



The prospective associations between bullying experiences, body image shame and disordered eating in a sample of adolescent girls



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ABSTRACT

Objective: The current analysed the prospective effect of bullying on body image shame and disordered eating symptomatology in adolescent girls.

Method: The study was conducted with 290 adolescent girls, and involved three waves of data collection assessing over time victimization experiences, body image shame and disordered eating symptomatology. At the beginning of the study, the participants average age was 13.73 years ($SD = 0.78$). Latent growth models were used to fit the data to identify the effect of bullying on the outcomes. Path analysis examined the mediator effect of body image shame on the association between bullying and disordered eating.

Results: Bullying had a significant effect on the initial status of both body image shame and disordered eating. Body image shame and disordered eating growth was stable over time. Body image shame significantly mediated the relationship between bullying and disordered eating symptomatology.

Conclusions: Findings suggest that programmes aimed at preventing bullying and associated shame could decrease the risk of initially developing body image issues and disordered eating.

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1. Introduction

Bullying, including being excluded, ridiculed, name-called or even physically abused is a common experience (Nansel et al. 2001; Smith & Brain 2000), with its peak occurring in early adolescence (Smith et al. 1999). There is consistent evidence that persistent victimization by peers is related to mental health problems in adolescence (Cunha et al. 2012; Gilbert & Irons 2009; Hawker & Boulton 2000; Kaltiala-Heino et al. 2000; Rubeis & Hollenstein 2009; Smokowski & Kopasz 2005) and can have deleterious enduring effects into adulthood (Matos & Pinto-Gouveia 2010; Pinto-Gouveia & Matos 2011; Rigby 2001). Physical appearance is often the cause of peer victimization, which may lead to body image and eating-related problems, especially among adolescent girls (Frisén et al. 2008; Menzel et al. 2010). Nonetheless, despite the pervasive nature of such victimization experiences in adolescence, not all adolescents who experience these negative interactions develop body image or disordered eating difficulties. Thus, it is important to understand *how* victimization experiences may become associated with body image and eating psychopathology in this critical developmental period.

1.1. Body image as an indicator of social attractiveness

Negative body image has received empirical support as a risk factor for disordered eating (Fairburn et al. 2003; Stice et al. 2011). Body image dissatisfaction increases with the onset of adolescence (Bearman et al. 2006; Bucchianeri et al. 2013; Cusumano & Thompson 2001) and is considered a widespread phenomenon among women (Thompson et al. 1999). Physical maturation associated with the onset of puberty, characterized by the development of curves and by an increased regional deposition of body fat is not always consistent with the socially valued physical appearance. This inconsistency may help explain why many adolescent girls become increasingly dissatisfied with their physical appearance (Ricciardelli et al. 2003) and may engage in efforts to alter their physical appearance to become closer to the social representation of the ideal female appearance (e.g., thinness Allen & Land 1999; Gilbert & Irons 2009).

It has been suggested that having traits believed to be valued by others, within a certain social and cultural context, is associated with positive social outcomes (e.g., thinness is often equated with attractiveness, power and success in modern Western societies; Ferreira et al. 2013; Pinto-Gouveia et al. 2014) and is important for one's sense of safeness and self-worth (Gilbert 1989, 1997; Kurzban & Leary 2001). Concerns that one lacks such qualities or has certain traits or attributes that others might disapprove or do not value can be perceived as threatening, which may give rise to perceptions of inferiority and inadequacy.

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In extremis these perceptions characterize the painful emotion of shame.

1.2. Body image shame

Shame is a complex self-focused social emotion that involves evaluations that the self is inferior or flawed, negatively viewed by others, criticized or judged, and thus vulnerable to social exclusion, rejection or even attacks (Gilbert 1998; Lewis 2003; Tangney & Dearing 2002; Tracy & Robins 2004). Several studies have demonstrated that shame can have negative effects on psychological adjustment (e.g., Kim et al. 2011; Matos & Pinto-Gouveia 2010).

One's body image is a domain of self in the context of self and others' evaluation. One's body image can stimulate either a positive image of the self through being valued, included and accepted by others or be perceived as a source of ostracism, devaluation or rejection by one's social context. Body image shame has been conceptualized as involving negative self-evaluations that one is seen as an unattractive, undesirable social agent because of one's physical appearance (Gilbert 1998, 2002). Body image shame has been linked to a range of psychopathologies, especially eating disorders (Bessenoff & Snow 2006; Castonguay et al. 2012; Duarte, Pinto-Gouveia, Ferreira, & Batista, 2015; Duarte, Pinto-Gouveia, & Rodrigues, 2015; McKinley 1998). It has been suggested that disordered eating behaviours may operate as a proximal maladaptive mechanism of attempted coping with the distressing affective experience of shame (Ferreira et al. 2013). Ultimately, however this attempt at coping may lead to a further sense of being devalued, flawed and be associated with poor psychological adjustment (Pinto-Gouveia et al. 2014).

1.3. Peer bullying as a shame-eliciting experience in adolescence

Adolescence is characterized by key psychosocial transformations that make the adolescent particularly sensitive to social messages and signals that indicate what is attractive and acceptable to the social group (Gilbert & Irons 2009; Irons & Gilbert 2005; Wolfe & Mash 2006). During this critical period there is a tendency to rely less on attachment figures (e.g., parents) and more on the peer group as a source of support and as a reference to estimate one's self-worth (Allen & Land 1999). At this developmental phase, there is an increase in concerns with self-presentation, self-evaluation of attributes or characteristics that are socially valued, and also increased fears of rejection, disapproval, or potential attacks by the peer group (Gilbert & Irons 2009).

Peer bullying can therefore be a potentially shame provoking experience. Bullying is often focused in physical appearance, especially among adolescent girls (Frisén et al. 2008; Menzel et al. 2010). Nonetheless, there is cross-sectional and retrospective evidence to suggest that even when the victimization is not specifically focused on the domain of physical appearance, the experience of victimization itself may become associated with perceptions of unattractiveness and inferiority and also with eating psychopathology (Kaltiala-Heino et al. 1999; Matos et al. 2014; Striegel-Moore et al. 2002). A recent cross-sectional study of a large sample of adolescent girls suggested that the association between peer bullying experiences and disordered eating was influenced by the extent to which these experiences were associated with body image shame and self-criticism (Duarte, Pinto-Gouveia, & Rodrigues, 2015). Associations in this study highlighted possible pathways (shame and self-criticism) by which bullying experiences may influence eating psychopathology in adolescence. This suggests that susceptibility to shame and self-criticism may interact with the environmental trigger of peer victimization to promote eating disordered symptomatology.

Longitudinal studies have investigated the directional nature of the relationship between victimization experiences within the peer group context and changes in subsequent body image and eating difficulties (Engström & Norring 2002). These studies suggest that (i) early peer

victimization is prospectively related to increased appearance monitoring and body image shame in adolescent girls in comparison to adolescent boys (Lunde et al. 2006); (ii) adolescents who experienced bullying were at increased risk for eating psychopathology symptoms (Copeland et al. 2015; Mamun et al. 2013). Nonetheless, no study to date has investigated the prospective associations between victimization experiences and disordered eating symptoms, mediated by body image shame. It should be emphasised that victimization experiences are a pervasive phenomenon in adolescence (Nansel et al. 2001) but their impact on adolescents' mental health is not ubiquitous. Thus, it is important to understand the mechanisms through which victimization experiences may become associated with body image and eating psychopathology. As in adolescence concerns about whether one is stimulating positive affect and a positive image of oneself in others increase, it is plausible that negative interpersonal experiences (e.g., criticism, rejection, or attacks) become associated with shame feelings (Gilbert & Irons 2009). Disordered eating symptoms and attempts to change the body may then become a means to cope with shame and to be accepted by others, and avoid such social threats (Duarte, Pinto-Gouveia, Ferreira, & Batista, 2015; Duarte, Pinto-Gouveia, & Rodrigues, 2015; Ferreira et al. 2013; Pinto-Gouveia et al. 2014).

1.4. This study

The current study prospectively examined the longitudinal relationship between victimization experiences, body image shame and disordered eating symptomatology. We examined individual differences in the longitudinal trajectories of these outcomes over three years in a sample of 290 adolescent girls using latent growth curve models. Taken together theoretical and empirical contributions (Gilbert 2002; Duarte, Pinto-Gouveia, & Rodrigues, 2015; Gilbert & Irons 2009), we hypothesized that (i) victimization experiences would be predictive of earlier levels of body image shame, (ii) that body image shame would in turn predict later developmental trajectories in disordered eating symptomatology and (iii) that body image shame mediated the longitudinal effect of bullying experiences on disordered eating symptomatology.

2. Method

2.1. Participants

This study is part of a wider project examining the effect of interaction experiences on self-evaluation, emotion regulation, body image and eating-related difficulties in adolescence. The sample of this study comprised adolescent girls and was collected in private (1) and public schools (13) of the central region of Portugal, over three years. Participation rate in each school ranged from 44% to 100%. Participants attended schools located in urban (38.67%), semi-urban (46.15%) and rural (15.8%) areas; 99.18% of the participants were Caucasian. Equidistant measurement was assured at every 12 months. A total of 481 adolescent girls ($M_{Age} = 13.73$, $SD = 0.78$), completed the assessment at year 1 when attending the 8th and 9th grades; 395 participants ($M_{Age} = 14.50$, $SD = 0.75$) completed the assessment at year 2; and 290 ($M_{Age} = 15.63$, $SD = 0.68$) completed the assessment at year 3. The attrition rate (17.88% at year 2 and 26.58% at year 3) was primarily due to students transferring out of the schools in the study catchment during the 9th grade transition from middle to secondary school. Thus 191 students were lost to follow-up. No differences were found between the participants that completed the study and those who did not regarding the study variables at the start of the study ($t_{(479)BMI} = 0.29$, $p = 0.774$; $t_{(479)Bullying} = 1.16$, $p = 0.249$; $t_{(479)BodyShame} = 0.40$, $p = 0.690$; $t_{(479)DisorderedEating} = 0.19$, $p = 0.985$).

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