



## Research paper

# An examination of the prospective impact of bulimic symptoms and dietary restraint on life hassles and social support

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## ABSTRACT

**Background:** The stress generation hypothesis posits that individuals with psychopathology engage in maladaptive behaviors that create stress. Although extensively researched in the depression literature, few studies have investigated whether the stress generation hypothesis applies to eating disorders. This study examined whether bulimic symptoms and dietary restraint predict future life hassles and low social support among undergraduate students.

**Methods:** Three hundred seventy-four undergraduate students participated in this two-part prospective study through a secure online system. They completed questionnaires assessing depressive symptoms, bulimic symptoms, dietary restraint, life hassles, and social support.

**Results:** Regression analyses revealed that baseline bulimic symptoms predicted greater life hassles but not lower social support one month later, after statistically controlling for baseline measures. Baseline dietary restraint did not predict future life hassles or social support.

**Limitations:** Limitations include use of self-report measures, suboptimal response rates at the follow-up assessment, and use of a non-clinical sample with primarily White participants.

**Conclusions:** These results provide preliminary support for the stress generation hypothesis in relation to bulimic symptoms. Individuals with bulimic symptoms may generate stressors similar to those experiencing depressive symptoms. Our findings suggest that emphasizing stress management in the treatment of individuals with bulimic symptoms could potentially improve treatment outcomes.

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## 1. Introduction

The majority of empirical findings suggest that stress both precedes the development of (Welch et al., 1997) and maintains eating disorders (Goldschmidt et al., 2014; Smyth et al., 2007). However, few studies have examined the role of eating disorders in predicting subsequent stress. Given the debilitating effects (Crow et al., 2009; Lehoux and Howe, 2007) and high relapse rates of eating disorders (Wilson et al., 1997), it is particularly important to understand whether eating disorders also lead to prospective stress. If this is the case, it may be possible to minimize the negative consequences and to lower the relapse rates of eating disorders. The purpose of this prospective study was to examine the predictive power of eating disorder symptoms with regards to future life hassles and social support.

According to the stress generation hypothesis, individuals

actively create stress in their lives as a result of psychopathology. Stress generation is posited to maintain or increase symptoms of psychopathology. Hammen (1991, 2005) suggested that interpersonal functioning plays a particularly important role in the generation of stress. For example, as a result of depression, affected women have a tendency to withdraw from social situations, make critical remarks of their children, and engage in interpersonal conflicts, all of which contribute to the maintenance or worsening of depressive symptoms (Hammen, 2003). Though under-researched in eating disorders, the stress generation hypothesis may be particularly relevant due to the impaired interpersonal functioning found among individuals with eating disorders (Arcelus et al., 2013). Existing literature suggests that individuals with eating disorders engage in negative feedback seeking (Joiner, 1999), exhibit impaired social skills (Grisset and Norvell, 1992), and demonstrate elevated rejection sensitivity (Selby et al., 2010). These behaviors may repel others and may also lead to stressful events, thus presenting a compelling reason to believe that the stress generation hypothesis may be applicable to eating disorders.

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Bodell et al. (2012) were among the first to examine the stress generation hypothesis in relation to eating disorder symptoms in a sample of undergraduate women. In this study, eating disorder symptoms (i.e., bulimic symptoms, drive for thinness, and body dissatisfaction) did not predict negative life events beyond depressive symptoms over a two-month period, suggesting that negative life events in this population were likely attributable to depressive symptoms. Dodd et al. (2014) extended the study of Bodell et al. (2012) by including more eating disorder symptoms (e.g., dietary restraint and weight concern). Findings revealed that only dietary restraint predicted an increase in negative life events over a one-month period. These two studies suggest that the stress generation hypothesis may be applicable to some specific symptoms of eating disorders, such as dietary restraint.

Research has shown that individuals with eating disorders show deficits in various aspects of social support, including lower perceived social support (Grisset and Norvell, 1992) and smaller support networks (Rorty et al., 1999). Social support is often viewed as having a stress-buffering effect (Cohen and Wills, 1985). Although social support and stress may not necessarily be correlated, social support is an important variable to consider in light of the crucial role of interpersonal functioning in stress generation (Hammen, 2003). The present study aimed to replicate previous studies by examining the stress generation hypothesis in eating disorders. Moreover, the present study intended to extend previous studies by including a second dependent variable that is pertinent to eating disorders and the stress generation hypothesis: social support.

Based on the findings of Dodd et al. (2014) and the interpersonal impairments in eating disorders, we hypothesized that baseline dietary restraint would predict greater life hassles and lower social support. Although bulimic symptoms did not predict stress generation in the two previous studies (Bodell et al., 2012; Dodd et al., 2014), evidence suggests bulimic symptoms are strongly associated with impaired psychosocial functioning (Spoon et al., 2007), which may contribute to further stress. For example, both bulimia nervosa patients and undergraduate students with bulimic symptoms have been found to engage in excessive reassurance seeking (Anestis et al., 2009) and negative feedback seeking (Joiner, 1999). These behaviors may frustrate and irritate the people around and subsequently, lead to social rejection (Joiner et al., 1999). Therefore, we hypothesized that baseline bulimic symptoms would also predict greater life hassles and lower social support.

## 2. Method

### 2.1. Participants and procedures

Undergraduate students enrolled in psychology courses at a public Midwestern university participated in this longitudinal study in exchange for course credit. A total of 792 undergraduate students participated at Time 1 (T1; 329 men), and 47.22% ( $N=374$ ; 163 men) returned to complete the Time 2 (T2) assessment. Independent *t*-tests revealed no significant differences between those who returned and those who did not on variables assessed at T1 (i.e., bulimic symptoms, restraint, depressive symptoms, life hassles, and social support), all *p* values  $> .05$ . It is likely that the suboptimal response rate is due to students earning their required course credit earlier in the semester and no longer needing credit for the second part of the study at a later point in the semester. Participants who completed both assessments were 18–26 years old ( $M=19.22$ ,  $SD=1.31$ ), and the majority were White (93.60%;  $n=350$ ). Participants were recruited and completed this two-part study (mean of days apart = 31.72 days,  $SD=14.50$  days,

range = 21.91–168.22 days) through a secure online system after providing informed consent. This study was approved by the Institutional Review Board at North Dakota State University.

### 2.2. Measures

The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) is a 20-item measure assessing depressive symptoms in the past week. Each item is rated on a 4-point Likert scale from 0 (Rarely or none of the time;  $< 1$  day) to 3 (Most or all of the time; 5–7 days). Items are summed, and higher scores represent greater depressive symptoms. Adequate reliability and validity of the CES-D have been demonstrated (Cuijpers et al., 2008; Radloff, 1977). Cronbach's alpha for the CES-D was 0.94 in the present study.

The Bulimia Test-Revised (BULIT-R; Thelen et al., 1991) is a 28-item measure assessing bulimic symptoms. Participants were instructed to choose one of the five answer choices presented in a Likert format for each item. Items are summed, and higher scores reflect greater bulimic symptoms. The BULIT-R has a recommended clinical cut-off score of 104 and several undergraduate samples have demonstrated mean scores in the range of the 50s (Thelen et al., 1991). It has shown adequate reliability and validity (Thelen et al., 1991; Vincent et al., 1999). The Cronbach's alpha for the current sample was 0.94.

The Eating Disorder Examination-Questionnaire (EDE-Q; Fairburn and Beglin, 1994) restraint subscale contains five items assessing dietary restraint in the past 28 days. Items are rated on a 7-point Likert scale that ranges from 0 (no days) to 6 (everyday) and averaged. Higher scores indicate greater levels of restraint. The EDE-Q has shown acceptable reliability and validity (Berg et al., 2012). Cronbach's alpha for the restraint subscale was 0.84 in the present study.

The Inventory of College Students' Recent Life Experiences (ICSRLE; Kohn et al., 1990) is a 49-item measure that assesses the extent of hassles (i.e., everyday stressors such as conflicts with friends and social isolation) that occurred in the past month that are common among college students. Participants rated the intensity of their experience with each of the 49 hassles in the past month on a 4-point Likert scale, ranging from 1 (not at all part of my life) to 4 (very much part of my life). Items are summed, and higher scores representing greater intensity of hassles. Adequate reliability and validity of the ICSRLE have been demonstrated (Kohn et al., 1990; Osman et al., 1994), including adequate reliability in the current study (Cronbach's alpha = 0.95).

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) is a 12-item measure assessing perceived social support from family, friends, and significant others. Items are rated on a 7-point Likert scale that ranges from 1 (very strongly disagree) to 7 (very strongly agree) and averaged together. Higher scores reflect greater social support. Adequate reliability and validity of the MSPSS have been demonstrated (Canty-Mitchell and Zimet, 2000; Zimet et al., 1988). Cronbach's alpha for the MSPSS was 0.96 in the present study.

### 2.3. Statistical analyses

All statistical analyses were conducted using the 19.0 version of SPSS. All variables were examined through SPSS programs for accuracy of data entry, missing values, and assumption of multiple linear regression. A missing value analysis revealed less than 5% missing data for all variables with the exception of baseline bulimic symptoms (15.20%). Little's MCAR test revealed that the missing data were missing completely at random. Missing values were estimated using expectation maximization method. Square root transformations were conducted to improve normality of all

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