



Relating shape/weight based self-esteem, depression, and anxiety with weight and perceived physical health among young adults[☆]

Rebecca C. Kamody^{a,b,*}, Idia B. Thurston^{a,c,d}, Kristina M. Decker^a, Caroline C. Kaufman^a, Kendrin R. Sonneville^e, Tracy K. Richmond^f

^a Department of Psychology, The University of Memphis, United States

^b Yale University Child Study Center, United States

^c University of Tennessee Health Science Center, United States

^d Le Bonheur Children's Foundation Research Institute, United States

^e School of Public Health, University of Michigan, United States

^f Division of Adolescent and Young Adult Medicine, Boston Children's Hospital/Harvard Medical School, United States

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ABSTRACT

Simultaneous contributions of self-esteem, depression, and anxiety to weight and perceived physical health in young adults is understudied. A diverse sample of 424 young adults completed measures of shape/weight based self-esteem, depression, anxiety, and perceived physical health. Height and weight were measured to calculate body mass index (BMI). Latent profile analysis was conducted to derive patterns of depression, anxiety, and shape/weight based self-esteem. Then, we examined the association of the profiles with weight status and perceived physical health. Three profiles emerged: (1) High Shape/Weight Influence (HSWI); (2) Low Shape/Weight, Depression, & Anxiety Influence (LSWDAI); and (3) High Depression & Anxiety Influence (HDAI). The HSWI profile had significantly higher BMI than the LSWDAI and HDAI profiles, and significantly lower perceived physical health than the LSWDAI profile. Over emphasis on shape/weight, regardless of depression and anxiety, is associated with elevated weight and negative internalized health views.

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1. Introduction

The considerable health concerns associated with elevated weight, such as asthma, diabetes, high cholesterol, hypertension, and heart disease, are well established (Daniels, 2009; Guh et al., 2009; Merten, 2010; Spruijt-Metz, 2011). Not limited to physical corollaries, elevated weight is also associated with mental health concerns, such as depression, anxiety, and low self-esteem (de Jong, Sportel, de Hullu, & Nauta, 2012). Given these substantial health risks, a weight-normative approach focused on targeting weight loss has often been used to combat these complications; however, approaching weight concerns through this lens has been found to

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* Corresponding author. Postal address: Yale Child Study Center, 230 South Frontage Road, New Haven, CT, 06519, United States.

E-mail address: rebecca.kamody@yale.edu (R.C. Kamody).

be detrimental to both physical and mental health outcomes (Tylka et al., 2014).

Compared to the weight-normative approach and its focus on weight loss, the Health at Every Size (HAES) framework is a weight-inclusive approach, focused on multi-faceted well-being, and reducing weight based stigma (Robison, 2005; Tylka et al., 2014). Experiences with weight stigma, or stereotyping and discrimination based on one's weight (Puhl & Brownell, 2001; Puhl & Peterson, 2014), is often based on inaccurate and stigmatizing societal views that individuals are solely in control of their weight, and that failure to lose weight is a result of laziness or lack of motivations (Puhl et al., 2015). However, many genetic and environmental factors (e.g., biological predisposition, unequal access to safe places to exercise, high cost of nutrient dense foods) that are outside of individuals' control are often largely responsible for weight status (Tylka et al., 2014). The stigmatizing view of weight being completely within an individual's control has been found to be related to poorer mental health outcomes (Papadopoulous & Brennan, 2015; Puhl & Heuer, 2009). Given that many of the mental health concerns associated with elevated weight often co-occur, it is necessary to

better understand the relation between elevated weight and these internalizing symptoms.

1.1. Elevated weight and depression

Depressive symptomatology, such as decreased motivation and low self-efficacy, may negatively impact engagement in healthy lifestyle behaviors (Markowitz, Friedman, & Arent, 2008). Though this may partially explain the association between depression and elevated weight, prior research has suggested a more complex bidirectional relationship between elevated weight and depression. Specifically, elevated weight is considered a risk factor for depression (Korcak, Lipman, Morrison, & Szatmari, 2013; Sánchez-Villegas et al., 2010; Sanderson, Patton, McKercher, Dwyer, & Venn, 2011), while having a history of depression is associated with increased weight gain over time (Blaine, 2008; Inledon, Wake, & Hay, 2011; Korczak et al., 2013). In a meta-analysis of the longitudinal associations between depression and weight, baseline depression increased the odds of developing obesity (Luppino et al., 2010). More specifically among young adults, longitudinal research has found that for White young adults with high depressive symptomatology at baseline, BMI increased more rapidly over a period of 15 years (Needham, Epel, Adler, & Kiefe, 2010).

Conversely, several longitudinal studies have found elevated weight in adolescence to be associated with higher depressive symptomatology in adulthood (Frisco, Houle, & Lippert, 2013; Herva et al., 2006). Specifically, being categorized as obese at 14-years-old was found to predict depressive symptomatology at 31-years-old for both men and women (Herva et al., 2006). Examination of the transition from adolescence to young adulthood found that girls categorized as normal weight, overweight, or obese during adolescence who were categorized as obese by young adulthood were twice as likely to develop depression than women who had never been categorized as overweight or obese (Frisco et al., 2013). Having a higher BMI at baseline has also been found to be associated with increased odds of developing major depressive disorder six years later (Gibson-Smith et al., 2016). This identified relationship between elevated weight and depression may be explained by internalized weight bias, which can occur from experiences with weight stigma (Pearl & Puhl, 2016; Puhl et al., 2015). Taken together, the present literature supports the existence of a bidirectional relation between depressive symptomatology and elevated weight among young adults, that is likely impacted by internalized weight bias experienced by individuals. Thus, the associations between depression and weight may be better understood after disentangling the emphasis individuals place on their shape/weight status.

1.2. Elevated weight and anxiety

Compared to the depression literature, research on the relationship between weight and anxiety in young adults is less expansive. This literature generally highlights a positive association between anxiety symptomatology and weight status, such that higher anxiety is associated with a higher weight status (Mather, Cox, Enns, & Sareen, 2009; Phillips et al., 2012). Adults categorized as overweight or obese are significantly more likely to meet diagnostic criteria for generalized anxiety disorder, panic disorder, and specific phobia compared to individuals categorized as average weight (Petry, Barry, Pietrzak, & Wagner, 2008). While a meta-analysis revealed a moderate positive relation between weight status and anxiety (Garipey, Nitka, & Schmitz, 2010), the authors emphasized that evidence for the effect of weight on anxiety is inconsistent. In a prospective study over three years, adolescents and young adults were classified into different weight trajectories (i.e., normal weight, overweight, obese to overweight, obese, severely obese)

and analyses revealed that participants with increased anxiety were consistently more likely to be classified as overweight, obese to overweight, obese, and severely obese, compared to normal weight (Kubzansky & Gilthorpe, 2012). While this study does not make predictive claims about the effect of anxiety on obesity, it does highlight persistent associations between anxiety and elevated weight across time for adolescents and young adults. These findings are not surprising, as there is likely increased psychological distress and/or anxiety experienced by those with elevated weight due to the distress associated with having internalized weight bias (Pearl & Puhl, 2016), and not due to excess adiposity alone. Another prospective study of adults found that anxiety was associated with weight gain and greater risk of obesity among men and women (Brumpton, Langhammer, Romundstad, Chen, & Mai, 2013). Among young adults, anxiety symptoms have been found to predict lower engagement in healthy behaviors in later adulthood, increasing the risk for elevated weight status (Brook, Lee, Brook, & Finch, 2013), consistent with negative outcomes found with a weight-normative approach (Tylka et al., 2014).

Considering the longitudinal association between anxiety and elevated weight, youth with anxiety have evidenced higher body mass index (BMI) into adolescence and young adulthood (Rofey et al., 2009). Other research has found that obesity in adolescence is associated with anxiety in young adulthood for females, but not for males (Anderson, Cohen, Naumova, Jacques, & Must, 2007). Through the lens of the HAES weight-inclusive model, these differences may be due to greater weight discrimination experienced by women as compared to men (Puhl, Andreyeva, & Brownell, 2008), leading to greater internalized stigma, and thus more psychological distress. In contrast, a recent prospective study found that anxiety did not predict weight status over time and weight status did not increase risk of future anxiety disorders within the overall sample (Roberts & Duong, 2016). Within this same study, males with anxiety disorders evidenced increased risk for elevated weight. These mixed findings underscore the need for further research to examine and understand the complex role of anxiety in weight among young adults. As with the relation between weight and depression, the relationship between elevated weight and anxiety may be best understood in the context of weight stigma and internalized weight bias experienced at higher rates by individuals with elevated weight (Pearl & Puhl, 2016), rather than as a direct relation between weight and anxiety itself. This further highlights a need to separate out from this relationship the emphasis one places on their shape and weight status.

1.3. Elevated weight and self-esteem

Considerable research supports the negative relationship between body weight and global self-esteem (Ali, Minor, & Amialchuk, 2013; Martyn-Nemeth & Penckofer, 2012; Pila, Sabiston, Brunet, Castonguay, & O'Loughlin, 2015; Radziwiłłowicz & Macias, 2014). As highlighted by Pila et al. (2015), much of the existing research on weight and self-esteem has been conducted with adolescents; thus, these associations are understudied among young adults. Among adolescents and young adults, those with overweight or obesity evidence significantly lower self-esteem than peers considered lean weight (Radziwiłłowicz & Macias, 2014). In the context of weight stigma, those experiencing discriminatory views of their shape and weight may have greater internalized negative bias about their shape and weight, leading to diminished self-esteem. Further, youth with obesity have been found to demonstrate significantly lower self-esteem than their peers considered overweight or normal weight (Witherspoon, Latta, Wang, & Black, 2013). Among adolescents and young adults, higher body weight is negatively correlated with self-esteem (Ali

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