



Pergamon

Child Abuse & Neglect 30 (2006) 1105–1115

Child Abuse
& Neglect

Childhood abuse and neglect in body dysmorphic disorder[☆]

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Received 11 February 2005; received in revised form 3 February 2006; accepted 16 March 2006

Available online 26 September 2006

Abstract

Objective: No published studies have examined childhood abuse and neglect in body dysmorphic disorder (BDD). This study examined the prevalence and clinical correlates of abuse and neglect in individuals with this disorder.

Methods: Seventy-five subjects (69.3% female, mean age = 35.4 ± 12.0) with DSM-IV BDD completed the Childhood Trauma Questionnaire and were interviewed with other reliable and valid measures.

Results: Of these subjects, 78.7% reported a history of childhood maltreatment: emotional neglect (68.0%), emotional abuse (56.0%), physical abuse (34.7%), physical neglect (33.3%), and sexual abuse (28.0%). Forty percent of subjects reported severe maltreatment. Among females ($n = 52$), severity of reported abuse and neglect were .32–.57 standard deviation units higher than norms for a health maintenance organization (HMO) sample of women. Severity of sexual abuse was the only type of maltreatment significantly associated with current BDD severity ($r = .23$, $p = .047$). However, severity of sexual abuse did not predict current BDD severity in a simultaneous multiple regression analysis with age and current treatment status. There were other significant associations with childhood maltreatment: history of attempted suicide was related to emotional ($p = .004$), physical ($p = .014$), and sexual abuse ($p = .038$). Childhood emotional abuse was associated with a lifetime substance use disorder ($r = .26$, $p = .02$), and physical abuse was negatively associated with a lifetime mood disorder ($r = -.37$, $p = .001$).

[☆] Source of Funding: Supported by R01-MH60241 and K24-MH63975 from the National Institute of Mental Health to Dr. Phillips.

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Conclusions: A high proportion of individuals with BDD reported childhood abuse and neglect. Certain types of abuse and neglect appear modestly associated with BDD symptom severity and with gender, suicidality, and certain disorders.

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Keywords: Body dysmorphic disorder; Dismorphophobia; Childhood abuse; Childhood neglect

Introduction

Body dysmorphic disorder (BDD) is characterized by a distressing or impairing preoccupation with an imagined or slight defect in appearance (American Psychiatric Association, 1994). Studies report that BDD occurs in .7%–1.1% of community samples, 2%–13% of student samples, and 13% of psychiatric inpatients (Phillips, 2001). BDD is associated with very poor psychosocial functioning and quality of life (Phillips, Menard, Fay, & Pagano, 2005), and a high rate of suicide attempts (22%–29%) (F. Neziroglu, personal communication, January 15, 2006; Phillips, Coles, et al., 2005; Veale et al., 1996). Despite this disorder's severity, only limited data are available on risk factors for its development. One hypothesized risk factor is childhood abuse (Veale, 2004). However, there are no published reports on childhood abuse or neglect in BDD.

Because BDD involves disturbance in body image, research on the association of childhood maltreatment with the development of body image may be informative. It has been hypothesized that abusive experiences may result in body dissatisfaction, intense feelings of body shame, and body image distortion (Fallon & Ackard, 2002). Although findings are somewhat unclear, there is nonetheless some evidence that childhood sexual abuse is related with body image distortion among women with disordered eating (Byram, Wagner, & Waller, 1995; Waller, Hamilton, Rose, Sumra, & Baldwin, 1993). In addition, childhood sexual abuse has been related to both short- and long-term negative effects on self-esteem, a factor associated with negative body image among bulimic patients (Fallon & Ackard, 2002). These findings may be relevant to BDD, as some authors consider body image distortion and dissatisfaction to be the essential pathology underlying both BDD and eating disorders (Cororve & Gleaves, 2001; Rosen & Ramirez, 1998; Rosen, Reiter, & Orosan, 1995).

In addition, studies have found that self-reported childhood abuse and neglect are related more generally to psychopathology in psychiatric samples. The type of abuse appears particularly important when examining these associations. As previously noted, childhood sexual abuse appears related to body dissatisfaction in patients with eating disorders (Kearney-Cooke & Striegel-Moore, 1994), and childhood emotional abuse is more highly correlated with lifetime major depression than other types of abuse (Chapman et al., 2004). In contrast, childhood physical abuse appears to be strongly associated with lifetime anxiety disorders (Mancini, Van-Ameringen, & Macmillan, 1995). BDD has similarities with, and has been hypothesized to be related to, eating disorders, mood and anxiety disorders (Phillips, 2001). It is unclear, however, how common childhood maltreatment is among persons with BDD and if specific types of abuse are related to its clinical features.

Studies finding an association between childhood abuse and both suicidality and impaired social functioning may also be relevant to BDD, as 80% of individuals with BDD have experienced lifetime suicidal ideation (Phillips, 2001), and 22%–29% have attempted suicide (F. Neziroglu, personal communication, January 15, 2006; Phillips, Coles, et al., 2005; Veale et al., 1996). Several studies have found significantly

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