



Explaining the pathway from familial and peer social support to disordered eating: Is body dissatisfaction the link for male and female adolescents?



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ABSTRACT

Objective: This study examined if familial and peer social support longitudinally predicted disordered eating for late adolescents in the transitional first year of college, and if body dissatisfaction mediated this relation. Gender differences between support types and disordered eating, and body dissatisfaction as a mediator, were also examined.

Participants/Methods: 651 late adolescent males and females ($M_{age} = 18.47$) completed measures of social support at the end of the first semester of college and of disordered eating and body image approximately five months later, at the end of the first year.

Results: Lower levels of familial social support prospectively predicted greater disordered eating, but not greater body dissatisfaction, and lower levels of peer social support prospectively predicted greater body dissatisfaction but not greater disordered eating, above and beyond the other type of social support type, prior levels of body dissatisfaction, disordered eating, and BMI. Body dissatisfaction did not mediate the relation between familial social support and disordered eating; however, it did significantly mediate the non-significant relation between peer social support and disordered eating, which was further moderated by gender.

Conclusion: These findings suggest that parental social support remains a significant predictor of disordered eating for late adolescents even after they transition to college, and has a stronger relation to disordered eating than peer support. In contrast, peer social support seems to be especially linked to feelings of body dissatisfaction and may be an avenue for intervention of this type of negative self-perception that is a risk factor for later disordered eating.

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1. Introduction

Eating disorders remain an important public and mental health concern amongst adolescents and young adults (Hoang, Goldacre, & James, 2014). Overwhelmingly affecting adolescent and emerging adult women, eating disorders can have lasting complications including increased risk for depression, obesity, substance use, and health problems (Wilson, Becker, & Heffernan, 2003). The transition to college and young adulthood might be an especially vulnerable period in the development of pathological eating behaviors (Delinsky & Wilson, 2008; Nagl et al., 2016; Sassaroli & Ruggiero, 2005). The college environment involves heightened competition and stressors that increase the risk of multiple forms of psychopathology, particularly in the first year (Conley, Kirsch, Dickson, & Bryant, 2014; Dusselier, Dunn, Wang, Shelley, & Whalen, 2005). Recent research suggests that over 10% of female adolescents experience clinical levels of pathological eating beliefs and behaviors

(Hudson, Hiripi, Pope, & Kessler, 2007; Stice, Marti, & Rohde, 2013), and an even greater percentage of college-attending adolescent females manifest subclinical symptoms of pathological eating (Eisenberg, Nicklett, Roeder, & Kirz, 2011; Hoerr, Bokram, Lugo, Bivins, & Keast, 2002). Male adolescents also experience debilitating consequences from disordered eating, with close to 4% meeting criteria for a diagnosis and close to a quarter of adolescent males reporting subclinical disordered eating behaviors (Eisenberg et al., 2011; Walker, Anderson, & Hildebrandt, 2009).

Although many different factors influence disordered eating, poor social support is an important risk factor as social relationships play a formative role in shaping attitudes and values about the body (Cash & Smolak, 2011). In turn, negative attitudes about one's body, or body dissatisfaction, forms a salient risk factor for disordered eating (e.g. Giles, Helme, & Krcmar, 2007; Shroff & Thompson, 2006; Stice, 2002), regularly reported by male and female adolescents (Sanftner, Ryan, & Pierce, 2009). In considering the influence of social and cultural influences on body image and eating pathology, the tripartite influence model implicates three variables in the development of body dissatisfaction and

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disordered eating: parents, peers, and the media (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Specifically, this model highlights that the risk factors for body image disturbance and eating pathology are multi-factorial with a focus on certain familial and peer interactions (e.g., modeling, direct messages, feelings of warmth), as well as exposure to certain media messages that emphasize specific body types as core sources of influence for these negative outcomes (Van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002). The present study focuses on how feelings of familial and social support, which may be important mechanism of familial and peer influence, relate to body dissatisfaction and disordered eating in late adolescence and whether there are gender-specific pathways of influence (see Figs. 1 and 2).

Families exhibit a strong influence on a variety of feelings about the self, one's body, and one's choices about eating. As families are often the first realm of socialization, parents play an important role in the development of one's self-schema, a principal component of body image (Abraczinskas, Fiask, & Barnes, 2012; Giles et al., 2007). Research has demonstrated that families can affect body image through many means, including through modeling of their own attitudes and body image (Cash & Smolak, 2011), specific instructions to diet or control weight/size (Hanna & Bond, 2006; Kluck, 2010), and teasing (Schaefer & Salafia, 2014). Evidence also suggests that familial relationship quality is associated with disordered eating behaviors. For example, negative and conflictual relationships are associated with increased rates of eating pathology (Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004; Ward, Ramsay, & Treasure, 2000) and unhealthy parental bonding at young ages is associated with restricting and purging behaviors later in adolescence and adulthood (Leung, Thomas, & Waller, 2000). Additionally, positive feelings of parental support (e.g., less conflict, more warmth and support) have been linked to a decreased risk for negative eating behaviors for adolescent males and females (Archibald, Graber, & Brooks-Gunn, 1999; May, Kim, McHale, & Crouter, 2006). Despite studies suggesting the importance of familial relationships, less research has examined perceived familial social support, or how much one feels cared for by their family, as a predictor of disordered eating.

Focusing on another element of the tripartite model, peers also have been shown to play a significant role in adolescents' and young adults' body image and eating behaviors (Webb & Zimmer-Gembeck, 2013). Similar to familial influences, peers can affect body image and disordered eating behaviors through direct behavioral influences (e.g., teasing), as well as through modeling of perceived attitudes and beliefs about weight and shape (Hutchinson & Rapee, 2007; Jones & Crawford, 2006; Phares, Steinberg, & Thompson, 2004; Schaefer & Salafia, 2014; Tiggemann, 2001). Supporting this, researchers have demonstrated that for females, college roommates' dieting behaviors prospectively predicted their own body dissatisfaction and bulimic behaviors at a ten-year follow-up (Keel, Forney, Brown, & Heatherton, 2013). Additional research has demonstrated adolescent girls' friend groups are often similar in feelings of body dissatisfaction and disordered eating, and this research suggests that it is not the socialization, but the selection of peers that leads to similar body and eating behaviors within peer groups (Rayner, Schniering, Rapee, Taylor, & Hutchinson, 2013). However, similar to the research on familial relationships, less research has considered how general feelings of perceived peer social support may be related to disordered eating. One study showed that adolescents who experience low peer social support are more likely to experience body dissatisfaction and this risk is even greater for adolescent girls (Ata, Ludden, & Lally, 2007), suggesting that low peer support may be a risk factor for disordered eating.

Body image is a multidimensional construct that includes subjective perceptual and attitudinal experiences about one's body, particularly one's physical appearance (Cash, Melnyk, & Hrabosky, 2004). A principal component of body image is self-schemas, which are cognitive generalizations that individuals develop about themselves to guide and organize information (Cash et al., 2004). Feelings about one's body have been linked to a person's eating attitudes, beliefs, and behaviors

and identified as one of the strongest predictors of eating behaviors (e.g. Stice, 2002; Stice & Shaw, 2002; Stice & Whitenton, 2002). Being dissatisfied with one's body shape, which involves negative feelings and cognitions about one's body, is considered a "robust risk factor" for eating pathology (Stice, 2002, p. 55). Given that body dissatisfaction is often a pre-cursor for developing disordered eating and research has shown that specific aspects of parental and peer relationships are related to body dissatisfaction, this study is designed to examine how these important factors interact to predict body dissatisfaction and subsequent disordered eating.

Although much research has examined the construct of body image, there is still much to be learned about how the dynamics of interpersonal relationships affect body image and disordered eating (Cash & Smolak, 2011). While past research has focused specifically on maternal or paternal influence (e.g. Hanna & Bond, 2006; Liechty, Freeman, & Zabriskie, 2006), this study focuses on the influence of family in general, as research suggests that other members of the family are salient in developing body image and eating behaviors (Cash, 1995). In addition, given the importance of peer influence on eating and body pathology (e.g., Hutchinson & Rapee, 2007; Jones & Crawford, 2006; Phares et al., 2004; Schaefer & Salafia, 2014; Tiggemann, 2001), this study also will examine the influence of friend group social support on body image and disordered eating. The transition to college is a unique setting for investigating these relations, as students increasingly develop independence from family (Arnett, 2006; Tanner, 2006), there are disruptions in prior peer relationships, and new friendships emerge providing support in acclimating to the new environment (Buote et al., 2007). As such, the influence of family and peer support may show unique patterns in this context compared to findings from prior research on younger adolescents.

While much of the research examining parental and peer influences on disordered eating has focused on female adolescents, male adolescents are also at risk for disordered eating (Eisenberg et al., 2011; Walker et al., 2009). Some prior studies have demonstrated differences between males and females regarding the influence of peer and familial support on the developmental of body image and disordered eating (e.g. Keel et al., 2013; Ricciardelli & McCabe, 2004), while others have highlighted similar relationships between these factors (e.g., Eisenberg, Neumark-Sztainer, Haines, & Wall, 2006; May et al., 2006). Thus, given the limited research on males and mixed findings (e.g., Rayner et al., 2013; Webb & Zimmer-Gembeck, 2013), it is critically important to identify risk and protective factors for both males and females, as well as consider gender differences that may exist.

The present study expands upon past research and takes a different approach to the tripartite model by testing if familial and peer social support prospectively predict disordered eating and whether this relation is mediated by body dissatisfaction during the transition to college. Specifically, it was hypothesized that (a) familial social support and peer social support would prospectively predict body dissatisfaction and disordered eating and that (b) familial and peer social support indirectly influence eating disorder symptomatology by way of their impact on body dissatisfaction – that is, body dissatisfaction mediates the relations between familial and peer social support and disordered eating. While there were no hypotheses about gender differences, exploratory moderation analyses were conducted to examine if pathways were similar for late adolescent males and females.

2. Material and methods

2.1. Participants

Participants were drawn from a larger longitudinal, multi-cohort study examining late adolescents as they transition to and through college (citation omitted for blind review). This sample includes first-year students at a private, midsize Midwestern university. The final sample included 651 late adolescents who completed all three waves of data

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