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Dietary restraint and negative affect as mediators of body dissatisfaction and bulimic behavior in adolescent girls and boys

Lina A. Ricciardelli ^{*}, Marita P. McCabe

School of Psychology, Deakin University, Burwood Highway, Burwood, 3125 Melbourne, Australia

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Abstract

Stice's dual pathway model of dietary restraint and negative affect was examined in both adolescent girls and boys. Self-report measures assessing body dissatisfaction, dietary restraint, negative affect and bulimic behavior were administered to 267 girls and 199 boys aged between 12 and 16 years. The findings for the girls were consistent with Stice's model, in that they indicated that both dietary restraint and negative affect mediated the relationship between body dissatisfaction and bulimic behavior. For the boys who desired a thinner body size, only negative affect was found to mediate the relationship between body dissatisfaction and bulimic behavior. On the other hand, for boys who desired a larger body size, both body dissatisfaction and dietary restraint were found to exert an independent effect on bulimic behavior. As boys can aspire to two contrasting and seemingly opposite body size ideals, the findings highlight that the relationship between body dissatisfaction, dietary restraint, negative affect and bulimic behavior are more complex in males than in females. Further research using longitudinal designs is needed in order to test the directional and bidirectional nature of the observed interrelationships. © 2001 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Recent models which have been designed to explain the development of bulimia nervosa and bulimic behavior have been primarily tested and validated with young adult women and adolescent girls (Shepherd & Ricciardelli, 1998; Stice, Nemeroff & Shaw, 1996; Stice, Shaw & Nemeroff,

^{*} Corresponding author. Tel.: +61-3-92446866; fax: +61-3-92446858.
E-mail address: lina@deakin.edu.au (L.A. Ricciardelli).

1998; Thompson, Coovert, Richards, Johnson & Cattarin, 1995; Varnado, Williamson & Netemeyer, 1995). This is despite the fact that approximately 10% of individuals who are treated for bulimia nervosa and binge eating disorder are males (Carlat, Camargo & Herzog, 1997; Tanofsky, Wilfley, Spurrell, Welch & Brownell, 1997; Wilson, Nonas & Rosenblum, 1993). In addition, community samples of adolescent and adult males have demonstrated high levels of binge eating behavior that are often comparable to that of females (Franco, Tamburrino, Carroll & Bernal, 1988; Maude, Wertheim, Paxton, Gibbons & Szmukler, 1993).

Among young women, body dissatisfaction has been consistently found to be one of the main risk factors predictive of bulimia nervosa and bulimic eating patterns (Gleaves, Williamson & Barker, 1993; Ricciardelli, Tate & Williams, 1997). Stice (1994) proposed a model that identifies two pathways in which body dissatisfaction may lead to the development of bulimic behavior for young women and adolescent girls. The first pathway involves dietary restraint. Within this pathway, body dissatisfaction is closely associated with dietary restraint, and in turn, dietary restraint leads to an increase in the likelihood of binge eating and bulimia nervosa (Brody, Walsh & Delvin, 1994). The second pathway is via negative affect. Body dissatisfaction is closely associated with negative affect, and women experiencing negative affect demonstrate higher levels of bulimic behavior (Beebe, 1994; Shepherd & Ricciardelli, 1998; Stice, 1994; Stice et al., 1998). Bingeing and purging, in turn, are thought to reduce negative affect by providing temporary relief and distraction from one's negative emotional state (Beebe, 1994; Stice, 1994). Therefore, the two pathways which were developed by Stice (1994) to explain the development of bulimic behavior, have both received empirical support for young adult women and adolescent girls.

In contrast, several studies conducted with non-clinical samples of males, have not always found significant relationships between body dissatisfaction, dietary restraint, negative affect and bulimic behavior (Keel, Fulkerson & Leon, 1997; Leon, Fulkerson, Perry & Early-Zald, 1995; Richards, Casper & Larson, 1990). It has been suggested that whereas women use dietary restraint to moderate body dissatisfaction, men may not use dietary restraint in the same way (Carlat & Camargo, 1991). Men who are dissatisfied with their body are less likely to want to lose weight, as dieting would take men away from the "mesomorphic" ideal (Carlat & Camargo, 1991; Raudenbush & Zellner, 1997). In addition, although similar levels of binge eating have been found between men and women, some studies have shown that boys and men are less likely to feel depressed after bingeing, and they report less guilt about binge eating (Carlat & Camargo, 1991; Leon et al., 1995; LaPorte, 1997; Snow & Harris, 1989). In fact, binge eating in men is not seen as abnormal or as inappropriate as it is in women, and it may even be socially sanctioned for men (Carlat & Camargo, 1991). Thus, the meaning, function and outcome of binge eating may be quite different for males and females. It is also not surprising that men require that a larger amount of food be consumed before they label it a "binge", and men associate mostly gastrointestinal outcomes rather than negative emotional responses with their labeled binges (LaPorte, 1997).

Whilst the above discussion would suggest that negative affect may not play an important role in determining binge eating and other bulimic behavior among males, some studies have found evidence which links emotional distress to bulimic behavior among males (Fox, Page, Armstrong & Kirby, 1994; Leal, Weise & Dodd, 1995; Leon, Fulkerson, Perry, Keel & Klump, 1999; Ricciardelli, Williams & Kiernan, 1999; Vincent & McCabe, 2000). The inconsistent findings with males may be due to the fact that body dissatisfaction among males is fairly equally split between those wanting a larger body size and those wanting to be thinner than their current body

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