



Full length article

A revised examination of the dual pathway model for bulimic symptoms: The importance of social comparisons made on Facebook and sociotropy

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ABSTRACT

Objective: To replicate the Dual Pathway Model (DPM) of bulimia nervosa (BN) symptoms prospectively, and to assess whether a revised version of the DPM that included the variables social comparisons made on Facebook and sociotropy influenced the DPM.

Method: Participants were 245 females who completed baseline measures (T1) that assessed the DPM, as well as the constructs social comparisons made on Facebook, and sociotropy, and a follow-up questionnaire, which assessed symptoms of depression, bulimia, and dietary restraint, one month later (T2).

Results: Path analysis revealed that the original and the revised DPMs had excellent fit once modifications to the respective models were made. In both DPMs, T1 pressures to be thin and T1 thin ideal internalization were related to T1 body dissatisfaction. T1 body dissatisfaction prospectively predicted T2 depressive symptoms and T2 bulimic symptoms, but not T2 dietary restraint. Furthermore, T2 dietary restraint, but not T2 depressive symptoms, predicted T2 BN symptoms. Results also showed that T2 dietary restraint was associated with T2 depressive symptoms. In the revised DPM, T1 social comparisons made on Facebook were associated with T1 body dissatisfaction, T1 pressures to be thin, and T2 bulimic symptoms. T1 sociotropy was related to T1 social comparisons on Facebook, T1 pressures to be thin, T1 body dissatisfaction, and T2 bulimic symptoms.

Conclusions: Findings suggest the BN preventative efforts might benefit from addressing appropriate forms of social comparisons, especially those made on Facebook, and the personality trait sociotropy.

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1. Introduction

The dual pathway model (DPM) proposes to account for the etiology of bulimia nervosa (BN) symptomology (Stice, Nemeroff, & Shaw, 1996). To date, only one longitudinal study (Stice, Shaw, & Nemeroff, 1998), and two cross-sectional studies (Duemm, Adams, & Keating, 2003; Stice et al., 1996) have tested the model in its entirety, and hence, the predictive utility of the model remains unclear. In addition, research has identified other important social factors associated with BN symptoms that have yet to be tested in the context of the DPM. For example, despite the social media site Facebook being a ubiquitous feature of many women's everyday social interactions (Duggan, Ellison, Lampe, Lenhart, &

Madden, 2015; Lenhart, Purcell, Smith, & Zickuhr, 2010), no study has assessed the influence of social comparisons made on Facebook on the DPM. Further, it remains unclear why some individuals who are exposed to sociocultural risk factors of BN (e.g., pressures to be thin) may be more susceptible to developing BN symptoms. To this end, research has examined whether the personality trait *sociotropy* [defined as the need for dependence on and/or approval from others (Clark & Beck, 1991)] is associated with BN symptoms. To date, only one cross-sectional study (Duemm et al., 2003) has examined the influence of sociotropy on the DPM. Thus, the present study is the first to use a large female sample to i) replicate the original DPM as proposed by Stice et al. (1996) prospectively, and ii) assess a revised conceptualization of the DPM that includes social comparisons made on Facebook and sociotropy.

1.1. The dual pathway model

According to the DPM, pressures to be thin from one's social

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environment (e.g., the media, family, and peers) leads to thin ideal internalization (the belief that the thin ideal is a desirable end state; Stice, 2002). Both of these constructs are thought to lead directly to body dissatisfaction as individuals are largely unable to achieve and/or maintain unrealistic thin-ideal standards, and thus, comparison between one's perceived body shape/size with this unrealistic ideal causes body dissatisfaction (Duemm et al., 2003). Body dissatisfaction is theorized to lead to BN symptoms through dual-pathways. The first pathway is via dietary restraint: binge-eating is thought to be a compensatory mechanism for caloric deprivation associated with dietary restraint (Polivy, Coleman, & Herman, 2005). The second pathway is via negative affect: increased body dissatisfaction leads to negative internal states, and binge-eating/purging behaviors are thought to be mechanisms that distract attention away from these negative mood states (Heatherton & Baumeister, 1991). Dietary restraint is also proposed to lead to negative affect.

In addition to the original Stice et al. (1996) publication, eight further cross-sectional studies (Duemm et al., 2003; Evans, Tovée, Boothroyd, and Drewett, 2013; Hutchinson, Rapee, & Taylor, 2010; Mason & Lewis, 2015; Ouwers, Van Strien, Van Leeuwe, & Van der Staak, 2009; Ruisoto et al., 2015; van Strien, Van Engels, van Leeuwe, & Snoek, 2005; Womble et al. 2001) have tested modifications of the model in female and male samples, and shown support for various pathways of the DPM. For example, in the earliest assessment of the DPM, Stice et al. (1996) found all hypothesized pathways to be significant and that the model accounted for 71% of the variance in BN symptoms. Support for the DPM was also found by Duemm et al. (2003), Mason and Lewis (2015), and Womble et al. (2001). These three studies found the DPM accounted for 59–70% of the variance in BN symptoms. The study by Evans et al. (2013) excluded the variable pressures to be thin, and found that the DPM accounted for 50% of the variance in disordered eating symptoms. Ouwers et al. (2009) and van Strien et al. (2005) did not examine the constructs pressures to be thin and thin ideal internalization, and failed to find support for the dietary restraint to disordered eating pathway. These two studies found that the DPM accounted for 7–12% of the variance in respective eating pathology symptoms.

Longitudinal studies (Allen, Byrne, & McLean, 2012; Dakanalis et al., 2014; Salafia & Gondoli, 2011; Stice et al., 1998) have also shown support for the DPM. In a nine-month (Stice et al., 1998) and a four-year longitudinal study (Salafia & Gondoli, 2011), the predictive utility of the DPM was supported, as these two studies explained 33.3% and 49% of the variance in BN symptoms, respectively. While Stice et al. (1998) operationalized pressures to be thin as a composite of pressures stemming from the media, peers, and family members, Salafia and Gondoli (2011) assessed the separate influence of pressures from peers, fathers, and mothers on body dissatisfaction. When assessed in this way, Salafia and Gondoli (2011) found that relative to pressures from fathers and mothers, pressures from peers was the strongest predictor of body dissatisfaction, suggesting that different types of pressures might confer different risk to the development of BN symptoms. However, as Salafia and Gondoli (2011) did not assess thin ideal internalization, the unique effect of different types of pressures on thin ideal internalization remains unknown.

Similarly, two subsequent longitudinal studies (Allen et al., 2012; Dakanalis et al., 2014) that also excluded thin ideal internalization found that the respective models accounted for 54–59% of the variance in binge-eating symptoms. Finally, the DPM has also been validated at a state-based level in a female community sample (Holmes, Fuller-Tyszkiewicz, Skouteris, & Broadbent, 2014).

While the above-mentioned evidence demonstrates support for the links between different types of pressures (e.g., family) on body

dissatisfaction and BN symptoms, it should be noted that meta-analyses by Ferguson (2013) and Holmstrom (2004) have found little evidence to support the influence of thin-ideal media effects on these same constructs. Further, other researchers (e.g., Roberts & Good, 2010) have suggested that the potentially negative influence of thin-ideal media effects on body dissatisfaction (and therefore on disordered eating symptoms) might be moderated by personality traits, such as neuroticism. Hence, it is important for future research to consider the influence of different types of social pressures, and other personality factors in the etiology of body dissatisfaction and BN symptoms.

1.2. The addition of social comparisons made on Facebook to the DPM

Past research into the DPM is limited by not assessing contemporary pressures that women are exposed to, such as the influence of the social media site Facebook. Current research suggests that many Western women use Facebook on a regular basis (Duggan et al., 2015). Given the apparent popularity of Facebook, as well as the influence of Facebook use on negative mood (Kross et al., 2013; Sagioglou & Greitemeyer, 2014), it is important to examine whether this factor is etiological to BN symptomology by examining it in the context of the DPM.

Studies that have examined how individuals present themselves on Facebook indicate that females often digitally enhance images in accordance with stereotyped representations of the thin ideal (Haferkamp & Krämer, 2011; Rodgers, Melioli, Laconi, Bui, & Chabrol, 2013). Researchers have argued that exposure to such images on Facebook might lead to body dissatisfaction as individuals likely compare their bodies to the “enhanced” bodies of others (Perloff, 2014; Williams & Ricciardelli, 2014). This process of evaluating one's self via comparison to an “other” is known as a *social comparison* (Festinger, 1954). It is thought that if an individual makes a comparison to an individual that, relatively speaking, is perceived to be closer to the thin ideal (i.e., an ‘upward comparison’) the resulting discrepancy might generate increased body dissatisfaction (Dittmar & Howard, 2004).

Indeed, extant research has provided initial evidence linking those who make social comparisons to others on Facebook with body dissatisfaction (see Holland & Tiggemann, 2016 for a review). Other studies have shown that women who display a greater tendency to make social comparisons were more likely to report higher levels of thin ideal internalization (Papp, Urbán, Czeglédi, Babusa, & Túry, 2013; Rodgers, Chabrol, & Paxton, 2011). While some studies have found social media usage is associated with thin ideal internalization in females (Tiggemann & Slater, 2013), other research (Ferguson, Munoz, Garza, & Galindo, 2014) has shown a null relationship of social media use on body dissatisfaction and disordered eating symptoms. No study to our knowledge has examined whether social comparisons made on Facebook are linked to pressures to be thin.

1.3. The addition of sociotropy to the DPM

It has been suggested that the personality trait sociotropy is etiological to the development of BN symptoms (Friedman & Whisman, 1998). Researchers have proposed that individuals with higher levels of sociotropy may be more likely to experience BN symptoms, pressures to be thin, thin ideal internalization, and body dissatisfaction, potentially due to increased levels of sensitivity to rejection, need for approval, and/or social dependency (Duemm et al., 2003; Hayaki, Friedman, Whisman, Delinsky, & Brownell, 2003; Jackson, Weiss, Lunquist, & Soderlind, 2005; Narduzzi & Jackson, 2002; Oates-Johnson & Clark, 2004; Pedlow & Niemeier,

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