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Original article

Psychosocial moderators of the relationship between body dissatisfaction and symptoms of eating disorders: A look at a sample of young Italian women



Variables psychosociales modérant la relation entre insatisfaction corporelle et symptomatologie des troubles des conduites alimentaires : une étude sur un échantillon de jeunes femmes italiennes

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ABSTRACT

Introduction. – Various psychosocial variables may affect the strength of the relationship between body image dissatisfaction and women's eating disorder symptomatology.

Objective. – Informed by Tylka (2004) and Brannan and Petrie (2011) research, the current study examined body surveillance and self-esteem as well as three additional theoretically relevant variables (social interaction anxiety, internalization of media ideals and attachment anxiety) as potential moderators of this relationship.

Method. – A cross-sectional design was used. A sample of 538 young Italian women completed self-report questionnaires.

Results. – Hierarchical moderated regression indicated that self-esteem buffered the deleterious effects of body dissatisfaction, whereas social interaction anxiety, body surveillance, internalization of media ideals and attachment anxiety intensified the primary body dissatisfaction-eating disorder symptomatology relationship.

Conclusion. – Several risk and protective factors were found to interact with body dissatisfaction to influence its relation to women's eating disorder symptomatology. Practical implications and directions for future research are discussed.

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R É S U M É

Introduction. – Plusieurs variables psychosociales peuvent affecter la force de la relation entre l'insatisfaction à l'égard de l'image corporelle et la symptomatologie des troubles des conduites alimentaires chez les femmes.

Objectifs. – Inspirée par les recherches de Tylka (2004) et de Brannan et Petrie (2011), la présente étude a examiné la surveillance de son corps et l'estime de soi, ainsi que trois variables additionnelles théoriquement significatives (l'anxiété d'interaction sociale, l'internalisation des idéaux véhiculés par les médias, un style d'attachement marqué par de l'anxiété) en tant que variables modératrices potentielles de la relation entre insatisfaction à l'égard de son corps et troubles alimentaires.

Méthode. – Cette étude transversale porte sur un échantillon de 538 jeunes femmes italiennes qui ont rempli une série de questionnaires auto-administrés.

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Résultats. – Une régression hiérarchique modérée indique que l'estime de soi réduit les effets négatifs de l'insatisfaction corporelle, tandis que l'anxiété liée aux interactions sociales, la surveillance de son corps, l'internalisation des idéaux véhiculés par les médias et un style d'attachement marqué par de l'anxiété intensifient la relation primaire entre l'insatisfaction corporelle et la symptomatologie des troubles des conduites alimentaires.

Conclusion. – Plusieurs facteurs de risque et de protection se sont avérés interagir avec l'insatisfaction à l'égard de son corps, influençant ainsi la relation de celle-ci avec la symptomatologie des troubles des comportements alimentaires chez les femmes. Les implications pratiques, ainsi que les pistes de recherches, sont discutées.

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1. Introduction

Although the number of young women meeting criteria for full threshold anorexia and bulimia nervosa is relatively small (American Psychiatric Association (APA), 2000; Hudson, Hiripi, Pope, & Kessler, 2007), there remains a large and increasing number of undergraduate females who report engaging in deleterious weight and body shape control behaviours (i.e., dietary restraint, use of diet pills, fasting and compulsive exercise) to reduce body fat and become thinner (Dakanalis, Di Mattei, Prunas et al., 2012; Forman-Hoffman, 2004; Hoyt & Ross, 2003; Riva, Gaggioli, & Dakanalis, 2013; Striegel-Moore, Rosselli, Perrin, DeBar, Wilson, May, & Kraemer, 2009; Tylka & Subich, 2002).

Virtually all multivariate conceptualizations of eating disorders (including the Diagnostic and Statistical Manual of Mental Disorders criteria; APA, 1994, 2000) make reference to body image dissatisfaction (Fairburn & Cooper, 2011; Polivy & Herman, 2002) which, according to etiological models of eating psychopathology and meta-analytic data, is recognised as the most robust causal risk factor for women's clinical and subclinical eating disorders (Fairburn, Cooper, & Shafran, 2003; Fredrickson & Roberts, 1997; Riva, 2011; Shroff & Thompson, 2006; Stice, 2001, 2002; Stice & Shaw, 2002). Yet it has also been documented that the prevalence of female body image concern has dramatically increased over the past three decades (Feingold & Mazzella, 1998; Garner, 1997; Silberstein, Striegel-Moore, Timko, & Rodin, 1988), to the extent that women's dissatisfaction with body size, weight and shape has been aptly described as "normative" (Tiggemann, 2004).

Although 65–80% of college women are body dissatisfied (Feingold & Mazzella, 1998; Garner, 1997; Spitzer, Henderson, & Zivian, 1999), not all women report severe levels of eating disorder symptoms (Dakanalis, Caslini et al., 2012; Tylka & Subich, 2002) and, in fact, the prevalence of women's diagnosable eating disorders remains relatively low (i.e., 1–3% for bulimia nervosa, 0.5% for anorexia nervosa, and 2–5% for otherwise unspecified eating disorders; APA, 1994). Thus, dissatisfaction with the physical body may be necessary for the development of an eating disorder but it is not sufficient (Brannan & Petrie, 2008; Fairburn & Cooper, 2011; Juarascio, Perone, & Timko, 2011). By detecting and articulating potential moderators of the primary body dissatisfaction-eating disorder symptomatology relationship, researchers can contribute to the theory of treatment and prevention of women's eating disorders (Cook-Cottone & Phelps, 2003; Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004; Kraemer, Stice, Kazdin, Offord, & Kupfer, 2001; Mussell, Binford, & Fulkerson, 2000; Stice, 2002), characterized by chronicity and relapse (Fairburn & Harrison, 2003).

In recent years, in order to better understand the conditions under which body dissatisfied women would also engage in disordered eating, several researchers (Brannan & Petrie, 2008; Juarascio et al., 2011; Tylka, 2004; Welch, Miller, Ghaderi, & Vaillancourt, 2009) have begun to investigate critical variables (i.e., depression, dieting, neuroticism, self-oriented and socially prescribed perfectionism, and ego goal orientation) thought to exacerbate the relationship between body dissatisfaction and eating

disorder symptomatology. For instance, Tylka (2004) examined seven theoretically relevant variables (body surveillance, neuroticism, presence of a family member and friend with an eating disorder, social insecurity, poor impulse control and appearance control beliefs) as potential moderators of this relationship in two samples of American college women. Contrary to her expectations, some of the variables (e.g., poor impulse regulation, social insecurity and appearance control beliefs) did not emerge as significant moderators; of those that did, body surveillance received strong support for intensifying the body dissatisfaction-eating disorder symptomatology relationship (i.e., the interaction accounted for 6% of the criterion variance). The influence of body surveillance as a stable moderator is further highlighted by the fact that only this variable interacted with body dissatisfaction to predict unique variance in eating disorder symptomatology (measured by the Eating Attitudes Test-26; Garner, Olmstead, Bohr, & Garfinkel, 1982) when all predictors and interactions were examined within the same analysis. In line with objectification theory (Fredrickson & Roberts, 1997) and recent experimental evidence (Shafran, Lee, Payne, & Fairburn, 2007; Smeets et al., 2011), these findings suggest that among highly body dissatisfied women, those who regularly monitor their body may minimize the dangers of using harmful eating and shape control practices in an attempt to reduce the perceived body imperfections and more closely approximate the society's stereotype of attractiveness (Calogero, Tantleff-Dunn, & Thompson, 2010; Dakanalis & Riva, 2013).

Among the few studies that, to date, have investigated moderators of body dissatisfaction, only one has focused on protective factors and examined four variables thought to have the potential to buffer the deleterious effects of body dissatisfaction and thus reduce the levels of women's eating disorder symptomatology (Brannan & Petrie, 2011). In this study conducted with American college-aged women, although all the examined variables (self-determination, optimism, satisfaction with life and self-esteem) have emerged as moderators, each of these interactions accounted for only 1% of the criterion variance. The only exception was the body dissatisfaction x self-esteem interaction that accounted for 3% of the eating disorder symptomatology (measured by the Bulimia Test-Revised; Thelen, Mintz, & Vander, 1996). More specifically, the body dissatisfaction-eating disorder symptomatology relationship was found to be reduced in women who are "protected" by high self-esteem (Brannan & Petrie, 2011). Among body dissatisfied women, those who have a strong and positive overall self-worth might be more able to preserve their self-image, instead of engaging in harmful eating behaviours in an attempt to approximate the unrealistic beauty ideals portrayed in the media (Aubrey, 2006; Dakanalis & Riva, 2013; Jones & Buckingham, 2005; Stice, Spangler, & Agras, 2001; Twamley & Davis, 1999).

1.1. Purpose of the study

Through their research among American female undergraduates, Tylka (2004) and Brannan and Petrie (2011) found two

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