



Agentic and communal personality traits: Relations to disordered eating behavior, body shape concern, and depressive symptoms

Catherine E. Moshier*, Sharon Danoff-Burg

University at Albany, State University of New York (SUNY), Department of Psychology, 1400 Washington Avenue, New York, NY 12222, USA

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ABSTRACT

This study was designed to examine links between agentic and communal personality traits and disordered eating behavior and related problems (i.e., body shape concern and depressive symptoms) in a sample of 298 undergraduates. As predicted, unmitigated agency was positively associated with uncontrolled eating, and unmitigated communion was positively related to emotional eating and fasting for at least 24 h in order to control weight. When controlling for depressive symptomatology, unmitigated communion was no longer associated with emotional eating. Whereas unmitigated agentic and communal characteristics were positively associated with problematic eating patterns, agency was negatively associated with fasting and body shape concern. Findings suggest that further examination of the potential influence of gender-linked personality traits on disordered eating behavior is warranted.

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1. Introduction

Eating disorders and disturbed eating behavior have become increasingly common among college students, especially young women (Mintz, O'Halloran, Mulholland, & Schneider, 1997). Helgeson's (1994) theory of gender-role socialization, personality, and health may partially explain sex differences in the development of eating disorders. According to this theory, men are more likely to develop characteristics related to agency, defined as a positive focus on the self and autonomy, whereas women are more likely to develop characteristics related to communion, defined as a positive focus on other people and relationships. Agency has been associated with reduced distress and fewer health complaints, whereas, in general, communion has not been associated with health outcomes (Helgeson, 1994). A meta-analysis revealed a small, heterogeneous negative relationship between agency and eating problems and a small, heterogeneous positive relationship between communion and eating problems (Murnen & Smolak, 1997).

Helgeson, Escobar, Siminerio, and Becker (2007) contended that some inconsistencies in prior research may result from failing to disentangle the positive aspects of gender roles from their negative aspects, such as that captured by unmitigated agency and unmitigated communion. Unmitigated communion is defined as overinvolvement with others to the neglect of one's own needs, whereas unmitigated agency involves a pattern of self-absorption, hostility, and arrogance that is associated with reduced social support (Helgeson, 1994). Helgeson (1994) proposed that unmitigated agency individuals are likely to adopt poor health habits due to their mistrust of medical advice and extreme confidence in their own lifestyle choices, whereas unmitigated communion individuals engage in excessive caretaking to their own health detriment. Not surprisingly, unmitigated agency and unmitigated communion have been positively correlated with distress and unhealthy lifestyles such as nonadherence to exercise regimens (e.g., Danoff-Burg, Moshier, & Grant, 2006; Helgeson & Fritz, 2000). Among college students, unmitigated agency was positively

* Corresponding author. Present address: Memorial Sloan-Kettering Cancer Center, Department of Psychiatry and Behavioral Sciences, 641 Lexington Avenue, 7th Floor, New York, NY 10022, USA. Tel.: +1 646 888 0091; fax: +1 212 888 2584.

E-mail address: moshierc@mskcc.org (C.E. Moshier).

correlated with a 1-item assessment of binge eating (Danoff-Burg et al., 2006). Among adolescents with diabetes, unmitigated communion predicted drive for thinness and bulimic symptoms (Helgeson et al., 2007).

In this study, the relations of agentic and communal personality traits to disordered eating behavior, body shape concern, and depressive symptoms were examined among college men and women. The following hypotheses were tested: (1) Agency would be negatively associated with depressive symptoms, whereas communion would not be associated with these symptoms. We did not hypothesize links between these personality characteristics and disordered eating and body shape concern. (2) Unmitigated agency would be positively correlated with uncontrolled eating, emotional eating, and depressive symptoms and unrelated to cognitive restraint, fasting, and body shape concern. (3) Unmitigated communion would be positively correlated with uncontrolled eating, emotional eating, fasting, cognitive restraint, body shape concern, and depressive symptoms. We also explored the extent to which agentic and communal qualities were associated with outcome variables when controlling for depressive symptomatology.

2. Method

2.1. Participants

A total of 298 undergraduate students (61.1% female) were recruited from the psychology department's research participant pool at a state university in the northeastern United States. Most participants were 18–19 years of age (67.8%) or 20–21 years of age (24.2%) and European American (67.8%), Asian/Asian American (9.1%), or Latino/a/Hispanic (8.7%).

2.2. Measures

The *Extended Version of the Personal Attributes Questionnaire* (E-PAQ; Spence, Helmreich, & Holahan, 1979) consists of three, 8-item scales that measure agency ($\alpha=.71$), communion ($\alpha=.74$), and unmitigated agency ($\alpha=.70$). Respondents rated each item on a 5-point bipolar adjective scale (e.g., 1 = *not at all self-confident* to 5 = *very self-confident*). Unmitigated communion was measured with Helgeson's *Revised Unmitigated Communion Scale* (Helgeson & Fritz, 1999; $\alpha=.67$). This scale consists of nine items rated on a scale that ranges from 1 (*strongly disagree*) to 5 (*strongly agree*).

The 18-item version of the *Three-Factor Eating Questionnaire* (TFEQ-R18; Karlsson, Persson, Sjöström, & Sullivan, 2000) was used to measure three aspects of current eating behavior: cognitive restraint (restricting food intake to influence body weight, $\alpha=.84$), uncontrolled eating (eating more than usual due to a loss of control over intake associated with subjective feelings of hunger, $\alpha=.83$), and emotional eating (eating associated with negative emotions, $\alpha=.88$). Each item was rated on a 4-point response scale (definitely true/mostly true/mostly false/definitely false). The three total raw scale scores were transformed to a 0–100 scale. Participants also responded to the following question from the *Youth Risk Behavior Survey* (Centers for Disease Control and Prevention, 2005): “During the past 30 days, did you go without eating for 24 h or more (also called fasting) to lose weight or to keep from gaining weight?” The 8-item Shape Concern subscale of the fourth edition of the *Eating Disorder Examination Questionnaire* (EDE-Q; Fairburn & Beglin, 1994) was used to assess preoccupation with body shape and weight ($\alpha=.94$). Participants rated each item on a 7-point scale (i.e., 0 = *no days* to 6 = *every day*) indicating the number of days out of 28 on which particular behaviors, feelings, and attitudes occurred.

Participants completed the *Center for Epidemiologic Studies–Depression Scale* (CES-D; Radloff, 1977), a 20-item self-report measure of depressive symptoms ($\alpha=.91$). Participants rated the degree to which they had experienced each symptom during the past week on a scale from 0 (*rarely or none of the time*) to 3 (*most or all of the time*).

3. Results

Means and standard deviations for self-report measures and their associations with participant sex appear in Table 1. With regard to fasting, 19 participants (6.4%) indicated that they did not eat for at least 24 h during the past 30 days in order to control their weight.

Table 1
Means and standard deviations for self-report measures

Measure	M	SD	Correlation with sex
Agency	27.97	4.61	-.27***
Communion	31.74	4.03	.27***
Unmitigated agency	20.35	4.35	-.20**
Unmitigated communion	30.15	4.90	.19**
Cognitive restraint	42.55	27.66	.22***
Uncontrolled eating	38.17	19.36	.06
Emotional eating	32.14	29.26	.35***
Body shape concern	2.41	1.74	.42***
Depressive symptoms	18.29	10.91	.16**

Note: Sex coded (0 = male, 1 = female).

** $p < .01$. *** $p < .001$.

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