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Childhood emotional abuse and disordered eating among undergraduate females: Mediating influence of alexithymia and distress[☆]

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Abstract

Objective: Drawing from stress-vulnerability and trauma theory (e.g., Rorty & Yager, 1996), this paper presents a model of associations among child emotional abuse (CEA), alexithymia, general distress (GD), and disordered eating (DE). This study extended previous research on psychological outcomes of child physical and sexual abuse to explore those of CEA using measures of specific emotionally abusive acts.

Method: Five hundred and eighty-eight female university students completed self-report surveys consisting of measures of CEA, alexithymia, depression, anxiety, and DE. Structural equation modeling was used to test this conceptual model.

Results: Comparison between measurement models suggested that bulimic behavior is a separate construct from restrictive eating behaviors and body dissatisfaction. In the structural model with the best fit, the association between CEA and DE was mediated by alexithymia and GD (i.e., a component of depression and anxiety). Specifically, CEA was associated with alexithymia, which was further related to GD. Then, restrictive eating behaviors and attitudes mediated the relation between GD and bulimic behaviors. By analyzing a second, nested model, this latter pathway was shown to be important.

Conclusion: While the best-fitting model is only one of many possibilities, these results point to a weak — but significant — complex relation between CEA and DE. They are associated through a series of mediating relations in a multivariate model including alexithymia and GD. The current study supports research suggesting that child

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emotional abuse can have a negative impact on its survivors. Treatment of those survivors manifesting disordered eating should be holistic, as opposed to targeted towards specific symptoms.

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Keywords: Child emotional abuse; Eating disorders; Alexithymia; Depression; Structural equation modeling

Introduction

A plethora of research within the last two decades has contributed to the understanding of the etiology and maintenance of eating disorders. Both anorexia and bulimia are thought to emerge from multiple risk factors, including biological, sociological, and psychological indices (Striegel-Moore & Cachelin, 2001). The role of negative family environments has received considerable attention as an important risk factor in the development of eating disorders among adolescents and young women (Leung, Schwartzman, & Steiger, 1996). Specifically, child abuse has been of interest to scholars and clinicians; however, research has focused predominantly on childhood sexual and physical abuse and has virtually ignored the potential influence of childhood emotional abuse (CEA). This current study explored the association between CEA and disordered eating (DE) among a sample of individuals at risk of developing eating disorders—female undergraduates. Drawing upon a stress-vulnerability theoretical and trauma theory framework (e.g., Rorty & Yager, 1996), the connection between CEA and DE was evaluated in a comprehensive multivariate model (Figure 1) using structural equation modeling in which depression, anxiety, and alexithymia were evaluated as mediators. In this study, CEA was 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” (Bernstein & Fink, 1998, p. 2).

Eating disorders scholars have not assessed childhood emotional abuse directly because of their tendency to treat adverse family environment as a proxy of abuse (Kent & Waller, 2000). For example, early research on family factors of women with eating disorders described these environments as intrusive, overprotective, controlling for anorexics, and chaotic and emotionally cold for bulimics (Bruch, 1973). However, Kent, Waller, and Dagnan (1999) found that the primary predictor of disordered eating symp-

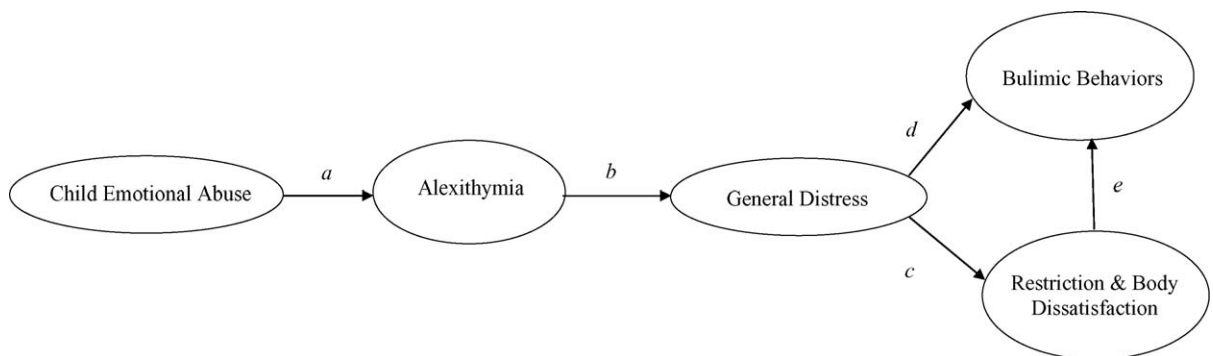


Figure 1. Conceptual model of associations among childhood emotional abuse, alexithymia, general distress, restrictive eating behaviors and attitudes, and bulimic eating behaviors.

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