



Binge eating and psychological distress in ethnically diverse undergraduate men and women

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Abstract

Binge eating symptomatology affects African Americans and Caucasians at similar rates. Moreover, compared to anorexia nervosa (AN) and bulimia nervosa (BN), binge eating and BED are more evenly distributed across genders. Undergraduates are likely to be affected by binge eating, yet, relatively few studies have investigated this behavior and its correlates in college samples. This study examined the influence of alexithymia, depression, and anxiety on binge eating among ethnically diverse undergraduates. Results indicated that these variables significantly predicted eating symptomatology among Caucasian and African American women but not among Caucasian men. Further, among Caucasian women, depression was the only unique predictor of eating pathology. In contrast, anxiety was the only unique predictor of disordered eating in African American women. There were no differences between Caucasians and African Americans in severity of disordered eating symptomatology; however, in both ethnic groups, women reported greater eating pathology than men. Eating disorders of all types may be more prevalent among African American undergraduates than previously thought. These results highlight the need to study binge eating and its correlates in this traditionally underserved group.

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1. Introduction

1.1. Binge eating, obesity, and young adults

Binge eating has recently been the focus of significant research attention, in part because of its association with obesity (e.g., Fairburn et al., 1998; Mussell et al., 1995). Rates of obesity in Western society

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have increased dramatically in recent years (e.g., Mokdad et al., 2001, 1999), and more than half the U.S. population is currently overweight (i.e., has a body mass index (BMI) ≥ 25 , Flegal, Carroll, Kuczmarski, & Johnson, 1998). Moreover, rates of obesity are increasing faster among 18- to 29-year-olds than among all other adult age groups (Mokdad et al., 1999). One of the few studies to investigate binge eating among college women (Vanderlinden, Dalle Grave, Vandereycken, & Noorduyn, 2001) found that 41% of participants reported binge eating, and 15% binged daily. Yet, despite these data, as well as research suggesting that binge eating typically begins in early adulthood (e.g., Mussell et al., 1995), few studies have examined binge eating within college samples (Vanderlinden et al., 2001; Womble et al., 2001). Additional investigations of the prevalence and correlates of binge eating symptomatology among college students could lead to earlier identification of this behavior, which, in turn, could help prevent obesity and the chronic health problems associated with it (American Psychiatric Association, 2000; Must et al., 1999).

1.2. Binge eating symptomatology among African American women

There is also an especially urgent need for additional investigations of the correlates of binge eating in ethnically diverse groups (Johnson, Rohan, & Kirk, 2002; Pike, Dohm, Striegel-Moore, Wilfley, & Fairburn, 2001; Smith, Marcus, Lewis, Fitzgibbon, & Schreiner, 1998; Striegel-Moore, Wilfley, Pike, Dohm, & Fairburn, 2000). In particular, African Americans have higher rates of obesity and associated physical complications than Caucasians (e.g., Melnyk & Weinstein, 1994; Pi-Sunyer, 2002). Beginning in early childhood, African Americans are more likely than their Caucasian peers to be overweight (Ogden, Flegal, Carroll, & Johnson, 1997), and these ethnic differences persist into adulthood for African American women (e.g., Flegal et al., 1998). Yet, although these BMI disparities are well documented, eating problems among African American women remain understudied. Most extant eating disorder research has focused on Caucasian women, who manifest higher rates of anorexia nervosa (AN) and bulimia nervosa (BN; American Psychiatric Association, 2000).

Preliminary evidence suggests that rates of binge eating and BED are similar among Caucasians and African Americans (Cachelin, Veisel, Barzegarnazari, & Striegel-Moore, 2000; le Grange, Telch, & Agras, 1997; Mulholland & Mintz, 2001; Smith et al., 1998). Several authors have hypothesized that African American women might be particularly susceptible to binge eating due to cultural differences between African Americans and Caucasians in body image satisfaction (Cachelin et al., 2000; Flegal et al., 1998; Melnyk & Weinstein, 1994; Smolak & Striegel-Moore, 2001). Specifically, although African American women typically have greater BMIs than their Caucasian counterparts (Cachelin et al., 2000; Striegel-Moore, Schrieber, et al., 2000; Striegel-Moore, Wilfley, et al., 2000), they are generally more satisfied with their bodies (e.g., Baskin, Ahluwalia, & Resnicow, 2001; Striegel-Moore, Schrieber, et al., 2000). This acceptance of higher BMIs may decrease African Americans' risk for eating disorders such as AN and BN, which focus on the attainment of an extremely thin body. Conversely, their risk of binge eating and BED may be greater than that of Caucasian women (Cachelin et al., 2000; Striegel-Moore, Schrieber, et al., 2000).

Two recent community-based studies found support for this hypothesis. In the first study, Striegel-Moore, Wilfley, et al. (2000) found that African American women had higher rates of recurrent binge eating than Caucasian women. Moreover, in both ethnic groups, binge eating was associated with greater psychological distress. Similarly, Pike et al. (2001) found that, compared to Caucasian women, African American women with BED were more likely to be obese and to engage in a greater number of binge episodes per week. However, African American women were less likely to have sought treatment for an

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