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Original article

Weight stigmatization and disordered eating in obese women: The mediating effects of self-esteem and fear of negative appearance evaluation



Stigmatisation à l'égard du poids et problèmes d'alimentation chez les femmes obèses : effets médiateurs de l'estime de soi et de la peur de l'évaluation négative de l'apparence

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ABSTRACT

Objective. – The aim of this study is to examine whether self-esteem and fear of negative appearance evaluation are significant mediators in the association between weight-related self-devaluation and disordered eating.

Method. – A sample of obese Canadian women ($N = 111$, M age = 40.9, $SD = 10.2$) completed the Weight Self-Stigma Questionnaire (WSSQ), the Rosenberg Self-Esteem Scale (RSES), the Fear of Negative Appearance Evaluation Scale (FNAES), and the Eating Disorder Examination Questionnaire (EDE-Q).

Results. – Self-esteem mediated the relationship between weight-related self-devaluation and restraint and weight concerns, whereas fear of negative appearance evaluation mediated the relationship with weight, shape and eating concerns.

Conclusion. – Since, for obese women, self-esteem and fear of negative appearance evaluation are likely to maintain disordered eating, they should be more frequently taken into consideration by researchers, health professionals and public policy stakeholders.

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R É S U M É

Objectif. – L'étude actuelle a pour but de vérifier si l'estime de soi et la peur de l'évaluation négative de son apparence peuvent agir en tant que médiateurs significatifs de la relation entre l'autodépréciation en regard du poids et les problèmes d'alimentation.

Méthodologie. – Un échantillon de femmes canadiennes obèses ($n = 111$, M âge = 40.9, $ÉT = 10.2$) ont rempli les questionnaires suivants : le Weight Self-Stigma Questionnaire (WSSQ), le Rosenberg Self-Esteem Scale (RSES), le Fear of Negative Appearance Evaluation Scale (FNAES), et le Eating Disorder Examination Questionnaire (EDE-Q).

Mots clés :

Obésité

Auto-stigmatisation

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Estime de soi

Peur d'une l'évaluation négative de l'apparence

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Résultats. – L'estime de soi agit comme variable médiatrice de la relation entre l'autodépréciation liée au poids et les comportements de restriction et les préoccupations par rapport au poids. La peur d'une évaluation négative de l'apparence agit pour sa part comme un médiateur de la relation avec les préoccupations par rapport au poids, à la silhouette et à l'alimentation.

Conclusion. – Puisque l'estime de soi et les peurs en lien avec l'évaluation négative de l'apparence sont susceptibles de maintenir les problèmes d'alimentation, elles devraient être plus fréquemment considérées par les chercheurs, professionnels de la santé et gestionnaires de la santé publique.

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In the past two decades, scientific attention has been increasingly directed toward weight stigmatization (Puhl & Heuer, 2009). Available studies suggest that there are high weight victimization rates among adults. For example, in a recent survey, 92.5% of American adults reported endorsing at least one stigmatizing attitude toward obese people (Ambwani, Thomas, Hopwood, Moss, & Grilo, 2014). Meanwhile, a cross-national study found that 43%, 59%, and 33% of respondents in the United States, Canada and Iceland, respectively, reported at least one instance of being a victim of teasing or unfair treatment because of their weight (Puhl et al., 2015). Studies further show that weight victimization pervades many settings, including education and health care (Crandall & Martinez, 1996; Puhl et al., 2015; Puhl, Brownell, & DePierre, 2014).

According to the attribution-value model of prejudice, particularly within individualist cultures, the core prejudice against obese people consists of holding them responsible for their weight (Crandall et al., 2001; Crandall & Martinez, 1996; Puhl et al., 2015). Obese people are frequently aware of these negative attributions directed toward them as well as the negative cultural value of fatness. For this reason it is believed that at some extent obese people have “internalized” weight bias or in other words experience weight self-stigma (Durso & Latner, 2008; Lillis, Luoma, Levin, & Hayes, 2010). This internalization or self-stigma refers to holding prejudicial views of themselves (i.e., self-devaluation), as well as to the fear of enacted stigma (i.e., directly experienced social discrimination) as a result of one's identification with a stigmatized group (Lillis et al., 2010).

In obese adults, perceiving weight stigmatization and experiencing enacted stigmatization, have been found to be associated with lower self-esteem, higher psychological distress, greater body dissatisfaction, and elevated eating and weight concerns (Hatzenbuehler, Keyes, & Hasin, 2009; Nerini, Matera, & Stefanile, 2016; Nolan & Eshleman, 2016; Papadopoulos & Brennan, 2015; Pearl, White, & Grilo, 2014; Puhl, Heuer, & Brownell, 2010; Vartanian & Porter, 2016). The strength of the association in any given individual may depend on the degree of the individual's internalized weight bias. Indeed, some studies suggest that the negative psychological effects of perceived and enacted stigmatization are stronger when individuals present high levels of stigma internalization (Latner, Barile, Durso, & O'Brien, 2014; Papadopoulos & Brennan, 2015). Furthermore, intervention programs with obese adults suggest that the reduction of weight bias internalization is a critical target in obtaining positive treatment outcomes, such as healthier eating behaviors (Carels et al., 2014; Mensinger, Calogero, & Tylka, 2016). Therefore, internalized weight stigma seems to be a potential mediator in the relationship between weight stigmatizing experiences and eating behaviors (Vartanian & Porter, 2016).

Currently, the research agenda considers worth exploring how stigma internalization may impede the adoption of healthy behaviors (Puhl & Suh, 2015), and specifically how self-stigma can contribute to disordered eating patterns (Vartanian & Porter, 2016). Besides that, recent research also highlights a need to focus on variability within stigmatized groups (Sikorski, Luppá, Luck, & Riedel-Heller, 2015). Specifically, women are usually more likely than men to report weight discrimination and weight stigma

internalization (Boswell & White, 2015; Hatzenbuehler et al., 2009; Latner, Puhl, & Stunkard, 2012; Papadopoulos & Brennan, 2015). Thus, obese women could constitute a subgroup of stigmatized individuals potentially more vulnerable to weight discrimination and weight self-stigma.

Recent studies show that weight stigma internalization is significantly associated with disordered eating in obese women (Puhl & Suh, 2015). In fact, in women, weight stigma internalization has been found to be more strongly related to the cognitive and attitudinal aspects of eating disorders than in men (Boswell & White, 2015). Women seem especially at risk of being emotionally affected by their eating. Such heightened risk of disordered eating in women may reflect gender differences in regard to body image issues and depression (Helgeson, 2012). Women are more likely to report body dissatisfaction (Keel, Eddy, Thomas, & Schwartz, 2010), and some authors even hypothesize that this trend may have an evolutionary basis (Ferguson, Winegard, & Winegard, 2011). Moreover, the relationship between being obese, having lower self-esteem and displaying depressive symptoms seems to be stronger in women than in men (Atlantis & Baker, 2008; de Wit et al., 2010; Miller & Downey, 1999; Preiss, Brennan, & Clarke, 2013; Sikorski et al., 2015). Furthermore, as compared to men, women tend to display greater weight and shape concerns and to be more attuned to physical appearance criticism (Buchanan, Bluestein, Nappa, Woods, & Depatie, 2013; Eisenberg, Berge, Fulkerson, & Neumark-Sztainer, 2011; Elosua & Hermosilla, 2013). This is especially true for obese women, in which appearance-based social anxiety seems to be more relevant than general anxiety (Titchener & Wong, 2015), and, in turn, appears to increase the risk of disordered and emotional eating (Schulz & Laessle, 2010). This apprehension about receiving negative appearance evaluations has been labeled “fear of negative appearance evaluation” (FNAE; Lundgren, Anderson, & Thompson, 2004).

Findings that focus on the relationship between internalized weight stigma and disordered eating emphasize the contribution of self-esteem and FNAE to disordered eating. Numerous authors suggest that the self-devaluation accompanying internalized weight stigma erodes self-esteem, interferes with goal-related behaviors, and more particularly with the adoption of healthy eating patterns (Hilbert, Braehler, Haeuser, & Zenger, 2014; Ratcliffe & Ellison, 2015). Regarding FNAE, the social identity threat model of stigma explains the responses to stigma-related situations (Major & O'Brien, 2005). Applied to the weight stigma context, this model would posit that stigma-related situations, such as being the target of a negative appearance evaluation based on one's weight, produce involuntary stress responses such as anxiety and would motivate obese individuals to adopt coping strategies aimed at reducing the anxiety. In such cases, coping strategies can include disordered eating behaviors such as binge eating (Puhl & Suh, 2015).

In summary, among obese women in particular, low self-esteem and FNAE emerge as potential mediators of the relationship between weight self-stigma and disordered eating. Using a cross-sectional design, the present study examines the extent to which self-esteem and fear of negative appearance evaluation strengthen the association between weight self-stigma and disordered

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