



Emotional maltreatment and disordered eating in adolescents: Testing the mediating role of emotion regulation

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ARTICLE INFO

Article history:

Received 22 December 2013

Received in revised form 13 May 2014

Accepted 15 May 2014

Available online 14 August 2014

Keywords:

Disordered eating

Emotional maltreatment

Emotional abuse

Emotional neglect

Emotion regulation

Adolescents

ABSTRACT

The present study aimed to determine if emotion regulation mediates the relationship between emotional maltreatment and disordered eating behavior in adolescents. Participants were 222 secondary school pupils (aged 14–18 years) from a state high school in the UK. Standardized questionnaire measures were used to gather self-report data on emotional abuse and emotional neglect, functional and dysfunctional emotion regulation strategies and disordered eating behavior. Results showed that disordered eating was associated with emotional abuse, dysfunctional emotion regulation and being female. Multiple mediation analysis found an indirect relationship between emotional abuse and disordered eating through dysfunctional emotion regulation. Interestingly, emotional neglect predicted lower levels of functional emotion regulation. The findings support previous research showing emotion regulation to mediate the relationship between childhood abuse and disordered eating in adults and a differential effect of abuse and neglect on emotion regulation. Longitudinal studies are required to confirm the direction of relationships; however these data suggest that dysfunctional emotion regulation is a significant variable in the development of disordered eating and may be a useful target for intervention.

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Childhood maltreatment is a term encompassing different forms of abuse and neglect, including physical abuse, physical neglect, sexual abuse, emotional abuse and emotional neglect. Disordered eating behavior has been consistently associated with childhood abuse, particularly emotional maltreatment (e.g., Kent, Waller, & Dagnan, 1999). Emotional abuse has been defined as, “verbal assaults on a child’s sense of worth or well-being, or any humiliating, demeaning, or threatening behavior directed toward a child by an older person”; whereas emotional neglect refers to, “the failure of caretakers to provide a child’s basic psychological and emotional needs, such as love, encouragement, belonging and support” (Bernstein & Fink, 1998, p. 2). Although evidence has shown a relationship between emotional maltreatment and disordered eating, the psychological mechanism by which these are linked has not been established. It has been suggested that emotion regulation is involved in this pathway (Fox & Power, 2009), as evidence has shown a relationship between maltreatment and difficulties in regulating emotions, and between emotion regulation problems and disordered eating. This paper tested this possible pathway by exploring whether emotion regulation mediated the relationship between emotional maltreatment and disordered eating in adolescents.

Studies have revealed disordered eating behavior to be related to a history of sexual abuse (Kong & Bernstein, 2009; Neumark-Sztainer, Story, Hannan, Beuhring, & Resnick, 2000; Wonderlich et al., 2001), physical abuse (Kong & Bernstein, 2009; Mitchell & Mazzeo, 2005; Neumark-Sztainer et al., 2000), physical neglect (Mitchell & Mazzeo, 2005) and emotional

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abuse (e.g., Kong & Bernstein, 2009). Most research in this area has focussed on the history of sexual and physical abuse rather than emotional abuse and neglect (Hund & Espelage, 2006; Waller, Corstorphine, & Mountford, 2007), though types of abuse often do not occur in isolation and emotional abuse is usually present in all forms of abuse (Kent & Waller, 2000). Studies that have looked at emotional abuse have tended to find a relationship with disordered eating (Groleau et al., 2012; Hund & Espelage, 2006; Kong & Bernstein, 2009), in some cases reporting it to be the strongest predictor of later disordered eating, relative to other forms of maltreatment (Kent et al., 1999; Witkiewitz & Dodge-Reyome, 2000). An exception to this pattern of findings is a study by Mitchell and Mazzeo (2005), who did not report a significant relationship; however this study used a bulimia specific measure to capture disordered eating behavior in a male population. Those studies finding a significant relationship were with female participants using measures of various disordered eating behaviors, with the exception of Kong and Bernstein's (2009) study with eating disordered individuals of both sexes. This indicates that gender and the type of disordered eating behavior studied might have an influence on findings.

A review of emotional maltreatment and disordered eating concluded that although evidence exists of a relationship between the two, the mechanism by which they are linked remains unclear (Kent & Waller, 2000). One potential mediator of the relationship is emotion regulation. Emotion regulation is defined as a "set of processes by which emotions are themselves regulated. . . [which] may be automatic or controlled, conscious or unconscious" (Gross, 2007, p. 8). Emotion regulation is thought to develop through positive early parent-child interaction with a responsive caregiver who can teach the child to label and manage his emotions (Ehring & Quack, 2010), and through interaction with peers in childhood (Ford, 2005). Conversely, an emotionally invalidating environment typical of emotional abuse and neglect, where the child's emotions are ignored or punished, is theorized to lead to difficulties identifying, expressing and managing emotions (Waller et al., 2007). Indeed, evidence has shown a relationship between abuse and difficulties with emotion regulation. In a longitudinal study with maltreated and non-maltreated children, emotion dysregulation was significantly related to neglect and physical/sexual abuse, earlier onset of maltreatment and multiple types of maltreatment (Kim & Cicchetti, 2010). In another study, maltreated children displayed less adaptive emotion regulation and greater emotion dysregulation than a control sample (Shipman, Schneider, Sims, Swisher, & Edwards, 2007).

Difficulties in emotional functioning in a broader sense are also characteristic of individuals with eating disorders (e.g., Harrison, Sullivan, Tchanturia, & Treasure, 2010). For example, emotion dysregulation predicted disordered eating scores and body dissatisfaction in a male college population (Lavender & Anderson, 2010) and children who indicated a loss of control over eating used significantly more maladaptive emotion regulation strategies for managing anxiety than controls (Czaja, Rief, & Hilbert, 2009). Furthermore, in a female adolescent population, Norwood and colleagues (2011) found that both restrained and emotional eaters reported higher use of expression and suppression of anger in comparison with a control sample. In clinical samples, self-reported emotion dysregulation has been reported to be higher in women with eating disorders than in healthy controls (Harrison, Sullivan, Tchanturia, & Treasure, 2009; Harrison et al., 2010). The prevalence of alexithymia in individuals with eating disorders is also indicative of difficulties in emotional functioning. Alexithymia is described as a difficulty in identifying, describing and distinguishing between feelings (Parker, Taylor, & Bagby, 1998) and is reported to be present in up to 77 per cent of anorexia nervosa patients and up to 83 per cent of bulimia nervosa patients (Quinton & Wagner, 2005).

It has been suggested that disordered eating behavior may be in itself a way of managing strong emotions, by "blocking off" (e.g., Corstorphine, 2006) or dissociating from painful cognitions or negative mood (Cooper, Wells, & Todd, 2004). This idea is supported by qualitative research by Serpell and colleagues, who reported patients with anorexia and bulimia to cite avoidance or escape from emotions as positive aspects of their illnesses (Serpell, Treasure, Teasdale, & Sullivan, 1999; Serpell & Treasure, 2002).

Therefore evidence indicates that emotion regulation difficulties are likely to arise from emotional maltreatment and that they are associated with disordered eating – which highlights emotion regulation as possible mediator. Although researchers have highlighted links between emotional maltreatment, emotion functioning and disordered eating (e.g., Fox & Power, 2009; Groleau et al., 2012), only a limited number of studies have tested relationships between all three variables and these have tended to focus on alexithymia. For example, Mazzeo and Espelage (2002) found that early maltreatment was linked to disordered eating indirectly, via alexithymia and depression. Similarly, in a sample of female undergraduate students, childhood emotional abuse and disordered eating were weakly associated, but this was mediated by alexithymia and general distress (Hund & Espelage, 2006). It is recognized that there is a need to move beyond alexithymia in order to achieve a deeper understanding of emotional processing in eating disorders (Gilboa-Schechtman, Avnon, Zubery, & Jeczmierny, 2006). In one recent study, emotion regulation was tested as a mediator of the relationship between childhood physical, sexual and emotional abuse and eating disorder symptoms in a sample of young women in the US (Burns, Fischer, Jackson, & Harding, 2012). The results indicated that emotion regulation deficits account for some of the relationship between emotional abuse and eating disorder symptomatology, but that there was still a direct relationship between the two.

The present study, also aimed to explore the relationships between early emotional maltreatment, emotion regulation and disordered eating behavior and to test whether emotion regulation would mediate the relationship between emotional maltreatment and disordered eating behavior. However, the study differs from and extends previous research in several ways. Whereas Burns and colleagues (2012) explored relationships in a sample of female college students, the present study focused on male and female adolescents. The rationale for looking at adolescents was that research with young people is scarce, although adolescence is a critical age for the onset of eating disturbance (Lewinsohn, Striegel-Moore, & Seeley, 2000). Males and females were included as there is evidence that males are also affected by eating disturbance following

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