



Eating regulation and bulimic symptoms: The differential correlates of health-focused and appearance-focused eating regulation

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ABSTRACT

Based on Self-Determination Theory, this study aimed to gain further insight in the pathway from eating regulation to bulimic symptoms by (a) examining diet-specific need frustration as an intervening mechanism, (b) investigating the associations between different types of goals underlying eating regulation and diet-specific need frustration and bulimic symptoms, and (c) considering body dissatisfaction as an antecedent of eating regulation and eating regulation goals. In a sample of 244 female adolescents, SEM analyses showed that (a) the association between eating regulation and bulimic symptoms can be accounted for by need frustration, (b) appearance-focused and health-focused eating regulation are associated differentially with need frustration and bulimic symptoms, and (c) body dissatisfaction is related positively to eating regulation and appearance-focused eating regulation. These findings suggest that the goals underlying one's eating regulation and the concept of need frustration help to understand when and why eating regulation is associated with bulimic symptoms.

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Introduction

In contemporary Western society, there is a strong focus on body appearance and eating regulation. Many girls and women are dissatisfied with their body and engage in dietary behaviours to lose weight (e.g., [Striegel-Moore et al., 2009](#)). At the same time, prevalence rates of overweight and obesity have increased strongly ([Ogden, Yanovski, Carroll, & Flegal, 2007](#)). Because of these trends, eating regulation has become part of our cultural identity ([Bacon, Stern, Van Loan, & Keim, 2005](#)).

Unfortunately, research has shown that most people who regulate their food intake fail to do so effectively in spite of their well-meant intentions (e.g., [Heatherton, Herman, Polivy, King, & McGree, 1988](#)). The Dietary Restraint Model ([Polivy & Herman, 1985](#)) and the Dual-Pathway Model ([Stice, 2001](#)) even state that restraining one's food intake through dieting represents a pathway toward the development of bulimic symptoms. Past research has, however, produced mixed evidence for this claim, with some studies suggesting a positive association between eating regulation and bulimic symptoms (e.g., [Ouwens, van Strien, van Leeuwe, & van der Staak, 2009](#)) and others finding no association (e.g., [Cooley & Toray, 2001](#)) or even a negative association (e.g., [Groesz & Stice, 2007](#)).

Further, this research mainly focused on body dissatisfaction as a motive for eating regulation and less attention has been given to other motivational forces that can contribute to or undermine successful eating regulation. Drawing upon Self-Determination Theory (SDT; [Deci & Ryan, 2000](#); [Ryan & Deci, 2000a](#)), a well-validated theory of motivation, we examined whether the type of goals (i.e., physical appeal vs. health and fitness; [Kasser & Ryan, 1996](#); [Vansteenkiste, Soenens, & Duriez, 2008](#)) adolescent girls aim to achieve when regulating their food intake is related to bulimic symptoms. In addition, we examined whether the frustration of one's basic psychological needs can account for the associations of eating regulation per se and the goals underlying one's eating regulation with bulimic symptoms.

Dietary Restraint and Bulimic Symptoms

In a society where the dieting industry was booming, [Herman and Polivy \(1980\)](#) advanced the controversial hypothesis that dieting may have adverse effects on food intake. When body dissatisfied people start dieting to change their body shape and weight, a cognitive boundary would replace the more physiological regulation of food intake. This cognitive focus would reduce people's sensitivity toward physiological signs of satiety and hunger and instead increase a preoccupation with psychological, cultural, or social signs to eat. In line with this claim, experimental research (e.g., [Herman & Mack, 1975](#)) showed that individuals high in dietary restraint are more likely to indulge in overeating after having violated their cognitive rules about food intake (e.g., after eating a

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small amount of high caloric food). The process where dieters lose control over their food intake came to be known as the disinhibition effect (Herman & Mack, 1975). Later, the dietary restraint hypothesis was incorporated within the Dual Pathway Theory (Stice, 2001) as one of the pathways toward the development of bulimic symptoms.

Although the dietary restraint hypothesis stimulated abundant research on the pathway from restraint to bulimic symptoms, the results from this body of work are rather inconsistent. Findings seemed to depend on several factors, including study design (Stice, Fisher, & Lowe, 2004) and the way restraint is assessed (Van Strien, 1999). For instance, although prospective studies showed that self-reported restraint predicted increases in overeating (e.g., Ouwens et al., 2009; Stice, 2001), experimental research showed that imposing a low-calorie diet on participants results in lower (instead of higher) levels of overeating and bulimic symptoms (e.g., Burton & Stice, 2006; Groesz & Stice, 2007). Also, studies that used self-report measures of dietary restraint yielded different results depending upon the scale that was used to measure dietary restraint (e.g., Stunkard & Messick, 1985; Van Strien, Frijters, Bergers, & Defares, 1986). From these studies we can conclude that although dietary restraint can be a risk factor for bulimic symptoms, this association does not always hold (e.g., Van Strien, 1999). However, it is not clear exactly which factor differentiates between successful versus unsuccessful eating regulation.

In this respect, we believe that introducing a motivational perspective to eating regulation can help clarify when and why eating regulation will be more or less likely to fail. To date, little attention has been given to the goals underlying individuals' eating regulation attempts. In fact, most researchers seem to assume that individuals who regulate their eating behaviours are driven by body dissatisfaction and aim to alter their physical appearance. However, another type of eating regulation might occur in which one does not necessarily restrain food intake to become more attractive but rather regulates eating behaviours to have a good health. In this study we draw upon the motivational perspective of SDT (Deci & Ryan, 2000; Ryan & Deci, 2000a), to examine whether appearance-focused and health-focused eating regulation yield differential associations with diet-specific need frustration and bulimic symptoms.

Self-Determination Theory: Not All Eating Regulation Goals are Equally Frustrating

Within SDT, three basic psychological needs are distinguished: the needs for autonomy (i.e., experiencing a sense of volition and psychological freedom), competence (i.e., experiencing a sense of effectiveness), and relatedness (i.e., feeling cared for by others). If these needs are satisfied, people feel energized and vital to take on new activities, whereas need frustration would engender less effective functioning, as indexed by ill-being and passivity (Deci & Ryan, 2000). Research has shown that satisfaction of these three needs is associated with general well-being and vitality (Reis, Sheldon, Gable, Roscoe, & Ryan, 2000) as well as with adjustment in more specific behavioural contexts, such as health, education, work, sports and exercise (Vansteenkiste, Niemiec, & Soenens, 2010). For instance, elite female athletes reported feeling more energetic and vital after practice on days their basic needs had been satisfied during the practice, even though the practice had been physically demanding and calorie-draining (Gagné, Ryan, & Bargmann, 2003). Also, Sebire, Standage, and Vansteenkiste (2009) found in a group of adults that more need satisfaction while exercising predicted more physical self-worth, exercise behaviours, and wellbeing.

In this study, we aimed to examine associations between eating regulation, bulimic symptoms, and need frustration rather than need satisfaction. Recent evidence suggests that a lack of need

satisfaction is not the same as need frustration (Sheldon, Abad, & Hinsch, 2011). For instance, low satisfaction of the need for autonomy does not automatically imply that people experience a sense of pressure. Similarly, low satisfaction of the needs for competence and relatedness is distinct from feeling like a failure (i.e., competence frustration) and feeling disrespected and rejected by other people (i.e., relatedness frustration). Research shows that experiences of need satisfaction and experiences of need frustration do not represent perfect opposites. Further, it has been shown that whereas need satisfaction is more strongly predictive of psychosocial adjustment and well-being, need frustration is more strongly related to maladjustment and psychopathology (Bartholomew, Ntoumanis, Ryan, & Thøgersen-Ntoumani, 2011). Because the main outcome variable in this study was bulimic symptoms, we decided to focus on need frustration rather than need satisfaction.

In line with extant SDT-based research on need satisfaction, we expect that need frustration during the eating regulation process (i.e., diet-specific need frustration) will be associated with more bulimic symptoms. Also, we reasoned that the association between eating regulation and bulimic symptoms, if any, might be accounted for by need frustration. Eating regulation has been described as a rather challenging type of behaviour (Baumeister & Heatherton, 1996) that, on average, may result in need frustrating experiences. For instance, because eating regulation may involve that people change old eating habits or try to inhibit social cues to eat, eating regulation may come with feelings of social tension and pressure to adhere to one's eating regulation standards (i.e., relatedness and autonomy frustration). Also, inevitably attempts to regulate one's eating pattern sometimes will fail, thus giving rise to feelings of incompetence and failure (i.e., competence frustration).

A second aim of this study was to examine whether the goals people pursue during the process of eating regulation matters in predicting diet-specific need frustration and subsequent bulimic symptoms. According to SDT, one important influence on processes of need satisfaction is the types of goals people pursue (Ryan, Sheldon, Kasser, & Deci, 1996). Kasser and Ryan (1996) distinguished between intrinsic goals, such as affiliation, community contribution, and health, and extrinsic goals, such as wealth, image, and physical appearance. Extrinsic goals are very salient in a consumer culture, where fame, money, and good looks are often portrayed as signs of success (Vansteenkiste et al., 2008). The appeal of these goals lies in the anticipated power, social approval, or sense of worth that would result from attaining them (Kasser, Ryan, Couchman, & Sheldon, 2004). Therefore, it has been argued that individuals with a focus on extrinsic goals tend to be more oriented toward interpersonal comparison, contingent approval, and garnering of external signs of worth (Kasser et al., 2004; for an overview see Vansteenkiste et al., 2008). In contrast, the pursuit and attainment of intrinsic goals is said to be more inherently satisfying as intrinsic goals have a focus on the development of one's own interests and values (Sheldon & Kasser, 2001). As a consequence, the pursuit of intrinsic, relative to extrinsic, goals is more likely to result in experiences that can satisfy people's basic psychological needs (Vansteenkiste et al., 2008).

Whereas intrinsic goals would engender basic need satisfaction, the pursuit of extrinsic goals would frustrate these needs. In line with this hypothesis, intrinsic, relative to extrinsic, goal pursuit was found to be positively associated with need satisfaction in domains such as work (Vansteenkiste, Matos, Lens, & Soenens, 2007) and exercise (Sebire et al., 2009). Building on this research, the current study aimed to examine whether extrinsic (i.e., becoming more physically attractive) and intrinsic (i.e., become more healthy and fit) eating regulation goals are associated differentially with diet-specific need frustration and bulimic symptoms. We hypothesized that appearance-focused, and not health-focused, eating

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