



Dietary restraint and self-discrepancy in male university students



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ABSTRACT

Self-discrepancy describes the distance between an ideal and the actual self. Research suggests that self-discrepancy and dietary restraint are related, causing a significant impact on the person's well-being. However, this relationship has been mostly reported in female and mixed populations. In order to further explore dietary behaviors and their relations to self-discrepancy and well-being-related variables in men, a survey was applied to a non-probabilistic sample of 119 male students from five Chilean state universities (mean age = 21.8, SD = 2.75). The questionnaire included the Revised Restraint Scale (RRS) with the subscales weight fluctuations (WF) and diet concern (DC), the Satisfaction with Life Scale (SWLS), the Satisfaction with Food-Related Life Scale (SWFL), the Nutrition Interest Scale (NIS), and the Self-discrepancy Index (SDI). Questions were asked about socio-demographic characteristics, eating and drinking habits, and approximate weight and height. A cluster analysis applied to the Z-scores of the RRS classified the following typologies: Group 1 (22.7%), men *concerned about weight fluctuations*; Group 2 (37.0%), men *concerned about diet and weight fluctuations*; Group 3 (40.3%), *unconcerned about diet and weight fluctuations*. The typologies differed in their SDI score, restriction on pastry consumption and reported body mass index (BMI). Students with higher DC and WF scores had a higher BMI, and tended to report high self-discrepancy not only on a physical level, but also on social, emotional, economic and personal levels. This study contributes to the literature on subjective well-being, dietary restraint and self-discrepancy in men from non-clinical samples.

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1. Introduction

The transition from high school to university entails significant changes in the student's lifestyle, including eating behaviors. An increase in weight and fat is expected during this transition (Deliens et al., 2013; Provencher et al., 2009), but the students, particularly those who gain considerable weight, may experience this as a significant stressor (Schnettler et al., 2013).

The Self-Discrepancy Theory (Higgins, 1987) asserts that individuals compare their self to an ideal self and when a discrepancy exists between the two, negative states arise (Vartanian, 2012). Body image, the mental representation of the size and shape of the body (Camargo et al., 2010), tends to be a cause for self-discrepancy (Vartanian, 2012). The assessment of the real and the ideal body involves a complex relationship between cognitions, emotions and behaviors, self-esteem, identity, and social and cultural norms (Camargo et al., 2010; Toro-Alfonso et al., 2012a; Toro-Alfonso et al., 2012b). When the actual body does not match the ideal, the individual may act upon those negative states and try to diminish the discrepancy, sometimes in unhealthy ways (Schnettler et al., 2013).

One set of behaviors that may result from physical discrepancy is dietary restraint, the intentional and sustained restriction of food intake to maintain or lose weight (Ogden, 1994). A chronic tendency to restrict food intake comes, paradoxically, with episodes of binge eating (Herman & Polivy, 1980), and despite efforts, restrained eaters do not

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eat less than those unrestrained, and are even more likely to have a higher body mass index (BMI) (Masuda et al., 2015), be overweight (Provencher et al., 2009), and have a higher risk of developing disordered eating behaviors (Altamirano et al., 2011).

Research on disordered eating behaviors has focused on female populations (Silva, 2010; Silva & Urzúa-Morales, 2010). While women are more prone to body dissatisfaction and disordered eating behaviors, studies from North and Latin America show that these problems have risen among men in the last decades (Gempeler, 2006; Masuda et al., 2015), i.e. body dissatisfaction has been reported to rise from approximately 15% to over 40% among men in the last three decades (Toro-Alfonso et al., 2012a). Moreover, disordered eating is known to have similar underlying factors in both genders (Mak & Lai, 2012; Schnettler et al., 2014), such as emotional dysfunctions and affect dysregulation, interpersonal problems, depression, and concern and dissatisfaction with weight or some aspect or part of the body, often as a result of media-idealized images (Ambwani et al., 2014; Toro-Alfonso et al., 2012b; Valls & Chabrol, 2014).

Strauman et al. (1991) stressed that the psychological roots of dissatisfaction with one's appearance and maladaptive eating behaviors are likely to include generalized structural self-discrepancies. It can then be hypothesized that disordered eating, including dietary restriction, relates to other self-discrepancies besides the body, such as the aforementioned factors of emotional functioning, social relationships and the assessment of the self as a whole.

Men seem to experience disordered eating and physical discrepancy significantly less than women (Camargo et al., 2010; Míguez et al., 2011), but they are also aware of their body and their level of satisfaction with it (Toro-Alfonso et al., 2012a). Besides, some of their body concerns are unlike those that women report, such as the distinction between dissatisfaction with fat mass and dissatisfaction with muscle mass (Minnich et al., 2014; Valls & Chabrol, 2014). For women, the ideal is to be thin; men may want to be skinnier yet thicker, i.e. have musculature coupled with low body fat (Gempeler, 2006; Magallares, 2013; Toro-Alfonso et al., 2012b; Vartanian, 2012).

Studies in male athletes in Puerto Rico (Toro-Alfonso et al., 2012b) and Brazil (Fortes et al., 2015), in male gay populations in France (Valls & Chabrol, 2014) and across Latin American (Toro-Alfonso et al., 2012a), and in undergraduate students in Spain (Magallares, 2013), suggest self-discrepancy in men on a personal level: adherence to the traditional model of masculinity (Toro-Alfonso et al., 2012a) relates to body dissatisfaction and indicators of dietary problems. This model, consistently found in Latin American countries (Toro-Alfonso et al., 2012b), considers dominance of men over women and other men; it implies a social demand for men to show physical strength, dominance, and disconnection from emotions to "prove" they are men. Despite this association with strength, complying with social expectations regarding their identity makes men vulnerable and puts them at risk of developing physical and psychological problems, i.e. in the health domain (Courtenay, 2000) even the choices of how and what to eat (e.g. red meat) are intended to assert masculinity (Rothgerber, 2013). Nonetheless, when masculinity and dietary concerns are associated, they are seen as a sign of personal deficit and lack of masculinity. This masculinity bias (Reas & Stedal, 2015; Yu et al., 2015) is one of the reasons men at risk of or with eating disorders rarely seek professional help (Courtenay, 2000; Toro-Alfonso et al., 2012a).

Research on dietary restraint in female and mixed samples points out that dietary behavior and physical self-discrepancy are likely to co-exist, with a subsequent impact on well-being. (Halliwell & Dittmar, 2006; Polivy & Pliner, 2015; Strauman et al., 1991; Vartanian, 2012). One component of well-being considered in this impact is life satisfaction, the assessment people make of their own life, globally or by domains (Diener et al., 1985). The individuals' assessment of their food-related behaviors (Grunert et al., 2007), known as satisfaction with food-related life, also becomes relevant when approaching dietary behavior and self-discrepancies. Studies have linked dietary restraint

and weight issues with poor psychological health (Bentley et al., 2015; Schnettler et al., 2014), low psychological well-being (Tomba et al., 2014), and low levels of satisfaction with life and food-related life (Schnettler et al., 2013; Schnettler et al., 2014; Schnettler et al., 2015; Remick et al., 2009).

It is less clear whether self-discrepancies, other than physical ones, are involved in dietary restraint and decrease well-being. Furthermore, fewer studies focus on male subjects only (Gempeler, 2006; Toro-Alfonso et al., 2012a; Toro-Alfonso et al., 2012b), thus the particularities of dietary concerns in men have been less reported. Consequently, the aims of this study were to distinguish and characterize typologies of male university students based on dietary restraint, satisfaction with life and their food-related life, self-discrepancy, eating habits and nutrition interest.

2. Method

2.1. Sample

The convenience sample comprised 119 male undergraduate students (mean age = 21.8, SD = 2.75) from five state universities in different geographical areas of Chile. The Ethics Committee of the Universidad de La Frontera approved the study. The questionnaire was pretested with 30 undergraduate students from said university with similar characteristics as the sample and no changes were required in the instrument. The questionnaire was administered through an online survey program (*QuestionPro Inc*) in March and May 2014. All participants were volunteers and signed informed consent statements before responding.

2.2. Instruments

The questionnaire included the following scales:

The *Revised Restraint Scale* (RRS; Herman & Mack, 1975; Herman & Polivy, 1980): a 10-item scale that assesses Diet concern (DC), the tendency of a person to restrain their food intake and the fear to gain weight, and Weight fluctuations (WF). The scores provide a measure of chronic food restriction and allow classifying individuals into chronic dieters and non-dieters, usually using the median of the scores. The Spanish version used in this study was proposed by Schnettler et al. (2014), with the same factor structure as the original English version, although the two dimensions group seven of the ten original items. Cronbach's α for the overall scale was 0.76, for the DC subscale $\alpha = 0.68$ and for the WF subscale $\alpha = 0.71$. To evaluate the psychometric properties of the RRS, a confirmatory factor analysis (CFA) was used, with LISREL 8.8. The parameters were estimated by robust maximum likelihood. A CFA model fits reasonably well if the goodness-of-fit index (GFI) and the adjusted goodness-of-fit index (AGFI) are greater than 0.90, and if the root mean square error of approximation (RMSEA) is lower than 0.08 (Lévy & Varela, 2006). The CFA performed with the seven items of the RRS meant that the bifactorial structure could be validated with an acceptable goodness-of-fit (RMSEA = 0.075, GFI = 0.92, AGFI = 0.91).

The *Satisfaction with Life Scale* (SWLS; Diener et al., 1985) and The *Satisfaction with Food-related Life* (SWFL; Grunert et al., 2007). The SWLS consists of five items to evaluate overall cognitive judgments about a person's own life. Similarly, The SWFL consists of five items to assess the person's food-related life. In the present study, the SWLS and SWFL scales presented adequate levels of internal consistency (Cronbach's α : 0.863 and 0.821, respectively) and a single factor for all the items (explained variance: 66.35% and 59.31%, respectively).

The *Nutrition Interest Scale* (Desai & Ratneshwar, 2003): a five-item measure of a person's concern about the consumption of a specific type of food based on its nutritional value. Item 5 is not nutrition-related ("I exercise"). Cronbach's α in the original study was 0.82. In this study, the NIS comprised one factor that explained 64.78% of the variance, and Cronbach's α was 0.81.

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