period for self-identified dieters than for nondieters. Finally, Stice, Cameron, Killen, Hayward, and Taylor (1999) found that although restraint did not predict growth in relative weight among adolescent girls, it did predict increased hazard for obesity over a 3-year period.

Although Stice et al. (1999) argue that the differences in results of different studies are largely due to differences in statistical power, there are other possible explanations for the equivocal results, including the use of different measures, samples, and time periods. A further possibility that other individual differences may play a moderating role is suggested by the results of laboratory studies that have generally shown different eating patterns for dieters and nondieters. In particular, dietary restraint predicts increased food consumption in response to a number of identified disinhibitors, for example, caloric preload (Herman & Mack, 1975), alcohol (Polivy & Herman, 1976), negative affect (Schotte, Cools, & McNally, 1990), depression (Baucom & Aiken, 1981), ego threat (Heatherton, Herman, & Polivy, 1991), and distraction (Boon, Stroebe, Schut, & Ijntema, 2002). However, not all dieters react to disinhibition by eating. For example, Kirschenbaum and Dykman (1991) found that restrained eaters with high self-control skills ate more than those with low self-control skills following a milkshake preload. In contrast, Polivy, Heatherton, and Herman (1988) demonstrated that only low-self-esteem participants disinhibited following a milkshake preload. Restrained eaters with high self-esteem did not show this counterregulatory response. This result has been replicated for distress as a disinhibitor (Heatherton et al., 1991).

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