

# Role of body dissatisfaction in the onset and maintenance of eating pathology

## A synthesis of research findings

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### Abstract

**Objective:** Recent findings implicate body dissatisfaction in the development and maintenance of eating pathology. This paper reviews theory and empirical findings regarding the putative origins and consequences of body dissatisfaction because recent findings have not been synthesized or critically evaluated and because these findings have key etiologic and prevention implications. **Methods:** A computer-assisted literature review was conducted to locate relevant prospective and experimental studies. **Results:** There is evidence that perceived pressure to be thin, thin-ideal internalization and elevated body mass, but not

early menarche, increase the risk for subsequent body dissatisfaction. There is also consistent support for the assertion that body dissatisfaction is a risk factor for eating pathology and that this relation is mediated by increases in dieting and negative affect.

**Conclusions:** This review provides support for the claim that sociocultural processes foster body dissatisfaction, which in turn increase the risk for bulimic pathology, and suggests that prevention and treatment interventions might be enhanced by focusing greater attention on body image disturbances. © 2002 Elsevier Science Inc. All rights reserved.

*Keywords:* Body dissatisfaction; Body image; Bulimia nervosa; Eating pathology

### Introduction

Eating disorders are one of the most common psychiatric problems faced by females and are characterized by chronicity and high rates of relapse [1–3]. Anorexia nervosa is characterized by emaciation, fear of becoming fat, disturbed perception of body shape, undue influence of shape on self-evaluation, denial of the seriousness of low body weight and amenorrhea (for females). Bulimia nervosa is marked by uncontrollable binge eating, compensatory behavior to prevent weight gain (e.g., vomiting) and undue influence of shape on self-evaluation. Eating disorders are marked by medical complications, psychosocial impairment and comorbid psychopathology, and have the highest levels of treatment seeking, inpatient hospitalization, suicide attempts and mortality of common psychiatric syndromes [4,5]. Furthermore, eating pathology increases the risk for onset of obesity, depression and substance abuse [6–8]. Accord-

ingly, it is important to elucidate the processes that result in the onset and maintenance of eating pathology so that optimally effective preventive and treatment interventions can be developed.

One prominent risk and maintenance factor that is emerging from recent research is body dissatisfaction [9]. Body dissatisfaction refers to negative subjective evaluations of one's physical body, such as figure, weight, stomach and hips. Body dissatisfaction should be distinguished from body image distortions wherein the individual perceives their body to be significantly larger than it really is, which is a symptom of anorexia nervosa [10]. Body dissatisfaction should also be differentiated from the over-emphasis placed on weight and shape in determining self-worth, which is a symptom of both anorexia and bulimia nervosa [10].

Although there has been a burgeoning of longitudinal and experimental studies on the apparent precipitants and consequences of body dissatisfaction, this literature has not been synthesized or critically reviewed recently. A review of this nature is currently needed because it would serve to communicate these recent findings to researchers and practitioners. This is particularly important because there seems

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to be a tendency for these groups to sometimes uncritically accept the importance of hypothesized risk factors despite a lack of rigorous empirical support (e.g., perfectionism). In addition, findings from this literature have the potential to help improve the effectiveness of prevention and treatment interventions for eating pathology—something that is of vital importance given that the vast majority of prevention programs have failed to produce reductions in eating pathology [11] and that the treatments of choice only result in lasting symptom remission for a small minority of individuals [12]. Finally, the importance of understanding the risk factors for body dissatisfaction is underscored by the fact this disturbance afflicts a substantial proportion of adolescent and young adult women and is associated with emotional distress, appearance rumination and unnecessary cosmetic surgery [9,13]. Accordingly, the aims of this review are to (a) explicate the theoretical accounts concerning the putative origins and consequences of body dissatisfaction, (b) summarize and synthesize extant empirical findings, (c) note conceptual and methodological limitations of this literature, (d) review prevention and treatment implications and (e) offer suggestions regarding potential directions for future research.

This review was confined to prospective and experimental studies because it is not possible to differentiate a precursor from a consequence of body dissatisfaction with cross-sectional data. Retrospective studies were not included because this design does not permit a demonstration of temporal precedence and retrospective reports have been found to be inaccurate [14]. Only studies that tested whether independent variables predicted subsequent change in dependent variables were included. Studies that simply correlated independent variables with subsequent dependent variables without controlling for initial levels of the dependent variable were not included because this type of analysis does not establish temporal precedence. It should be noted

that numerous studies were excluded from this review because the authors did not analyze their data in a way that established temporal precedence. Finally, only completely independent studies are cited for any particular point. When more than one published report examined a particular relation in the same data set, the more methodologically rigorous report was cited (e.g., the one with the longer follow-up).

Several procedures were used to retrieve published and unpublished articles for this review. First, a computer literature search was performed on *PsychInfo* and *MedLine* for the years 1980–2001 using the following key words: prospective, longitudinal, experiment, body dissatisfaction, body image disturbance, eating disorder, eating pathology, anorexia, anorexic, bulimia, bulimic and binge eating. The first author, a research assistant, and a professional librarian performed independent searches to increase the likelihood that all relevant articles would be retrieved. The first author reviewed the products of all three searchers to identify pertinent articles. Secondly, the tables of content for journals that commonly publish articles in this area were reviewed. Thirdly, the reference sections of all identified articles, past reviews and books in this area were examined.

### Theoretical accounts of the risk factors for body dissatisfaction

Body dissatisfaction is thought to arise primarily from sociocultural pressures to be thin and physical deviation from the current thin-ideal espoused for women in Western culture [9,15,16]. Fig. 1 presents a conceptual model of the ostensive precursors and consequences of body dissatisfaction that guided this review. Sociocultural pressure to be thin emanates from a wide number of sources, including the mass media, parents, siblings, peers and dating partners.

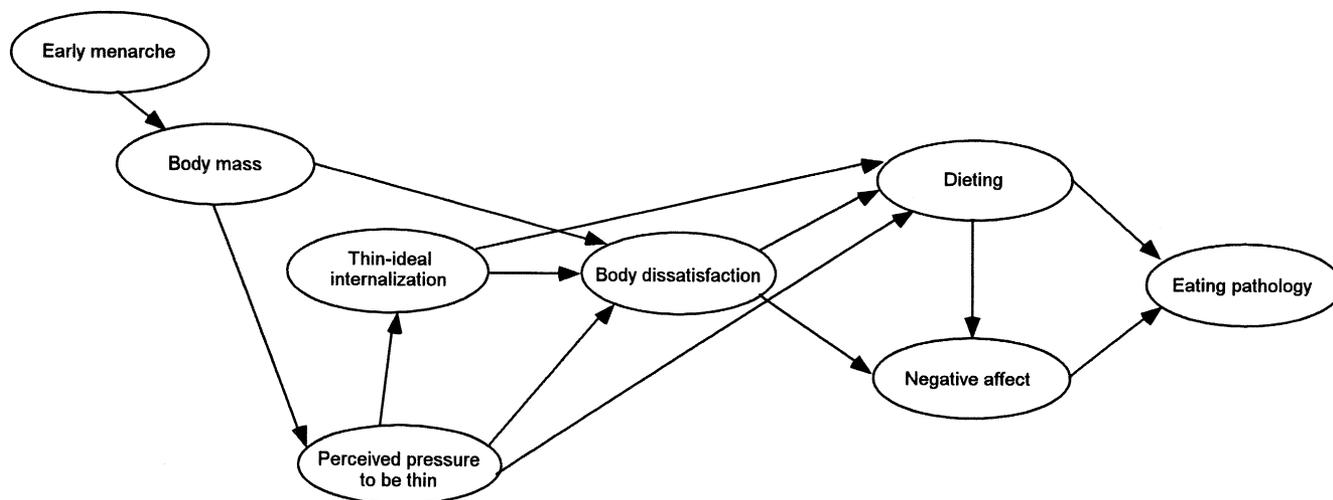


Fig. 1. Graphical depiction of the putative precursors and consequences of body dissatisfaction.

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