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The relationship between eating self-efficacy and eating disorder symptoms in a non-clinical sample

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Abstract

Most research on eating self-efficacy has focused on its relationship with eating behaviors and weight-loss in clinical populations. The purpose of this study was to investigate the relationship between eating self-efficacy and the behavioral and psychological characteristics associated with eating disorders in a non-clinical sample of adults. A total of 219 men and women aged 18 and older completed questionnaires measuring eating disorder symptoms and eating self-efficacy. The results indicated that low confidence in the ability to control eating while experiencing negative emotions was associated with greater weight preoccupation and bulimic thought and behaviors. In addition, low confidence in ability to control eating when an abundance of food is available was inversely related to feelings of ineffectiveness or general negative self-evaluation. Ultimately, the findings suggest that low eating self-efficacy may also be associated with eating problems within populations not seeking treatment for either eating disorders or weight-loss. The implications of the findings are discussed.
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According to Bandura's Social Cognitive Theory, human agency functions within a structure of reciprocal causation between three classes of determinants: (a) internal/personal factors (affect, cognitions and biology), (b) behavior, and (c) environment (Bandura, 1997). Self-efficacy beliefs, defined as beliefs in one's ability to achieve a particular outcome or goal, occupy a pivotal role in Social

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Cognitive Theory because they are perceived to act upon the three classes of determinants that influence human behavior (Bandura, 1997). Empirical research has established that self-efficacy beliefs may be an important determinant of health behavior change and maintenance within a number of domains (AbuSabha & Achterberg, 1997; O'Leary, 1985; Strecher, DeVellis, Becker, & Rosenstock, 1986). Numerous studies have concluded that self-efficacy beliefs are predictive of a wide variety of health behaviors including weight control, nutritional intake, exercise, and smoking cessation (AbuSabha & Achterberg, 1997; Biddle & Nigg, 2000; Booth, Neville, Bauman, Clavisi, & Leslie, 2000; Costanzo, Reichmann, Friedman, & Musante, 2001; Dennis & Goldberg, 1996; Goodrick et al., 1999; Leslie et al., 1999; Strecher et al., 1986; Trost, Pate, Ward, Saunders, & Riner, 1999; Wallace, Buckworth, Kirby, & Sherman, 2000).

In non-clinical populations, eating self-efficacy, or beliefs in one's ability to control eating, has been associated with weight control and actual eating behaviors. In an experimental study by Stotland, Zuroff, and Roy (1991), college students with lower dieting self-efficacy currently dieting or planning to start a diet ate significantly more in the laboratory than those with higher self-efficacy. Research by Toray and Cooley (1997) has indicated that male and female college students who had experienced significant weight fluctuations within the past 2 years held significantly lower self-efficacy beliefs and scored higher on the EDI (Eating Disorder Inventory) Drive for Thinness, Bulimia and Body Dissatisfaction scales than students who had not experienced recent weight fluctuations. The most marked difference involved perceptions of control over eating when dealing with emotions. Specifically, individuals who had experienced recent weight fluctuations felt significantly less confident in their ability to control their eating when dealing with negative feelings. The study did not investigate the relationship between eating self-efficacy and scores on the EDI scales.

Among overweight and obese treatment-seeking populations, self-efficacy beliefs regarding control over eating were predictive of ability to avoid overeating and lose weight (Costanzo et al., 2001; Shannon, Bagby, Wang, & Trenkner, 1990). Among obese women in treatment for binge eating disorder (BED), improvements in dieting self-efficacy were related to decreases in binge-eating behavior (Gooderick et al., 1999). Similarly, among overweight women with a history of weight cycling, those meeting the criteria for BED reported significantly lower eating self-efficacy compared to the weight cyclers who did not have BED (Kensinger, Murtaugh, Reichmann, & Tangney, 1998).

Although Bandura has argued for the important role of self-efficacy beliefs in eating disorders (Bandura, 1997), there is a significant dearth of research in this area outside of obesity and binge eating. The limited studies that have explored self-efficacy among bulimics have found that self-efficacy to resist the urge to binge and purge is related to subsequent binge/purge behavior (Bandura, 1997; O'Leary, 1985).

Most eating disorder screeners that focus on identifying symptoms related to anorexia and bulimia, such as the EDI, assess 'ineffectiveness' or feelings of inadequacy or a lack of control over one's life—a construct related to low self-esteem or negative self-evaluation that also includes feelings of emptiness and aloneness (Garner, 1991). Yet, self-efficacy, according to Bandura, is domain-specific (Bandura, 1997). Therefore, it may be more useful to examine efficacy beliefs related to eating and how these, in particular, relate to symptoms and psychological traits associated with disordered eating in normal weight populations. Many researchers have argued that there is a wide spectrum of eating dysfunction that exists within the general population (Cotrufo, Monteleone, Castaldo, & Maj, 2004). The incidence of anorexic and bulimic attitudinal and behavioral symptoms constituting subclinical eating disorders is significantly higher among community samples than the incidence of either clinical disorder (Graber,

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