

Brief research report

Self-objectification, weight bias internalization, and binge eating in young women: Testing a mediational model

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ABSTRACT

Self-objectification and weight bias internalization are two internalization processes that are positively correlated with binge eating among young women. However, the mechanisms underlying these relationships are understudied. Consistent with objectification theory, this study examined appearance anxiety and body shame as mediators between self-objectification, weight bias internalization and binge eating. Female undergraduates ($N = 102$) completed self-report measures of self-objectification, weight bias internalization, appearance anxiety, body shame, and binge eating. Results indicated that women who self-objectified and internalized negative weight-related attitudes reported greater binge eating ($r_s = .43$ and $r_s = .57$, respectively) and these associations were mediated by the combined effects of body shame and appearance anxiety. The contrast between the two mediators was also significant, such that body shame emerged as a stronger mediator within both mediational models. Results demonstrated that these internalization processes contribute to negative affect in young women, which may in turn lead to binge eating.

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1. Introduction

Frequent exposure to messages emphasizing the desirability of a thin physique promotes their acceptance and internalization, thereby increasing the likelihood of disordered eating behaviours in an attempt to meet these ideals (Thompson & Stice, 2001). Objectification theory posits that, through a process of internalization, self-objectification occurs when a woman accepts that she is adequately defined as a body existing for another person's use, such that she internalizes a third-person perspective of her body (Fredrickson & Roberts, 1997). Weight bias internalization (WBI) similarly occurs when a woman directs negative societal attitudes about fatness toward herself (Durso & Latner, 2008). Perceived discrepancy between one's actual body and the idealized, thin body may increase negative affect and heighten the likelihood of binge eating in order to quell these negative experiences (Fairburn, Cooper, & Shafran, 2003). Accordingly, preliminary research has demonstrated that self-objectification and WBI positively corre-

late with binge eating (Burmeister, Hinman, Koball, Hofmann, & Carels, 2013; Dakanalis et al., 2015; Durso & Latner, 2008; Durso et al., 2012). Similarly, individuals who report binge eating have significantly greater WBI scores than those who do not (Durso & Latner, 2008; Schvey & White, 2015), suggesting that internalization of dominant cultural messages and their application towards oneself negatively impacts women's relationship with food.

Experimental induction of WBI has led to increased negative affect and decreased positive affect, suggesting that WBI is generally detrimental to one's emotional wellbeing (Pearl & Puhl, 2016). Objectification theory proposes two negative, affect-related variables as potential mechanisms underlying the relationship between self-objectification and disordered eating behaviours, such as binge eating: appearance anxiety and body shame (Noll & Fredrickson, 1998; Tiggemann & Slater, 2001). Self-objectification may intensify a woman's concern regarding her appearance, leading to increased body checking and appearance-related scrutiny, both of which are elements of appearance anxiety (Keelan, Dion, & Dion, 1992). Similarly, self-objectification is associated with feelings of shame regarding one's physical shape or size (Choma, Shove, Busseri, Sadava, & Hosker, 2009; Fredrickson & Roberts, 1997).

Given that both self-objectification and WBI reflect internalization of appearance-focused societal messages, it is plausible that WBI may lead to binge eating through similar mechanisms. Accord-

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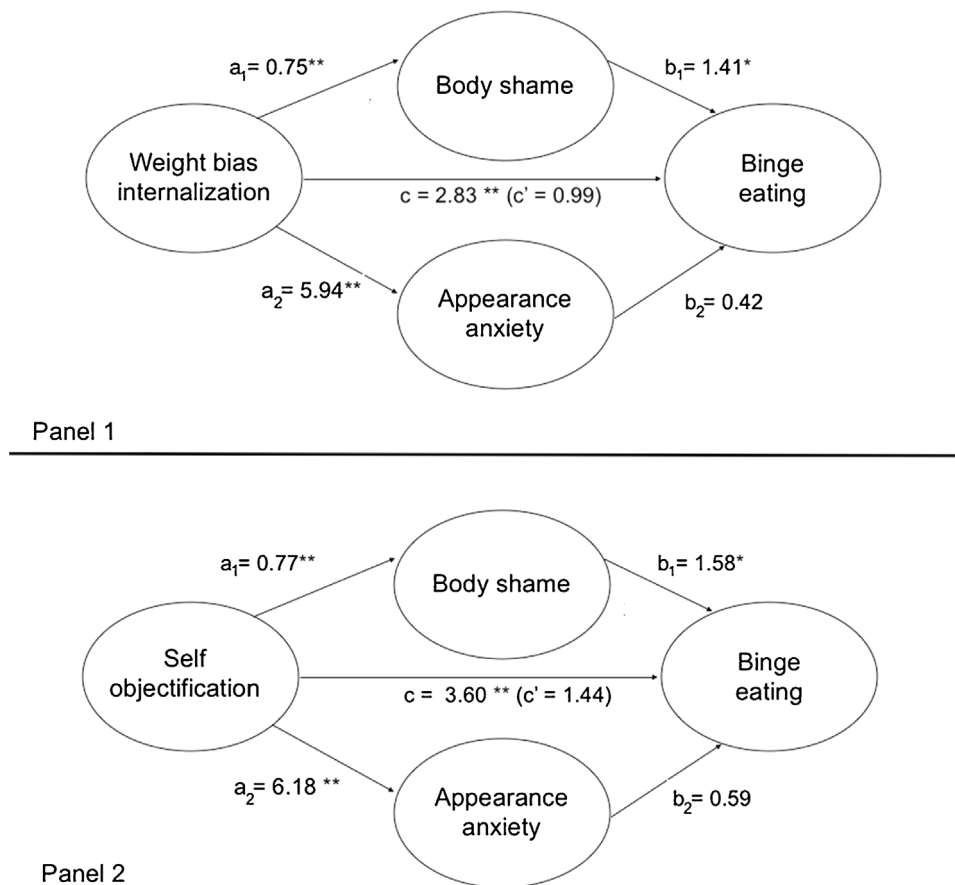


Fig. 1. Unstandardized regression path coefficients between internalization processes, mediating variables, and binge eating, controlling for BMI. Panel A represents the unstandardized regression coefficients between self-objectification, the mediators (body shame, appearance anxiety), and binge eating controlling for BMI. Panel B represents the unstandardized regression coefficients between weight bias internalization, the mediators (body shame, appearance anxiety), and binge eating controlling for BMI. c = total effect (i.e., the relationship between the independent variable and binge eating), c' = direct effect (i.e., the relationship between the independent variable and binge eating accounting for the effect of body shame and appearance anxiety) * $p < .05$, ** $p < .00001$.

ingly, WBI has been found to be positively associated with body shame (Burmeister et al., 2013).

Both appearance anxiety and body shame may heighten the risk for binge eating, as some women engage in binge eating to regulate negative affect (Fairburn et al., 2003). Appearance anxiety and body shame also encourage dietary restriction in an attempt to modify one's weight (McKinley & Hyde, 1996), in turn increasing the likelihood of binge eating (Stice, Akutagawa, Gaggan, & Agras, 2000). Thus, appearance anxiety and body shame may operate as both direct and indirect risk factors for binge eating.

The present study examined the influence of self-objectification and WBI on binge eating in young women. The purpose of this study was to (a) provide support for the proposed mediational model of self-objectification (see Fig. 1, Panel 2), and (b) investigate whether this mediational model could also partially explain the relationship between WBI and binge eating (see Fig. 1, Panel 1). We hypothesized that both self-objectification and WBI would positively correlate with binge eating, and that these relationships would be mediated by the parallel influence of appearance anxiety and body shame.

2. Material and methods

2.1. Participants

Undergraduate women ($N = 102$) participated in the study for course credit in an introductory psychology course. The research project was reviewed and approved by a Canadian university

Research Ethics Board (REB), and all participants provided informed consent. Participants had a mean age of 19.33 years ($SD = 1.81$). The sample was ethnically diverse, comprised of women identifying as Caucasian (41.6%), South Asian (16.8%), Southeast Asian (12.9%), Arab/West Asian (5.9%), East Asian (5.9%), Black/African American (3.0%), Latin/South American (2.0%), and Other (11.9%). Participants had a mean body mass index ($BMI = \text{kg}/\text{m}^2$) of 22.84 kg/m^2 ($SD = 3.95$). Most participants (59.7%) reported a healthy BMI, whereas 10.3% reported being underweight, 22.7% overweight, and 7.2% obese.

2.2. Measures

2.2.1. Modified Weight Bias Internalization Scale (WBIS-M; Pearl & Puhl, 2014)

The WBIS-M is an 11-item self-report scale that assesses the experience of weight-related negative emotions, and respondents' acceptance of their current weight. The original WBIS was developed for use with individuals who were overweight or obese; whereas the WBIS-M has been altered for use across the weight spectrum (e.g., "I hate myself for being overweight" was modified to "I hate myself for my weight"; Pearl & Puhl, 2014). Potential item scores range from 1 to 7, with higher scores indicating higher WBI. Participants' responses were averaged to compute a mean score. The WBIS-M has strong psychometric properties, with high internal consistency in the current sample ($\alpha = .96$).

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