



## Body image predictors of depressive symptoms in adolescence

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### ARTICLE INFO

#### Keywords:

adolescent depression  
Body image  
Body dissatisfaction  
Body importance  
Body change strategies

### ABSTRACT

**Introduction:** Depression rises significantly in adolescence, with females reporting twice the prevalence of males into adulthood. In accordance with cognitive vulnerability theories, eating and weight-related disturbances have been implicated in this increase, but a broader assessment of body image constructs within this framework is needed.

**Methods:** The current prospective study examined body importance, body dissatisfaction, and body change strategies to lose weight and increase muscularity as predictors of depressive symptoms over one year in  $N = 298$  adolescents in Canberra, Australia (at Time 2, the sample comprised  $n = 161$  female adolescents,  $M_{\text{age}} = 15.36$  years,  $SD = 1.10$ ;  $n = 137$  male adolescents,  $M_{\text{age}} = 15.54$  years,  $SD = 1.15$ ). The moderating role of sex was also assessed.

**Results & conclusions:** Results revealed that body importance and body change strategies to increase muscularity explained significant variance in depressive symptoms beyond baseline covariates of depressive symptoms and stress, with the effect of body importance relevant in female but not male adolescents. The findings support the use of more comprehensive assessments of body image constructs to inform cognitive vulnerability theories of adolescent depression, and corresponding prevention and intervention programs.

Depression is a leading cause of disability worldwide (Whiteford et al., 2013), with rates in adolescence increasing significantly from childhood (Hankin, 2006; Thapar, Collishaw, Pine, & Thapar, 2012). A range of theories have been proposed to explain this increased risk, with the cognitive vulnerability framework arguing that a number of thought processes or patterns, such as dysfunctional attitudes and self-criticism, interact with stressful life events to contribute to depression (Abela & Hankin, 2008; Hankin, 2006; Hyde, Mezulis, & Abramson, 2008). During adolescence, these vulnerabilities are believed to stabilise and act as risk factors into adulthood (Abela & Hankin, 2008; Hankin, 2006), making this an important period for their identification and amelioration through prevention and intervention. Recent research suggests that a range of eating and weight-related disturbances act as cognitive and behavioural vulnerabilities in adolescent depression (Rawana, 2013; Rawana, Morgan, Nguyen, & Craig, 2010). Furthermore, these may explain the increased risk for females who report twice the rate of depression compared with males from early adolescence into adulthood (Hankin, 2006; Hyde et al., 2008; Lewinsohn et al., 1994; Lewinsohn, Rohde, Seeley, Klein, & Gotlib, 2000; Rawana et al., 2010; Rawana & Morgan, 2014).

### 1. Eating and weight-related vulnerabilities in depression

Eating and weight-related disturbances are “negative or maladaptive cognitions, attitudes and behaviours directly or indirectly

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related to eating and weight” (Rawana et al., 2010, p. 213) which have been proposed to predict the onset of both eating disorders (Bearman & Stice, 2008) and depression (Rawana & Morgan, 2014). In accordance with the cognitive vulnerability framework, these constructs are conceptualised as stable characteristics which increase depression risk through interactions with life stressors (Abela & Hankin, 2008). One construct frequently considered in this context is body image, a complex multidimensional construct including cognitive, affective-evaluative, and behavioural relations with the body (Cash, 2011).

Body dissatisfaction forms part of the affective-evaluative dimension of body image (Croghan et al., 2006; Muth & Cash, 1997; Smolak, 2004), and is the most frequently assessed eating and weight-related vulnerability in depression (Rawana et al., 2010). Prospective studies have found that body dissatisfaction predicts depression over two years in female and male adolescents (Ferreiro, Seoane, & Senra, 2011), and over five years in female early adolescents and male mid-adolescents (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006). In female adolescents, the combination of body dissatisfaction, dietary restraint, and binge-purge symptoms has also been shown to predict depression onset over four years (Stice, Hayward, Cameron, Killen, & Barr Taylor, 2000). Body dissatisfaction has been reported to increase depressive symptoms in addition to perceived pressure to be thin, thin-ideal internalisation, dieting, and symptoms of bulimia when controlling for self-esteem and demographic factors (Stice & Bearman, 2001), and is implicated in the persistence of depressive symptoms over time (Rierdan, Koff, & Stubbs, 1989). Evident by late childhood and early adolescence (Rawana et al., 2010), this may be a particularly relevant vulnerability for depression in females given they report greater dissatisfaction compared to males (Bearman, Presnell, Martinez, & Stice, 2006; Rawana et al., 2010).

Body dissatisfaction can trigger maladaptive efforts to change the body. Body change strategies reflect the frequency of thoughts, feelings, and behaviours aimed at altering the size and/or shape of one's body (Ricciardelli & McCabe, 2002). They include strategies to decrease body size and increase muscularity, which are endorsed more frequently by females and males respectively in line with cultural body ideals (McCabe & Ricciardelli, 2004; Rawana, 2013; Ricciardelli & McCabe, 2002; Ricciardelli, McCabe, Mussap, & Holt, 2009). Since engagement in body change strategies is often unsuccessful given the unrealistic nature of these ideals, greater use of such strategies might increase depression vulnerability (Rawana et al., 2010). In a nationally representative sample of female and male adolescents in the United States, wanting to lose weight and use of weight loss behaviours predicted depressive symptoms over one year after controlling for gender and social support, whereas wanting to gain weight and use of weight gain strategies did not (Rawana, 2013). This is consistent with a cross-sectional study showing no relationship between drive for muscularity and depressive symptoms in female and male emerging adults (Rawana, McPhie, & Hassibi, 2016). Although these findings suggest that weight loss strategies may play a greater role in predicting depressive symptoms, it is noteworthy that studies more commonly assess weight loss efforts (Bearman & Stice, 2008; Stice & Bearman, 2001; Stice et al., 2000) compared with weight or muscle gain, and few have explicitly tested sex differences (Rawana, 2013). Given that drive for muscularity has been associated with depressive symptoms in males and not females (McCreary & Sasse, 2000), there remains a need to further assess sex differences in the relationship between weight loss and weight or muscle gain strategies in adolescent depression (Rawana, 2013; Rawana et al., 2010, 2016). It is possible, for example, that these predict depression in female and male adolescents respectively, but these differences are obscured when they are combined.

To further inform prevention and intervention in depression, there is a need to explore body image constructs in addition to body dissatisfaction and body change strategies. Body importance, which forms part of the cognitive body image dimension, is one potentially informative construct (Rawana et al., 2010). It reflects the importance, meaning, and influence of appearance in an individual's life (Cash, 2011; Thompson, 2004), with females reporting greater investment in appearance compared to males (de Vries, Peter, Nikken, & de Graaf, 2014). Body importance has been associated with body dissatisfaction and body change strategies to lose weight and increase muscularity (Banfield & McCabe, 2002; McCabe & Ricciardelli, 2001, 2003; Muris, Meesters, van de Blom, & Mayer, 2005; White & Halliwell, 2010), and could also confer increased vulnerability to depression during adolescence. As there has been limited investigation of this construct, body importance is worthy of investigation in adolescent depression.

## 2. Sex differences in body image vulnerabilities for depression

Although studies have more frequently focused on females (Rawana et al., 2010), those examining sex differences suggest that body image concerns may explain their higher rates of depression (Hankin & Abramson, 1999, 2001). Stice and Bearman (2001) have shown support for the gender additive model, which argues that these body image disturbances exert additional risk for depression in females compared to males. For example, once established risk factors for depression shared by females and males (such as social support and stressful life events) were controlled, body dissatisfaction and dietary restraint predicted depression in female but not male adolescents over two years (Bearman & Stice, 2008). Furthermore, studies have also reported that sex differences in depression disappear once body image is controlled (Siegel, Yancey, Aneshensel, & Schuler, 1999), and that body dissatisfaction predicts internalising symptoms over one year in female early adolescents but not males (Patalay, Sharpe, & Wolpert, 2015). However, given the use of early adolescent samples in these studies, it is possible that developmental factors such as differences in pubertal timing could explain the failure to identify a body dissatisfaction-depression link in males (Bearman & Stice, 2008), especially since mid-adolescents may be the highest risk group for depression (Rawana & Morgan, 2014). Furthermore, a recent review concluded that studies assessing body image support a role in depression for both females and males (Rawana et al., 2010). Given the presence of sex differences in depression and body image, assessment of a range of dimensions including body dissatisfaction, strategies to decrease body size and increase muscularity, and body importance can offer insight into shared and unique risk factors for depression in adolescent females and males.

Importantly, the divergent role of body image in depression needs to be considered within the context of other established risk factors (Bearman & Stice, 2008; Rawana, 2013). Stressful life events are hypothesised to activate cognitive vulnerabilities for

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