



Recollections of puberty and disordered eating in young women



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ABSTRACT

Puberty begins a period of vulnerability for disordered eating that is maintained and amplified through adolescence and early adulthood. In the present study, we test the association between young women's recollections of physical maturation and disordered eating outcomes in early adulthood. Participants comprised $N = 421$ female undergraduate students at a large, northeastern university in the United States ($M_{age} = 19.7$ years). Three models assessed the relative contributions of recollected puberty (perceptions of changes and preparedness, and timing of puberty), current contextual (social support, romantic bond, sorority or sport participation), and demographic (race, socioeconomic status, family structure) variables to three eating-disorder outcomes. Recollections of feeling unprepared and disliking the physical changes of puberty predicted eating disorder symptoms more than any other demographic or current contextual factor. Results indicate that how young women experience the pubertal transition is related to eating disorder symptoms many years later.

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Adolescence represents a time of vulnerability for eating pathology. Prior to puberty, eating disorders are comparatively rare and equally prevalent across gender (e.g., Hoek & van Hoeken, 2003). During puberty, girls display shifts in body image, self-esteem, dieting, bingeing, and purging (Neumark-Sztainer & Hannan, 2000; O'Dea & Abraham, 1999). By young adulthood, nearly half of girls report dieting and 10–14% report other signs of disordered eating (Neumark-Sztainer, Wall, Larson, Eisenberg, & Loth, 2011). Despite the risk for disordered eating associated with puberty, little research has investigated the aspects of puberty that are most relevant to the development of eating disorders. To address this gap, we assessed multiple components of self-recalled physical maturation and their relationship with current disordered eating symptoms.

1. Eating disorders and puberty

Puberty is marked by converging social and biological change, which might create susceptibility for eating disorders. As girls mature, they receive frequent attention to their physical appearance, and become correspondingly absorbed with the

Abbreviations: EDRC, Eating Disorder Risk Composite; IC, Ineffectiveness Composite; IPC, Interpersonal Composite; PSS, Perceived support scale.

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extent to which they are perceived as attractive (Lindberg, Grabe, & Hyde, 2007). Girls recognize the thin beauty ideal pre-pubertally, but are far more likely to internalize and aspire towards it once they enter puberty (Hermes & Keel, 2003). Concurrently, normative shifts in weight and body shape make it increasingly difficult for young women to match the ideal (Lindberg et al., 2007). Although virtually all girls show changes in self-esteem and body dissatisfaction during puberty, early maturers are believed to be especially at risk, because they experience pubertal weight gain at a younger chronological age and at a time when friends and peers are more easily able to maintain a thinner body type (e.g., Levine & Smolak, 2013).

2. Perceptions of puberty

Measures of pubertal development generally prioritize biological accuracy, with self-reports and perceptions considered imperfect gauges of maturation (e.g., Dorn & Biro, 2011). But *how adolescents perceive and respond to this salient developmental transition* may be arguably more important for its psychological consequences (Moore, Harden, & Mendle, 2014). In other words, even if self-reports of maturation are not biologically accurate, they reflect individual-level factors that are relevant for how or whether pubertal experiences affect psychological health. The notion that perceptions of puberty are relevant to mental health is consistent with cognitive theories of psychopathology suggesting that a wide variety of disorders are rooted in distorted self-perceptions and subjective interpretations of situational events (i.e., Beck, 2011). For instance, Hyde, Mezulis, and Abramson (2008) have suggested that a cognitive tendency towards negative beliefs about one's body will be intensified during the adolescent transition for girls, contributing to the emergence of gender differences in depression (Hyde et al., 2008).

3. Post-pubertal risk factors

While risk for eating disorders may begin to rise at puberty, myriad post-pubertal factors foster susceptibility for, maintain, or aggravate disordered eating. A second critical period occurs during the late adolescent-early adulthood years. The initial social pressures and complexities of early adolescence intensify as girls enter – and end – romantic relationships, strive to establish identity, and select and plan their futures. For adolescents with disordered eating, these experiences present especial challenges, as body shape and weight are intertwined with self-concept (Stein & Corte, 2007). It is not fully clear how pubertal risks align with post-pubertal ones; however, it seems plausible that puberty-related stressors may cease to predict disordered eating after physical maturation is complete and a new set of current contextual stressors become the focus of attention.

The highest post-pubertal prevalence of disordered eating occurs in college women, who have rates of eating disorders roughly double those of same-age community counterparts (Fitzsimmons-Craft, 2011). While this differential risk likely reflects factors that relate to college attendance (e.g., socioeconomic status, perfectionism), eating disorder risks may also be elicited within the college context. Dieting contagion in college prospectively predicts body dissatisfaction and unhealthy weight control behaviors (Eisenberg & Neumark-Sztainer, 2010), and particular social contexts (sororities, sports teams, dating relationships) correlate with body insecurities and self-esteem (Allison & Park, 2004; Greenleaf, Petrie, Carter, & Reel, 2009).

4. The present study

Collectively, this body of research suggests that puberty begins a period of risk and vulnerability for disordered eating that is maintained and amplified through late adolescence and early adulthood. In the present study, we leverage a college student population to investigate connections between recollections of pubertal experiences and eating disorder symptoms. We assess both subjective attitudes towards maturation and more objective gauges of pubertal timing to establish which aspects of recollected puberty are most relevant for eating disorder symptoms. We also consider a broad range of additional risk and protective factors to evaluate the degree to which recollected puberty relates to eating disorder symptoms relative to current contextual factors.

5. Method

Three ordinary least squares regression models were used to assess the relative associations of recollected pubertal, current contextual, and demographic variables, with three eating disorder outcomes.

5.1. Participants

Participants comprised $N = 421$ female undergraduate students at a large, northeastern university in the United States who elected to participate for research credit. The sample self-identified as 62% European American, 19% Asian/Asian American, 8% Hispanic, 7% African American, and 4% 'other'. The study was reviewed and approved by the Institutional Review Board; all participants provided informed consent.

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