



Body image flexibility mediates the effect of body image-related victimization experiences and shame on binge eating and weight

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ABSTRACT

Objectives: The current study examined a path model testing the indirect effect of negative body-image related memories of being teased and bullied in childhood and adolescence on binge eating severity symptoms, via its effect on current body image shame and body image flexibility.

Methods: Participants were 853 Portuguese women from the general community who completed a set of self-report measures of body image-related bullying and teasing experiences in childhood and adolescence, current body image shame, body image flexibility, binge eating symptoms, body mass index (BMI) and depressive symptoms.

Results: The path model accounted for 40% of the variance of binge eating symptoms and 14% of the variance of BMI, and revealed a very good fit. Findings corroborated the plausibility of the hypothesized associations suggesting that negative body image-related memories and emotional experiences are significantly associated with binge eating symptoms and BMI, and that body image flexibility is a significant mediator of these associations. The examined relationships were preserved after controlling for the effect of depressive symptoms.

Conclusions: The current study's findings contribute to clarify the role that body image-related memories and emotional experiences may play on individuals' difficulties in regulating eating behaviour and weight, and provides preliminary support for the potential effect of body image flexibility as a self-regulatory process that operates in these associations.

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1. Introduction

Binge eating is characterized by the intake of large amounts of food, in a discrete period of time, with a sense of lack of control. During binge eating episodes, food consumption may be faster than usual, one may eat until feeling uncomfortably full, in the absence of hunger and in secrecy because of feelings of shame about the behaviour. After eating, individuals may feel disgusted with themselves, depressed or very guilty (American Psychiatric Association, 2013). Binge eating behaviours are a hallmark feature of the currently established eating disorders diagnoses of Bulimia Nervosa and Binge Eating Disorder (American Psychiatric Association, 2013), but are also a prevalent problem in the general population. These behaviours are currently recognized as a public health concern with important deleterious health consequences, having a high comorbidity with overweight and obesity and poor psychological adjustment (Bulik & Reichborn-Kjennerud, 2003; Hudson, Hiripi, Pope, & Kessler, 2007; Kessler et al., 2013; Ribeiro, Conceição, Vaz, & Machado, 2014). The scientific literature supports that binge eating is

associated with maladaptive emotion regulation capacities (Whiteside et al., 2007). In fact, existing conceptualizations suggest that eating binges are developed and maintained as a means of temporarily reducing or escaping the experience of negative emotions (Heatherton & Baumeister, 1991), particularly emotions associated with negative self-evaluations, criticism from others and other complex interpersonal difficulties (Rieger et al., 2010).

Actually, negative interpersonal interactions that posit a threat to the self have been identified as an important risk factor for binge eating (Menzel et al., 2010; Striegel-Moore, Dohm, Pike, Wilfley, & Fairburn, 2002). In particular, weight-based negative interactions of bullying, teasing, negative verbal commentary or other non-verbal forms of victimization, perpetrated by peers and by parents, have been identified as significant predictors of difficulties to regulate eating behaviour and weight (Fairburn et al., 1998; Field et al., 2008; Jackson, Beeken, & Wardle, 2014; Sweetingham & Waller, 2008). In a large 5-year prospective study, Haines, Neumark-Sztainer, Eisenberg, and Hannan (2006) demonstrated that adolescents who were teased about their weight were more likely than their peers to develop disordered eating behaviours, namely binge eating symptoms. Nonetheless, the factors contributing for the development of binge eating symptoms are complex, and other variables have been identified as potential risk factors, namely the exposure to media images representative of the 'thin ideal', and

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the pressure to achieve this socially-valued physical appearance and avoid weight-related stigmatization (e.g., Field et al., 2008; Stice, Presnell, & Spangler, 2002). Moreover, evidence suggests that the extent to which one's body image comes to be perceived as the possible cause for negative social evaluations and interactions, seems to play a key role in the development and maintenance of eating-related difficulties (Duarte, Pinto-Gouveia & Rodrigues, 2015d; Ferreira, Pinto-Gouveia, & Duarte, 2011; Gilbert, 2002; Goss & Allan, 2010). Thus, the link between weight-focused negative interpersonal interactions and binge eating symptoms is not necessarily direct and may be influenced by important mechanisms.

These threatening interpersonal experiences have been found to contribute to the development of shame feelings about the self (Matos, Pinto-Gouveia, & Duarte, 2013; Pinto-Gouveia & Matos, 2011), which involve negative evaluations of being a defective, inferior, faulty social agent in the eyes of others. Body image has been identified as a particular source of shame that is significantly associated with indicators of poor psychological adjustment (Castonguay, Brunet, Ferguson, & Sabiston, 2012; Duarte, Pinto-Gouveia, Ferreira, & Batista, 2015c; Gilbert, 2002; Noll & Fredrickson, 1998). In particular, a study conducted in a sample of women from the general community revealed that body image shame significantly accounted for the severity of binge eating symptoms, above the effect of overall negative affect (Duarte, Pinto-Gouveia, & Ferreira, 2014). A recent study also demonstrated that shame is strongly associated with the severity of the symptomatology presented by women with Binge Eating Disorder (Duarte, Pinto-Gouveia, & Ferreira, 2015a). Moreover, this study clarified that the dimension of body image plays a significant role on this association. In fact, results suggested that shame had an impact on the severity of binge eating symptoms via the extent to which shame was associated with the tendency to become overly focused and disturbed by body image-related cognitions.

These findings are consistent with the accruing research substantiating the hypothesis that important self-regulatory processes mediate the impact of negative internal experiences, particularly those related with body image, on the continuum of disordered eating. A process that has been recognized as a particularly relevant mechanism is body image flexibility (Ferreira et al., 2011; Hill, Masuda, & Latzman, 2013; Moore, Hill, & Goodnight, 2014). Body image flexibility refers to the ability to accept difficult emotions, thoughts and memories about one's body while remaining committed to engage in helpful actions consistent with one's chosen values (Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Sandoz, Wilson, Merwin, & Kellum, 2013). There is evidence that individuals with a higher ability to accept these internal experiences related to body image tend to present a decreased tendency to engage in pathological dieting (e.g., Ferreira et al., 2011), less binge eating symptoms (Duarte & Pinto-Gouveia, 2014), more adaptive eating styles (Schoenefeld & Webb, 2013), a healthier BMI (Wendell, Masuda, & Le, 2012), and more adaptive emotion regulation skills (Kelly, Vimalakanthan, & Miller, 2014).

The current study aimed at investigating a path model that tested, on a large sample of women from the general population, the indirect effect of negative body image-related memories of being teased and bullied in early life on binge eating symptoms and BMI, via its effect on current body image shame, and on body image flexibility. According to prior evidence that demonstrated the negative impact of victimization experiences on body image shame (Duarte et al., 2015d), we hypothesized that memories of being bullied or teased about one's body image by important reference figures throughout one's development was associated with current body image shame. Body image shame, in turn, was hypothesized to be significantly associated with binge eating symptoms and increased BMI. Moreover, in view of prior evidence (e.g., Ferreira et al., 2011; Duarte & Pinto-Gouveia, 2014; Wendell et al., 2012) we hypothesized observing negative associations between body image flexibility, memories of body image-related victimization experiences, body image shame, binge eating symptoms and BMI. Finally, we

surmised that body image flexibility would mediate the effect of body image-related victimization and body image shame on binge eating symptoms and BMI. These associations were expected to persist when accounting for the effect of depressive symptoms.

2. Method

2.1. Participants

Participants were 853 female participants (including students and women from the general community), whose ages ranged from 18 to 55, with a mean of 28.74 ($SD = 10.94$). The participants' years of education ranged from 5 to 24, with a mean of 13.21 ($SD = 2.60$). The participants' body mass index (BMI) mean was 22.69 ($SD = 3.59$). Sixty-four (7.5%) participants were underweight ($BMI < 18.5$), 591 (69.3%) had a normal weight ($18.5 \geq BMI \leq 25.0$), 160 (18.7%) were overweight ($25 \geq BMI \leq 29.9$), and 38 (4.5%) were obese ($BMI \geq 30$), which corresponded to the BMI distribution in the female Portuguese population (Poinhos et al., 2009). Regarding binge eating symptoms, 800 (93.8%) participants presented mild to no binge eating; 44 (5.1%) moderate binge eating; and 9 (1.1%) presented severe binge eating, which is in accordance with values found in other community samples with similar characteristics to those of the current study (Duarte, Pinto-Gouveia, & Ferreira, 2015b; Kessler et al., 2013).

3. Measures

3.1. Body mass index

The participants' BMI was calculated by dividing self-reported weight (in Kg) by height squared (in m).

3.2. Binge Eating Scale

BES (Gormally, Black, Daston, & Rardin, 1982) is a 16-item self-report instrument that assesses the behavioural, emotional and cognitive dimensions of binge eating. Each item comprises three to four statements that represent a rating of severity, which ranges from 0 (no difficulties with binge eating) to 3 (severe problems with binge eating). Respondents are asked to select the statement that best applies to them. The score range is from 0 to 46. The scale presents good psychometric properties, with a Cronbach's alpha of 0.85 in the original validation study conducted with people with obesity (Gormally et al., 1982). In a sample of women from the general population the scale was found to be a reliable measure of binge eating symptoms, with a test-retest (over 4 weeks) estimate of 0.84, good construct reliability and discriminant validity, and good internal consistency (with a composite reliability value of 0.88; Duarte et al., 2015b).

3.3. Body Image Victimization Experiences Scale

BIVES (Duarte & Pinto-Gouveia, 2016) measures childhood or adolescence experiences of bullying and teasing related to physical appearance perpetrated by peers (friends or colleagues; BIVES_Peers) or by parents (or other significant carers; BIVES_Parents). The BIVES comprises 12 items regarding which respondents are invited to rate, using a 5-point Likert Scale, the frequency to which they experienced each situation described (ranging from 1 = *Never* to 5 = *Very frequently*) and the emotional impact the experience had for them (ranging from 1 = *Nothing* to 5 = *A lot*). The mean score of the two subscales range from 1 to 5. In the validation study of the BIVES, conducted in a nonclinical sample of women from the general population, the two subscales presented very good psychometric properties, including construct validity, test-retest reliability (ranging from 0.80 to 0.89), and internal consistency (with both subscales presenting a composite reliability value of 0.95; Duarte & Pinto-Gouveia, 2015, September).

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