



Deficits in emotion regulation mediate the relationship between childhood abuse and later eating disorder symptoms

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ABSTRACT

The present study examined the relationship of child maltreatment to both emotion dysregulation and subsequent eating pathology. In an effort to extend previous research, the authors examined the unique impact of childhood emotional abuse (CEA) on emotion dysregulation and eating disorder (ED) symptoms while controlling for the effects of sexual and physical abuse. Structural equation modeling was utilized to simultaneously examine the effects of all three abuse types on multiple dependent variables as well as examine whether deficits in emotion regulation mediated the relationship between abuse and eating pathology. Results from a survey of 1,254 female college students revealed significant paths from abuse subtypes to specific eating disorder symptoms, with CEA evidencing the strongest association with ED symptoms. Additionally, emotion dysregulation was positively associated with ED symptoms, and mediated the effects of emotional abuse on symptoms. Findings support previous research on the enduring effects of emotional abuse as well as highlight the importance of the assessment of CEA in the treatment of ED symptoms.

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Introduction

Child abuse, specifically child sexual abuse (CSA), has been identified as a non-specific risk factor for the development of eating disorder (ED) symptoms. Elevated rates of child abuse have consistently been identified in ED samples (Jacobi, Hayward, & de Zwaan, 2004; Romans, Gendall, Martin, & Mullen, 2001; Thompson & Wonderlich, 2004; Wonderlich et al., 2000), particularly in individuals with Bulimia Nervosa according to a recent meta-analysis (Smolak & Murnen, 2002). Although a recent study found that childhood physical abuse (CPA) in addition to CSA independently contributed to increased risk for ED among women (Gentile, Raghavan, Rajah, & Gates, 2007), few studies have considered the contribution of childhood emotional abuse (CEA), also referred to as psychological abuse, on the development of ED behavior among young adults.

The exclusion of CEA from ED research is likely a direct result of the larger child maltreatment literature's historical practice of focusing almost exclusively on the consequences of sexual and physical abuse. Still, recent research has provided compelling evidence that emotional abuse is associated with negative developmental outcomes in early childhood (Engeland, 2009; Shaffer, Yates, & Engeland, 2009; Yates & Wekerle, 2009) in addition to having an enduring impact on psychopathology in adulthood (Briere & Runtz, 1990; Grilo & Masheb, 2001; Hankin, 2005; Spertus, Yehuda, Yong, Halligan, & Seremetis, 2003). More recently, preliminary evidence suggests that CEA is linked to ED behavior, with an initial study reporting that a sample of bulimic women endorsed higher rates of emotional (termed psychological), physical, and multiple abuse than the control group (Rorty, Yager, & Rossotto, 1994). Elevated rates of emotional abuse have also been found in samples of women with obesity and binge eating symptoms (Grilo & Masheb, 2001; Grilo, Masheb, Brody, Burke-Martindale, & Rothschild, 2005).

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Although there is preliminary support for the association between emotional abuse and later eating pathology, this research has primarily been descriptive in nature. Further, possible mechanisms by which CEA may elicit subsequent ED symptoms have not been articulated.

Emotion regulation and eating pathology

The concept of emotion dysregulation has received increasing attention for its possible contribution to diverse symptom presentations (Gross & Munoz, 1995), including eating pathology (Heatherton & Baumeister, 1991; Overton, Selway, Strongman, & Houston, 2005). Recently, Gratz and Roemer (2004) proposed six theoretically derived and empirically validated factors in their conceptualization of emotion regulation/dysregulation. These factors consist of not only the experience of negative affect, but also one's ability to label emotions accurately, tolerate the experience of distress, and engage in goal directed and adaptive behavior while experiencing distress. Thus, the construct of emotion regulation encompasses the ability to adaptively identify and cope with negative mood states, not just the experience of a negative mood itself. The emotion regulation hypothesis of ED development proposes that symptoms such as binge eating are initiated in an effort to distract oneself from negative emotions or self-soothe (Heatherton & Baumeister, 1991; Overton, Selway, Strongman, & Houston, 2005). Disordered eating behaviors in this model are conceptualized as a maladaptive means of dealing with negative affect, and thus imply poor emotion regulation skills. Consistent with this hypothesis, studies utilizing ecological momentary assessment (EMA) technology have consistently found that increases in negative affect preceded daily spikes in ED symptoms (Engelberg, Steiger, Gauvin, & Wonderlich, 2007; Smyth et al., 2007; Stein et al., 2007). For example, binge eating behavior likely acts as a negative reinforcer via this pathway because it acts to decrease or block negative affect, at least in the short term, by relieving the experience of painful emotions (Arnow, Kennedy, & Agras, 1992; Heatherton & Baumeister, 1991; Polivy & Herman, 1993; Whiteside et al., 2007).

Emotional abuse and deficits in emotion regulation skills

The consequences of growing up in an emotionally abusive environment have several potential links to the emotion regulation model of the development of ED symptoms. Caregiver criticism of emotional expression, punishment of emotional expression, or minimization of emotion (i.e., behaviors characteristic of emotionally abusive environments) are associated with emotional suppression, avoidant coping, and failure to seek support in children, all of which may be conceptualized as maladaptive emotion regulation strategies (Berlin & Cassidy, 2003; Shipman et al., 2007; Spinrad, Stifter, Donelan-McCall, & Turner, 2004). In adults, self reported CEA has been linked to emotional inhibition and avoidant coping (Kraus, Mendelson, & Lynch, 2003), emotional nonacceptance, and experiential avoidance (Gratz, Bornova, Delany-Brumsey, Nick, & Lejuez, 2007). In short, emotional abuse is associated with maladaptive emotion regulation patterns in both childhood and adulthood. As eating pathology has been conceptualized as the result of maladaptive attempts to regulate emotion, we propose that CEA has an indirect influence on later eating pathology through the development of these maladaptive emotion regulation skills.

Summary and hypotheses

Past research linking abuse history to the development of ED behavior has done so either without considering the effects of CEA (i.e., neglecting to measure this form of abuse) or by measuring it without controlling for the effect of sexual and physical abuse. Given that sexual and physical abuse rarely occur in isolation (i.e., co-occurring emotional abuse is also likely present), it is important to examine the unique effects of emotional abuse on ED symptoms. The present study will address this gap by examining how a history of child abuse is indirectly associated with a range of ED symptoms, through mediation by deficits in emotion regulation skills. We chose to examine ED symptoms on a continuum as opposed to specific diagnoses such as Anorexia or Bulimia Nervosa. Examining symptoms such as the presence of specific ED cognitions and behaviors (e.g., bingeing, purging, restricting) is particularly important given that Eating Disorder Not Otherwise Specified is the most commonly diagnosed eating disorder (Fairburn & Cooper, 2007). In our model, we explored the relationship of CSA, CPA, and CEA to each other and their simultaneous effects on ED symptoms. We hypothesized that CEA would have a significant association with ED symptoms. Second, we hypothesized that emotional abuse leads to deficits in emotion regulation skills, which results in the development of ED symptoms initiated as a potential maladaptive emotion regulation strategy. As CEA often co-occurs with CPA or CSA, it is likely that these forms of abuse will be associated with deficits in emotion regulation skills as well, and we examined this possibility. We also hypothesized that deficits in emotion regulation skills would be positively associated with ED symptoms.

Method

Participants

Participants were 1,301 undergraduate women enrolled in introductory psychology courses at a large southeastern university. Age of participants ranged from 18 to 22, with a modal age of 18. A total of 8.4% of participants described

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