

Temperament, mood, dietary restraint, and bulimic symptomatology in college women [☆]

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Received 22 June 2007; received in revised form 31 October 2007; accepted 17 December 2007

Abstract

The current study examined whether biologically-influenced temperamental traits implicated in the pathogenesis of disordered eating behaviors contribute to their development over and above current negative affect and dietary restraint. Participants ($N=276$) were undergraduate psychology women who completed the BULIT-R, BDI-II, STAIS, RS, and the MPQ. Temperamental characteristics, particularly increased Negative Emotionality and decreased Positive Emotionality, were significantly associated with increased levels of bulimic symptomatology. Moreover, these dimensions accounted for small, but statistically significant amounts of the variance of bulimic symptomatology over and above current negative affect and dietary restraint. Contrary to expectations, impulsivity did not predict bulimic symptoms. This study provides evidence that temperamental dimensions related to mood rather than impulsivity are associated with bulimic symptomatology and contribute to bulimic symptoms over and above state mood and dietary restraint. Future empirical studies are needed to clarify relationships between temperament and other risk factors for disordered eating.

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Keywords: Bulimic symptomatology; Mood; Dietary restraint; Temperament

1. Introduction

Numerous investigations have focused on dietary restraint and negative affect in the pathogenesis of bulimia nervosa. The dietary restraint model posits that a pattern of disinhibited eating is triggered and maintained by habitual dietary restriction (Herman & Mack, 1975; Polivy & Herman, 1985). The negative affect model proposes that individuals binge eat to distract themselves from aversive emotions such as depression, anxiety, anger, or stress (Heatherton & Baumeister, 1991; Leon, Fulkerson, Perry, & Early-Zadd, 1995). Highlighting the interrelationship among these risk factors, the dual-pathway model posits that both dietary restraint and negative affect contribute to the development of bulimic behaviors, although the complex nature of these relationships requires elucidation (Stice, 1994).

[☆] Portions of this paper have been presented at the Academy for Eating Disorders 2003 International Conference on Eating Disorders.

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Despite substantial evidence documenting the relationship between eating disorders, dietary restraint and negative affect, available research evidence suggests that the etiology of eating disorders is multifactorial, and a combination of risk factors likely determines whether an individual develops bulimic symptomatology and whether those symptoms persist (Jimerson, Wolfe, Brotman, Metzger, 1996). Recent work documenting biological risk factors and heritability of eating disorders has suggested that specific temperamental traits also may increase risk for bulimic eating behaviors. A number of conceptualizations of temperament exist, and there is consensus that temperament is multidimensional and biologically-influenced (Tellegen, 1985; Zuckerman, 1991). However, the use of differing assessments of temperament reflecting varying theoretical conceptions has hindered a precise understanding of the relationship between temperament and eating disorders.

In general, cross-sectional and longitudinal studies of temperament in clinical samples of individuals with bulimia nervosa (BN) have suggested that affective dysregulation, stress reactivity, and neuroticism are associated with BN (Casper, Hedeker, & McClough, 1992; Lilenfeld et al., 2000; Pryor & Wiederman, 1996). However, conflicting findings have been reported with regard to BN and other dimensions of temperament. For example, some studies have reported higher levels of impulsive tendencies in individuals with BN than in non-symptomatic control individuals (Brewerton, Hand, & Bishop, 1993; Bulik, Sullivan, Weltzin, & Kaye, 1995; Waller et al., 1993), but others have not replicated this finding (Casper et al., 1992; Lilenfeld et al., 2000; Pryor & Wiederman, 1996). Thus, a complete understanding of the relationship between temperament and BN remains a challenge.

Additionally, most studies of temperament and eating disorders have focused on clinical samples, and less is known about temperament and eating disorder symptoms in nonclinical populations. Research is needed to identify those individuals who may be at increased risk for eating disorders (Smolak, Levine, & Striegel-Moore, 1996), and examining temperamental characteristics in nonclinical samples might contribute to our understanding of similarities and differences between clinical and nonclinical groups. Furthermore, no studies have examined temperament in relation to dietary restraint and negative affect in either a clinical or a nonclinical sample.

Thus, the aim of the current investigation was to examine whether negative affect, dietary restraint, and specific temperamental factors were independently related to bulimic symptoms in a cross-sectional sample of college women. Consistent with previous findings, we predicted that negative affect and dietary restraint would be positively associated with bulimic symptomatology. With regard to temperament, we hypothesized that negative emotionality and characteristics of behavioral disinhibition and impulsivity would be positively related to bulimic symptomatology. Next, we examined whether a model that included restraint, negative affect, and temperament enhanced prediction of bulimic symptoms. Specifically, we hypothesized that temperament would contribute to the prediction of bulimic symptoms over and above restraint and negative affect. Finally, in a series of exploratory analyses, we examined the interactions among negative affect, dietary restraint, and temperament in predicting bulimic symptoms.

2. Materials and methods

2.1. Participants

Participants were undergraduate psychology students from a local university. Two hundred eighty four female undergraduate students elected to participate in the study. No men were recruited because eating disorder symptoms are significantly less common in men (Hoek, 1995), and limiting the recruitment of participants to women increased the likelihood of recruiting individuals with significant eating disorder symptomatology. Eight participants were excluded due to missing data ($n=5$), pregnancy ($n=2$), or age ($n=1$).

Thus, the final sample consisted of 276 female undergraduates who ranged in age from 18 to 25 years ($M=19.21$, $SD=1.30$). Demographic characteristics of the participants are summarized in Table 1. The mean BULIT-R score was 52.59 ± 20.19 , and five of the women (1.8%) had BULIT-R scores consistent with a diagnosis of bulimia nervosa (using the recommended cutoff of 104; Thelen, Farmer, Wonderlich, & Smith, 1991). These women were provided with appropriate referrals for treatment.

2.2. Study procedures

Participants were invited to participate in a study examining the roles of temperament, mood, and dieting style in predicting health-related attitudes and behaviors. All participants signed a consent form approved by the Biomedical IRB of the University of Pittsburgh prior to starting the study. They attended one 2-h session during which they completed self-report questionnaires. After participants completed the assessments, they were weighed, and height was measured.

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