



Internalization of appearance ideals mediates the relationship between appearance-related pressures from peers and emotional eating among adolescent boys and girls



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ABSTRACT

Appearance-related pressures have been associated with binge eating in previous studies. Yet, it is unclear if these pressures are associated with emotional eating or if specific sources of pressure are differentially associated with emotional eating. We studied the associations between multiple sources of appearance-related pressures, including pressure to be thin and pressure to increase muscularity, and emotional eating in 300 adolescents ($M_{\text{age}} = 15.3$, $SD = 1.4$, 60% female). Controlling for age, race, puberty, body mass index (BMI) z-score, and sex, both pressure to be thin and pressure to be more muscular from same-sex peers were positively associated with emotional eating in response to feeling angry/frustrated and unsettled ($ps < 0.05$). Pressure from same-sex peers to be more muscular also was associated with eating when depressed ($p < 0.05$), and muscularity pressure from opposite-sex peers related to eating in response to anger/frustration ($p < 0.05$). All associations were fully mediated by internalization of appearance ideals according to Western cultural standards ($ps < 0.001$). Associations of pressures from mothers and fathers with emotional eating were non-significant. Results considering sex as a moderator of the associations between appearance-related pressures and emotional eating were non-significant. Findings illustrate that both pressure to be thin and muscular from peers are related to more frequent emotional eating among both boys and girls, and these associations are explained through internalization of appearance-related ideals.

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1. Introduction

Disinhibited eating is defined as episodes of overeating resulting from a lack of self-regulation (Vannucci et al., 2013). Emotional eating is a distinct type of disinhibited eating that is defined as the consumption of food in response to negative affect (Faith, Allison, & Geliebter, 1997). Emotional eating has been associated with excessive body weight (Braet et al., 2008), depressive symptoms (Przybylowicz, Jesiolowska, Obara-Golebiowska, & Anotniak, 2014), and general disordered eating pathology (Goosens, Braet, & Decaluwe, 2007). Although

emotional eating demonstrates significant overlap with other forms of overeating, particularly binge eating, the two behaviors reflect unique disinhibited eating phenotypes (Tanofsky-Kraff et al., 2007; Vannucci et al., 2013). For instance, emotional eating is more prevalent than binge eating in adolescents (Shomaker, Tanofsky-Kraff, & Yanovski, 2010), and it has been shown to be an antecedent of binge eating (Zeeck, Stelzer, Wolfgang Linster, Joos, & Hartmann, 2010). Thus, identifying individual factors that are associated with, and may contribute to, emotional eating is important when considering the development of this eating behavior specifically, as well as for the worsening of disinhibited eating pathology more broadly.

One factor that may contribute to emotional eating is sociocultural pressure regarding appearance. In Western cultures, a lean body type is considered ideal (Smolak & Murnen, 2008), with some sex-based variations in the socially-prescribed ideal. Specifically, some data suggest

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that girls prefer an ultra-thin body type (Ahern, Bennet, & Hetherington, 2008; Stice, 2001), while boys prefer a lean, muscular body (Hargreaves & Tiggemann, 2004). More contemporary data indicate that sex-based variations in appearance ideals may be less distinct. Indeed, a considerable number of girls report a preference for a muscular body shape (Slater & Tiggemann, 2011), and some boys report aspiring to a thin ideal (Schaefer et al., 2015). Among both boys and girls, there is agreement that having overweight or obesity is far from ideal. In fact, these physical attributes are highly stigmatized and associated with an array of negative qualities including laziness, low intelligence, and poor social skills (Lynagh, Cliff, & Morgan, 2015). A large percentage of adolescents report experiencing consistent and overt messages regarding lean appearance-related ideals in the form of habitual weight-related teasing (Neumark-Sztainer et al., 2002); receipt of these messages, in turn, is associated with greater binge eating (Lieberman, Gauvin, Bukowski, & White, 2001) and bulimic pathology among boys and girls (Eisenberg, Berg, & Neumark-Sztainer, 2012). Similarly, in a sample of adolescent boys, perceived pressures to lose weight were associated with greater eating pathology, including restrictive and binge eating practices (Rodgers, Ganchoy, Franko, & Chabrol, 2012). In this sample, both a desire to obtain a thinner body and a desire to have a more muscular body were associated with greater eating pathology. Data suggest that, for both boys and girls, adolescence may be a particularly vulnerable period for increased appearance-related social pressures (Helfert & Waschburger, 2013) and for the development of disinhibited eating patterns (Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011), like emotional eating (Bennett, Greene, & Schwartz-Barcott, 2013). However, no studies have examined the link between appearance-related pressures and emotional eating.

The Tripartite Influence Model (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) (Fig. 1) suggests that influences from parents, peers, and the media lead to eating disturbances, including disinhibited or binge-like eating, through internalization of societal standards of appearance. According to the model, pressure from external sources promotes the cognitive internalization of a standard for physical attractiveness, which then leads to eating disturbances in an effort to change one's shape or weight. Although the Tripartite Influence Model has been examined in the context of binge eating (Yamamiya, Shroff, & Thompson, 2008), no studies have examined the validity of this model in relation to emotional eating. Similarly, no studies have determined whether different sources of interpersonal pressures regarding appearance-related ideals, including from fathers, mothers, same-sex or opposite-sex peers, demonstrate unique associations with emotional eating. Extant data indicate that there may be important differences to investigate. Pressure to be thin from peers, for instance, is more strongly correlated with bulimic behavior among females (Young, Clopton, &

Bleckley, 2004), while pressure from fathers to not be fat was more likely to predict binge eating in boys (Field et al., 2008).

The primary aim of the current study was to examine the associations between different sources of appearance-related pressure, including both pressure to be thin and pressure to be muscular, and emotional eating among adolescent boys and girls. We hypothesized that these appearance-related pressures would be positively associated with emotional eating. Based on past research investigating pressure related to thinness (Phares, Steinberg, & Thompson, 2004), we further anticipated that appearance-related pressure from peers would be more strongly associated with emotional eating in girls, whereas pressure from parents would be more strongly associated with emotional eating among boys. Interactions with weight status were also examined, as prior data indicate that the association between appearance-related pressure and disinhibited eating may be particularly strong among youth with overweight (Neumark-Sztainer et al., 2002). The second aim of the current study was to explore the pathway connecting pressure to be thin with emotional eating in the context of the Tripartite Influence Model (Thompson et al., 1999) (Fig. 1). We hypothesized that internalization of appearance ideals would mediate the relationships of pressures to be thin and muscular with emotional eating among both boys and girls.

2. Methods

2.1. Participants and procedures

Participants were adolescent (13–17y) boys and girls volunteering to take part in a non-treatment study of eating behaviors in adolescence (ClinicalTrials.gov ID: NCT00631644). The current paper is a secondary analysis; previous reports provide full inclusion and exclusion criteria and detailed methodological descriptions (Shomaker et al., 2010). Participants of all weight strata who did not have significant medical or psychological disorders were recruited from Maryland, the District of Columbia, and Virginia by advertisements. Parental guardians provided written consent, and adolescents provided written assent for participation in the study. The Institutional Review Board of the Eunice Kennedy Shriver National Institute of Child Health and Human Development approved the study protocol and all procedures. Adolescents received financial compensation for their time and the inconvenience of participating in the study.

All participants completed a half-day visit, during which data were evaluated at an outpatient pediatric clinic at the National Institutes of Health Clinical Research Center. Participants observed an overnight fast beginning at 10:00 pm the night before their visit. At approximately 10:00 am the morning of the appointment, they received a standardized breakfast shake after all fasting body composition measurements were

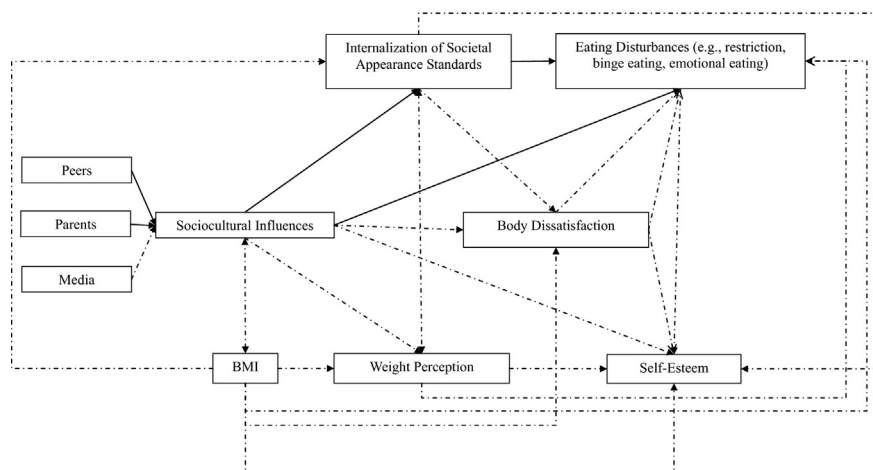


Fig. 1. The Tripartite Influence Model adapted from Papp, Urban, Czegledi, Babusa, and Tury (2013).

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