



Examining impulsivity as a moderator of the relationship between body shame and bulimic symptoms in Black and White young women



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ARTICLE INFO

Article history:

Received 29 July 2014

Received in revised form

22 December 2014

Accepted 14 March 2015

Keywords:

Body shame

Impulsivity

Bulimic symptoms

Disordered eating

Race

Black

ABSTRACT

Impulsivity has been linked to bulimic symptomatology in a number of studies; however, few have examined this relationship among Black women. We investigated the correlations between impulsivity and bulimic symptoms, and tested impulsivity as a moderator of the body shame/bulimic symptoms relationship among a sample of female undergraduates ($N = 276$; 97 Blacks, 179 Whites). These participants provided data on body shame, impulsivity, and bulimic symptoms (EDE-Q binge eating frequency, BULIT-R, EDI-Bulimia). Among Blacks, impulsivity was significantly positively associated with all bulimic symptoms measures; among Whites, impulsivity was only positively correlated with binge eating frequency. Furthermore, among Blacks, the combination of high body shame and high impulsivity was associated with the highest levels of bulimic symptoms; these findings were not observed among Whites. This study highlights the importance of impulsivity and body shame in identifying bulimic symptomatology among Black women.

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Introduction

Historically, eating disorder research has primarily focused on White women. However, Smolak and Striegel-Moore (2001) deconstructed the “myth of the golden girl,” arguing that the stereotype that eating disorders only exist in White women is a myth and that, in fact, women from all different ethnicities suffer from eating disorders. Though it has been consistently confirmed that women of color do struggle with eating disorders and disordered eating, research on eating disorders in these women has not kept pace with research in White samples. For example, Black women report rates of disordered eating (Wilfley et al., 1996) and bulimia nervosa (Mulholland & Mintz, 2001; O'Neill, 2003) comparable to those found in White women, and yet, they remain severely understudied.

Additional investigation of risk factors and potential points of intervention for racially and ethnically diverse women would increase our understanding of how eating disorders manifest in diverse populations. Body shame and impulsivity are factors related to disordered eating in primarily White samples (Bodell, Joiner, & Ialongo, 2012; Noll & Fredrickson, 1998; Troop & Redshaw, 2012;

Troop, Sottrilli, Serpell, & Treasure, 2006; Waxman, 2009) that are worthy of consideration in more racially/ethnically diverse groups. With the aim of identifying risk factors for disordered eating, this study examines how body shame and impulsivity are related to bulimic symptoms among Black and White undergraduate women, and tests impulsivity as a moderator of the relationship between the stressful experience of body shame and bulimic symptoms in these samples. We focus on bulimic behaviors since this form of eating pathology is problematic both in Black and White populations: a meta-analysis of 18 separate studies indicated that the prevalence of bulimia nervosa in Black women is not significantly different from White women (O'Neill, 2003). Our focus on an undergraduate sample reflects findings of high rates of eating pathology in these samples – for example, Berg, Frazier, and Sherr (2009) found that 49% of the undergraduate women in their sample endorsed engaging in subthreshold disordered eating – highlighting the need to examine disordered eating among undergraduates. This study is novel in that it examines the relationship between impulsivity and body shame, which has not previously been researched, and tests a conceptually-driven moderator model of bulimic symptoms in Black women, a group that continues to be understudied.

Escape theory (Heatherton & Baumeister, 1991) is a model of binge eating that may explain the relationship between body shame and eating pathology. Escape theory states that individuals engage in binge eating as a means of lowering their self-awareness related to the pressures, threats, long-range concerns and lasting consequences of their experiences. Indeed, individuals who binge eat

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often do so because it lets them “zone out” and escape from negative feelings, albeit temporarily (Blackburn, Johnston, Blampied, Popp, & Kallen, 2006; Heatherton & Baumeister, 1991). We propose that experiences of body shame could remind one of the ways in which she does not comply with cultural standards and, as body shame is arguably more related to self-concept than many other measures of body satisfaction (see, e.g., Murnen & Smolak, 2009), it is likely to invoke a strong negative reaction. In response to the negative reaction caused by body shame, one may seek to reduce her self-awareness of the experience and engage in binge eating as a result. We would like to further investigate the relation between body shame and binge eating by examining whether this relation is strengthened in the context of impulsivity (i.e., impulsivity moderating the body shame/bulimic symptoms relation), which could lead to a higher likelihood of feeling the need to immediately escape self-awareness when faced with stressful events, such as body shame.

Body shame, which has been defined as a negative emotion experienced when a person compares her body to an ideal and thinks that she comes up short (Fredrickson & Roberts, 1997), has been linked to disordered eating (Noll & Fredrickson, 1998; Troop & Redshaw, 2012; Troop et al., 2006) and to bulimic symptoms in particular (Troop, Allan, Serpell, & Treasure, 2008). Body shame is positively associated with bulimic and anorexic symptoms in a predominantly White sample of undergraduates (Noll & Fredrickson, 1998), as well as eating disturbance in both clinical and nonclinical female populations representing various nationalities (Doran & Lewis, 2012). Relatedly, higher body shame is associated with more severe bulimic symptoms among those with a history of eating disorders (Troop & Redshaw, 2012). To our knowledge, research has not yet investigated the association between body shame in particular and bulimic symptoms among Black women. However, related work from Project EAT indicates that among an ethnically and socioeconomically diverse sample, decreased body satisfaction predicted higher levels of dieting, a range of unhealthy weight control behaviors, and binge eating five years later (Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006). These results further underscore the role of body image variables in disordered eating.

Impulsivity, which can be defined as, “a predisposition toward rapid, unplanned reactions to internal or external stimuli without regard to the negative consequences of these reactions to the impulsive individuals or to others” (Moeller, Barratt, Dougherty, Schmitz, & Swann, 2001, p. 1784), is also connected to bulimic symptoms (Bodell et al., 2012; Kemps & Wilsdon, 2010; Waxman, 2009). Research on Blacks found that impulsivity in early childhood predicted bulimic symptoms in adolescence in a sample of 119 Black girls (Bodell et al., 2012). Furthermore, when comparing young Australian women with bulimia nervosa and healthy controls, those with bulimia nervosa were significantly more impulsive (Kemps & Wilsdon, 2010). Lastly, in a meta-analysis of 12 studies, Waxman (2009) found that participants who engaged in binge eating showed more impulsivity than participants with anorexia nervosa, and those who engaged in binge eating and purging showed even higher levels of impulsivity than those who engaged only in binge eating. Thus, prior research highlights the connection between impulsivity and specific bulimic behaviors.

Given the relationship between impulsivity and bulimic symptoms supported by the literature, we hypothesize that impulsivity may serve as a moderator of the relationship between body shame and bulimic symptoms. Although impulsivity has not yet been investigated as a moderator of this particular relationship, it has previously been found to moderate the relationship between the urge to binge eat and dietary control in a sample of 51 women with bulimia spectrum eating disorders, such that women low in impulsivity reported higher dietary control following urges to binge

eat, while women high in impulsivity did not (Steiger, Lehoux, & Gauvin, 1999). Furthermore, past research has found significant positive correlations between impulsivity and bulimic symptoms (Robinson, Pearce, Engel, & Wonderlich, 2009 – in a primarily White sample), shame and bulimic symptoms (Sanftner, Barlow, Marshall, & Tangney, 1995), and shame and impulsivity (i.e., impulse regulation), highlighting an inter-connectedness between these three variables. In the context of escape theory (Heatherton & Baumeister, 1991), it follows that women who are experiencing stressful events (e.g., body shame) and feel a compelling need to act on the generated negative affect in the moment (i.e., high impulsivity) would be most likely to engage in bulimic behaviors, which can provide an escape from negative affect, as a result. Therefore, impulsivity could serve as a moderator between the stress of experiencing body shame and bulimic symptoms.

The Current Study

The current study aimed to investigate the bivariate relationships between body shame and bulimic symptoms and between impulsivity and bulimic symptoms, as well as the potential moderating role of impulsivity of a body shame/bulimic symptoms relationship, among a group of Black and White undergraduate college women. By examining the variables of body shame and impulsivity, we hoped to uncover how these risk factors affect bulimic symptoms in the two racial groups, given that both variables have been associated with disordered eating and bulimic symptoms in the literature. This research is critical in that it examines a novel relationship between two established risk factors for bulimia nervosa and does so in a Black sample, where little research on eating disorders has been done.

We hypothesized that body shame, impulsivity, and bulimic symptoms in Black and White females would be related as follows: (1) Body shame is expected to be positively associated with bulimic symptoms for both Black and White female participants; (2) Impulsivity is expected to be positively associated with bulimic symptoms for both Black and White female participants; and (3) Impulsivity is proposed to moderate the relationship between the stressful experience of body shame and bulimic symptoms among Blacks and Whites such that women with both high body shame and high impulsivity will report the highest levels of bulimic symptoms.

Method

Participants and Procedure

Participants were 276 women attending a Midwestern university in the United States; 97 (35.1%) self-reported as African American/Black, and 179 (64.9%) as Caucasian/White non-Hispanic. Participants indicated their ethnic/racial background by selecting as many as applied from a list that included: African-American, Hispanic, Caucasian, Asian, Native American, and other. Efforts were made to oversample Black women, given research interests in this population, and recruitment occurred both through introductory psychology courses and through campus-wide recruitment strategies (e.g., flyers, email distribution lists to the Black undergraduate students at the university). For Black participants, the mean age was 19.04 years ($SD = 1.59$); for White participants, the mean age was 18.58 years ($SD = 1.06$). Based on self-reported current height and weight, mean body mass index (BMI) was 24.18 kg/m² ($SD = 4.66$) for Black participants and 22.22 kg/m² ($SD = 2.79$) for White participants. Although obtaining measured weight would be preferable, there is evidence that undergraduate reports of their reported and measured weights are strongly and significantly correlated (Shapiro & Anderson, 2003). Highest parental education

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