Linking eating and weight control attitudes to relationship experiences: A large-scale survey of adolescent females

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Abstract
Objective: To examine the extent to which family conflict, peer bullying and psychological distress account for eating and weight loss attitudes in adolescent females. This study examined the degree to which psychological distress mediated the association between family conflict and eating and weight loss attitudes, and the association of bullying and eating and weight loss attitudes.

Method: Females aged between 11 and 17 years (N = 5125) were recruited from schools in the State of Victoria (Australia). Key measures included psychological distress, family conflict, and bullying victimisation.

Results: A structural model showed good fit, and all predictors were significant. Psychological distress mediated the association between eating and weight loss attitudes, and family problems and bullying.

Conclusion: Family conflict and peer bullying were associated with eating and weight loss attitudes and this association may occur via psychological distress. Early intervention programs may benefit from a focus on family and peer relationships.

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Dysfunctional eating and weight loss attitudes (EWAs) are prevalent amongst early adolescent females (Croll, Neumark-Sztainer, Story, & Ireland, 2002). The severity of these preoccupations varies from mild anxiety, food monitoring, and moderate exercise, through to clinical disorders, including anorexia and bulimia nervosa. Research indicates that from early adolescence to young adulthood, more than 50% of females report dieting and weight control behaviours, with rates of unhealthy and extreme weight control behaviours (e.g., self-induced vomiting and use of laxatives or diuretics) ranging from 8% in early adolescence to 21% in young adulthood (Neumark-Sztainer, Wall, Larson, Eisenberg, & Loth, 2011). Rates for dieting in male populations are lower (30%) and extreme weight control behaviours are less common, occurring in 2% and 7% of early adolescents and young adults respectively (Neumark-Sztainer et al., 2011). Adolescents with EWAs may be at risk of long-term harm and are at an increased risk of developing an eating disorder in adulthood. Adolescents with EWAs may also be at risk of long-term nutritional deficiencies and medical complications (Patrick, 2002). They may also be more at a higher risk
of future psychological problems, including mood disorders, substance use and suicide (Crow, Eisenberg, Story, & Neumark-Sztainer, 2008; Liechty & Lee, 2013). The prevalence and harmful consequences of dysfunctional EWAs points to the importance of detecting at-risk adolescents, and instituting evidence-based prevention programs that target potential contextual antecedents.

This study focused on how key social contexts and psychological distress may be related to adolescent EWAs. In the available literature, there is evidence that psychological distress is associated with the emergence of eating disorders (Courtney, Gamboz, & Johnson, 2008; Croon et al., 2006; Santos, Richards, & Bleckley, 2007). Depression and anxiety are commonly experienced by children and adolescents (Lawrence et al., 2015) and there is a significant association between depressive symptoms and disordered eating in females (Courtney et al., 2008; Croon et al., 2006; Santos et al., 2007). These disorders commonly share similar risk factors, such as body dissatisfaction, low self-esteem and low social support. However previous research has shown that when the effects of these risk factors are statistically removed, depressive symptoms and disordered eating remain significantly related (Santos et al., 2007).

In this study, we examined the extent to which two key interactional contexts are linked to dysfunctional EWAs. The first, family conflict, is a known correlate of adjustment problems during adolescence. Several studies now show that adolescent females are especially vulnerable to the effects of family conflict e.g. (Kelly et al., 2011), and family conflict is associated with both psychological distress (Chan, Kelly, & Toubourou, 2013; Herrenkohl, Kosterman, Hawkins, & Mason, 2009; Herrenkohl, Lee, Kosterman, & Hawkins, 2012) and disordered eating (Cance, Loukas, & Talley, 2015; Spanos, Klump, Burt, McGue, & Iacono, 2010). Research demonstrates that female adolescents with high family conflict experience higher levels of depression one year later (Chan et al., 2013). Additionally, increases in mother-to-daughter conflict and father-to-daughter conflict are related to adolescents weight concerns (May, Kim, McHale, & Crouter, 2006). The second key interactional context, bullying victimisation, is commonly reported by adolescents. Prevalence rates of recent bullying range from 10.7% for physical threats or harm to 30.6% for being teased or called names (Thomas et al., 2015). Bullying has long been known to be related to adolescent health, academic performance (Cook, Williams, Guerra, Kim, & Sadek, 2010), anxiety and depression (Compian, Gowen, & Hayward, 2009; Hawker & Boulton, 2000; Thomas et al., 2015), body dissatisfaction (Farrow & Fox, 2011), low self-esteem and loneliness (Cook et al., 2010; Nadeem & Graham, 2005).

There is little research available that has simultaneously modelled the association of family conflict, bullying and psychological distress with EWAs using large-scale population studies. Particular studies link each individual contextual antecedent to EWAs but there is no current research that has tested how these antecedents simultaneously predict EWAs. This is problematic because, without inclusive models, findings for particular contextual antecedents may be spurious. Some studies have examined the role of family conflict but not psychological distress or bullying, and findings have been mixed (Cance et al., 2015; Hinchliff, Kelly, Chan, Patton, & Williams, 2016; Spanos et al., 2010). Similarly, Sampasa-Kanyinga and Willmore (2015) found that bullying was associated with certain self-imposed eating restrictions, and that psychological distress accounted for this association, but family problems were not modelled. Therefore, it remains unclear whether family problems are important after accounting for bullying victimisation, and whether bullying victimisation is important after accounting for family problems. There are also several other important factors that are rarely integrated as controls into models of adolescent EWAs, including early pubertal development, which is closely related to a range of health risk behaviours, including problematic eating and weight loss regimes (Baker, Thornton, Lichtenstein, & Bulik, 2012; Klump, 2013; Patton et al., 2008).

The aim of this study was to examine how the factors of family conflict, bullying victimisation, and psychological distress interact to predict EWAs. The first hypothesis was that family conflict, bullying victimisation and psychological distress would be significantly and uniquely correlated with EWAs. The second hypothesis was that there would be indirect effects of family conflict and bullying victimisation on EWAs and that these variables impact on EWAs via psychological distress. The hypothesised model of these relationships is shown in Fig. 1. As puberty is a significant risk period for the development of eating disorders in adolescent females (Klump, 2013), current stage of pubertal development was included as a control in the study (Baker et al., 2012; Klump, 2013).

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![Fig. 1. Hypothesised model of the relationship between family conflict, bullying victimisation, psychological distress and eating and weight loss attitudes.](image-url)
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