

Research Report

Body dissatisfaction in female restrained eaters depends on food deprivation

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Received 30 September 2002; accepted 16 January 2003

Abstract

This study investigated the effects of food deprivation on the body image in female restrained and unrestrained eaters. Twenty female restrained eaters and 20 female unrestrained eaters were asked to identify their current and their ideal body shape by choosing them from a sample of nine female silhouettes. This test was conducted under three deprivational conditions: hungry, thirsty and non-deprived (neither hungry nor thirsty). The discrepancy between the current and the ideal body shape—termed as body dissatisfaction—did not differ significantly between restrained and unrestrained eaters when thirsty or satiated. Under hunger, however, the restrained eaters scored a significantly larger discrepancy between their current and ideal body shape than the unrestrained eaters. The data suggest that women with restrained eating behavior feel a body dissatisfaction when being hungry.

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Keywords: Restrained eating; Body image; Body dissatisfaction; Food deprivation; Hunger; Satiety

Introduction

For about 40 years a disturbance of body image is described in female eating disordered patients (Bruch, 1962). Disturbance of body image refers to a construct which includes a ‘cognitive and attitudinal’ disturbance in addition to a ‘perceptual’ disturbance (Garner & Garfinkel, 1981). The ‘perceptual’ disturbance refers to the inability to assess the own body size accurately and is often referred to as body size distortion. The ‘cognitive or attitudinal’ disturbance refers to extreme reactions in form of disparagement of the own body while the assessment of the own body size is accurate. This latter disturbance is often referred to as body dissatisfaction (Cash & Brown, 1987; Garner & Garfinkel, 1981). It seems to be useful to separate these two forms of body image disturbances, although they may often occur conjointly in eating disordered patients (Cash & Brown, 1987; Hsu & Sobkiewicz, 1991; Lautenbacher, Kraehe, & Krieg, 1997). Moreover, in eating disordered patients, the attitudinal body dissatisfaction was shown to be more pronounced than

the perceptual body size estimation inaccuracy (Cash & Deagle, 1997).

The concept of restrained eating describes a type of eating behavior that is governed by cognitive dieting rules rather than by hunger or satiety. Restrained eaters are defined as persons who struggle with their biological eating drive in order to lose weight or to maintain a current weight (Fedoroff, Polivy, & Herman, 1997). Thus, a majority of restrained eaters are of normal weight. According to the boundary-model (Herman & Polivy, 1984; Ruderman, 1986) restrained eaters restrain from food ingestion long before they are satiated (when reaching a personal ‘diet boundary’). The area of appetitive regulation of food intake (instead of regulation by aversive hunger or satiety signals) is much broader in restrained eaters than in unrestrained eaters. Thus, in contrast to unrestrained eaters, food intake is to a greater extent controlled by cognitive factors. Like anorectic and bulimic patients, restrained eaters are also assumed to not perceive or to disregard internal hunger and satiety signals (Fedoroff et al., 1997; Tuschl, Lässle, Platte, & Pirke, 1990).

A great number of studies investigated the disturbances of the body image in anorectic and bulimic women (Cash & Brown, 1987; Lautenbacher et al., 1997; Lindholm & Wilson, 1988; Molinari, 1995; Touyz, Beumont, & Collins,

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1988; Williamson, Cubic, & Gleaves, 1993; Williamson, Davis, Bennett, Goreczny, & Gleaves, 1989) and in restrained eaters (Lautenbacher et al., 1992; Nelson & Gidycz, 1993; Williamson, Barker, Bertman, & Gleaves, 1995). These studies revealed that restrained eaters are more dissatisfied with their body size than unrestrained eaters (Counts & Adams, 1985; Lautenbacher et al., 1992) but have no body size distortion compared to unrestrained eaters (Lautenbacher et al., 1992; Lewis & Donaghue, 1999; Nelson & Gidycz, 1993). Furthermore, previous studies also revealed that the body image is very sensitive to negative affect and concerns about weight. In sum, the experimental induction of negative mood as well as of weight concerns (by consuming a preload) led to an increased judgement of the actual body size and an increased body dysphoria (Baker, Williamson, & Sylve, 1995; McKenzie, Williamson, & Cubic, 1993).

Among the different methods to assess the body image the 'Body Image Assessment' (BIA) is a commonly used method to assess ratings of a person's current and ideal body shape and a discrepancy score between these two (Williamson et al., 1989a). The BIA requires rating the current body shape and the ideal body shape of one out of nine female silhouettes ranging from extremely thin to extremely thick. The discrepancy score, which is calculated by subtracting ideal body shape from current body shape, has been suggested as a measure of body dissatisfaction (Williamson et al., 1993). By applying the BIA, Williamson et al. (1993) showed that anorectic and bulimic women estimate their current body shape thicker and their ideal body shape thinner than did control persons with normal eating behaviors.

Although body image was investigated in a number of studies in non-clinical restrained eating women, no study was undertaken to evaluate the effects of acute food deprivation vs. satiety on it. Effects of acute food deprivation on body image can be derived from empirical data indicating that the induction of negative mood and the activation of weight concerns (by overeating) have an enhancing impact on body dissatisfaction in subjects with eating disorders or restrained eating (Baker et al., 1995; McKenzie et al., 1993; Plies & Florin, 1992; Williamson, 1996; Williamson, Muller, Reas, & Thaw, 1999). Thus, it is assumed that food intake serves as a weight concern signaling the fear of overeating. Likewise, hunger should not activate such weight concerns and, therefore, not affect body image. It is expected that the body image in restrained eaters varies between hunger and satiety while there are no such differences in unrestrained eaters.

The present study thus investigated the effects of food intake and food deprivation on the body image in restrained eating women by means of the BIA. In detail, the following hypothesis was tested: body dissatisfaction, as indicated by the discrepancy score of the BIA, should be enhanced following food intake compared to food deprivation in restrained eaters while in unrestrained eaters there should be

no difference in body dissatisfaction between food deprivation and satiety.

Method

Participants

The study was undertaken in 20 female restrained eaters and 20 female unrestrained eaters matched for age and education. The participants were students and recruited by advertisements at the local university. Subjects were classified as restrained or unrestrained eaters by their ratings on the 'cognitive control of eating behavior'—scale of the German version of the Three-Factor Eating Questionnaire (Stunkard & Messick, 1985) called 'Fragebogen zum Essverhalten' (Pudel & Westenhöfer, 1989). Women with a score of more than 10 on this scale were classified as restrained eaters and women with a score of less than six on this scale were classified as unrestrained eaters. Subjects did not suffer from any eating disorders. The mean BMI of the restrained eaters was $21.81 \pm 0.31 \text{ kg/m}^2$ and their mean age 26.55 ± 1.74 years. The mean BMI of the unrestrained eaters was $21.06 \pm 0.31 \text{ kg/m}^2$ and their mean age 26.60 ± 1.67 years. Subjects were only weighed at the first session since sessions were between 2 and 7 days apart and no weight changes were expected between the sessions.

Procedure

Subjects performed the BIA as described by Williamson et al. (1989a). The test consists of nine silhouettes of female body shapes ranging from very thin to very large. The silhouettes were presented simultaneously in a randomised order on a table in front of the participants. First, the participants had to select the silhouettes, which most accurately depict their current body size. After that, the silhouettes were mixed and presented in a randomly arranged order again. Participants then had to select the silhouettes, which most accurately depict their ideal body size. Silhouettes are each numbered from 1 to 9 (thin to obese), and the numbers correspond to the scores for current and ideal body size. The BIA discrepancy score, indicating body size dissatisfaction, was calculated by subtracting the ideal body size score from the current body size score. The silhouettes were drawn according to that illustrated by Williamson, Kelley, Cavell, and Prather (1987).

This test was conducted at three different days between 10.30 a.m. and 1.30 p.m. The testing occasions differed with respect to the kind and degree of food deprivation. On one occasion subjects had to abstain from food since 10.00 p.m. the day before but were allowed to drink non-caloric beverages (condition 'hungry'). On another occasion the subjects had not drunk anything since 10.00 p.m. the day

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