Body Dissatisfaction as a Mediator of the Relationship between Dietary Restraint and Bulimic Eating Patterns

LINA A. RICCIARDELLI
Deakin University, Melbourne, Australia

DORIS TATE
La Trobe University, Melbourne, Australia

ROBERT J. WILLIAMS
Charles Sturt University, Bathurst, Australia

The present study was designed to test whether dietary restraint mediates the relationship between body dissatisfaction and bulimic eating patterns in a sample of 172 university females. Contrary to what was expected the results showed that body dissatisfaction mediated the relationship between dietary restraint and bulimic patterns of eating. Thus the results highlight the primary importance of body dissatisfaction as a predictor of bulimic behavior. Body dissatisfaction encompasses a broad array of dimensions such as self-perceptions, cognitions, affect and behavior and it carries enormous explanatory power but its different components remain largely unexplored.

INTRODUCTION

Fears about shape and weight are widespread in women (Bordo, 1993; Rodin, Silberstein & Striegel-Moore, 1985; Striegel-Moore, Silberstein & Rodin, 1986) and these have been found to be relatively uniform across women ranging in age between 18 and 70 years (Cash & Henry, 1995; Hetherington, 1994). Other studies too have found that girls as young as eight years of age report high levels of dissatisfaction with their bodies (Wood, Becker & Thompson, 1996).

BODY DISSATISFACTION AND EATING PROBLEMS

Researchers have consistently found that body dissatisfaction is one of the risk factors associated with disordered eating in non-clinical samples (e.g., Fabian & Thompson, 1989; Katzman & Wolchik, 1984; Killen et al., 1994; Koenig & Wassermann, 1995; Leon, Fulkerson, Perry & Cudeck, 1993; Maloney, McGuire, Daniels...
Dietary restraint has also been identified as one of the main factors underlying the eating behavior of many eating disordered patients and the syndrome of bulimia nervosa and binge eating disorder, in particular (Brody, Walsh & Delvin, 1994; Gleaves, Williamson & Barker, 1993). Similarly, dietary restraint has been found to account for a significant amount of variance in eating problems, particularly binge eating and bulimic behavior in non-clinical samples (Polivy & Herman, 1985; Thompson, Coover, Richards, Johnson & Cattarin, 1995; van Strien, 1996; Wardle, 1980). However, the strength of the relationship varies from study to study (van Strien, 1996) and some studies have found no relationship (Cooper & Charnock, 1990; Treasure, 1990). Where a significant relationship has been found, the results show that women who are high on measures of restrained eating, that is, they consciously restrict their eating behavior and are frequently preoccupied with their weight, shape and food intake, are more prone to binge eating than those who are low on dietary restraint.

Body Dissatisfaction and Dietary Restraint

Stice (1994) has recently proposed a sociocultural model for bulimia nervosa which includes dietary restraint and body dissatisfaction. According to Stice (1994), body dissatisfaction leads to dietary restraint which in turn is viewed as being one of the main mediating mechanisms which leads to an increase in binge eating and bulimic eating, more generally. Body dissatisfaction leads to dietary restraint because of the belief that restrained eating will produce weight-loss and thinness (McCarthy, 1990; Stice, 1994). Similarly, Cash and Henry (1995) have argued that it is body dissatisfaction or fears about body shape and weight that cause widespread dieting and chronic dieting. Empirical support for this relationship has been provided by a number of researchers (Hawkins & Clement, 1984; Thompson et al., 1995; Tiggemann, 1994; van Strien, 1989).

The Present Study

In summary, a number of correlational studies have shown that there is a relationship between (1) body dissatisfaction and bulimic behavior (e.g., Stice & Shaw, 1994; van Strien, 1996); (2) dietary restraint and bulimic behavior (e.g., Polivy & Specker, 1989; van Strien, 1996). For example, Koenig and Wasserman (1995) found that body dissatisfaction and body image importance explained between 21 to 32 per cent of the variance in eating problems of young women, as measured by the Eating Attitudes Test (EAT) and the Mizes Anorectic Cognitions Scale, even after accounting for depression and failed dieting. Although longitudinal studies in the field are sparse, Attie and Brooks-Gunn (1989) found that body dissatisfaction predicted eating pathology, as measured by the EAT, over a two year period in adolescents; and Killen et al. (1994) have found that body dissatisfaction predicted bulimic behaviors in adolescence over a three year period.