



Relationships among loneliness, interpersonal dependency, and disordered eating in young adults

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ABSTRACT

Previous studies on loneliness and interpersonal dependency suggest a shared relation with eating disorders. Previous findings of the relation of interpersonal dependency with eating disorders may have misestimated the importance of interpersonal dependency by not including loneliness. Measures of loneliness, interpersonal dependency, and disordered eating (drive for thinness, bulimic symptoms, and body dissatisfaction) were given to 176 college students. Mediation models were used to test the relative influence of interpersonal dependency and loneliness on body dissatisfaction. Loneliness mediated the relation between interpersonal dependency and body dissatisfaction; no other mediation models could be tested.

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1. Introduction

Individuals suffering from clinically diagnosed eating disorders (e.g., anorexia nervosa, and bulimia nervosa) or disordered eating attitudes and behaviors (e.g., unhealthy eating behaviors such as restricting caloric intake, over-exercising, or purging) often lead secret and lonely lives. As they emotionally separate themselves from friends and family, their obsessions with these unhealthy behaviors may become their sole companion. A likely result of this is that individuals will report feeling socially isolated even if they are not physically isolated from others. In recent years, self-reported social isolation has increased. For example, McPherson, Smith-Lovin, and Brashears (2006) observed that over the past two decades fewer persons reported having someone to talk to about matters that are important to them and that the average number of discussion partners has fallen by approximately one person. Furthermore, more than twice as many individuals (25% vs. 10%) reported having no confidant and of those who had at least one confidant, 9% reported that their spouse is their only confidant.

Loneliness does not necessarily relate to the physical aspect of social isolation, but rather results from perceptions of being socially isolated. Loneliness may be aggravated during college as students struggle to adjust to the changes and loss of some of their social support. Loneliness in college students negatively correlates with self-esteem and self-rated physical attractiveness (Stephan, Fäth, & Lamm, 1988) resulting in negative self-perceptions and harsher self-criticism especially in regard to one's evaluation of

one's body, sexuality, health and appearance (Goswick & Jones, 1981).

However, there have been limited studies assessing a relation between eating disorders and loneliness or between disordered eating and loneliness. The majority of the studies conducted focus primarily on loneliness and binge eating, characterized by recurrent episodes of binge eating without the use of inappropriate compensatory behaviors that are characteristic of bulimia nervosa (American Psychiatric Association, 2000). These studies have shown that such a relation exists in bulimic patients (Masheb & Grilo, 2006), as well as individuals who report bulimic symptomology on the EAT (Rotenberg & Flood, 1999). As such, feelings of loneliness often lead to increased consumption of food in restrained eaters (Rotenberg & Flood, 1999) and a desire to binge in bulimic patients (Tuschen-Caffier & Vögele, 1999).

Loneliness may also be a factor contributing to relapse in patients seeking treatment for anorexia nervosa and bulimia nervosa (Stewart, 2004). Anorexia nervosa is an eating disorder characterized by a refusal to maintain a body weight over 85% of what is expected and a fear of losing control over body weight or of becoming 'fat'. Those with anorexia nervosa control their weight either by restricting the overall intake of food and/or regularly engaging in bingeing and purging. Bulimia nervosa is an eating disorder in which those with the disorder binge on large quantities of food and then partake in some form of compensatory behavior (i.e., forced vomiting, excessive use of laxatives, periods of fasting, or excessive exercise). These binge/purge episodes occur on average at least twice a week for three months. Bulimia nervosa differs from anorexia nervosa-binge/purge subtype in that patients may be of normal weight or even overweight (APA, 2000).

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Early onset of experiences with loneliness may act as an impetus in the development of eating disorders. In retrospective accounts of feelings of loneliness during adolescence, women with a history of bulimia nervosa and anorexia nervosa-binge/purge subtype reported having more feelings of loneliness as children than did control groups. Further, women with anorexia nervosa-binge/purge subtype reported more feelings of loneliness than did any other group (Troop & Bifulco, 2002).

Loneliness is often a component of an inner desire to have closer connections to others. Early research proposed that certain personality vulnerabilities may underlie this desire and increased experiences of loneliness (Saklofske & Yackulic, 1989). For example, a personality characterized by high interpersonal dependency is related to increased feelings of loneliness (Mahon, 1982; Overholser, 1992). Interpersonal dependency is defined as a person's need to "associate closely with, interact with, and rely upon valued other people" (Hirschfeld et al., 1977, p. 610). It is comprised of three underlying dimensions: emotional reliance on others, lack of social self-confidence, and assertion of autonomy. More recently, research has shown that degrees of interpersonal dependency tend to covary with emotional distress (Nietzel & Harris, 1990; Santor & Patterson, 2004) and like with other distressed emotional states, it may be possible that loneliness aggravates maladaptive social functioning in individuals exhibiting excessive dependency on others (Overholser, 1996).

Individuals with dependent personalities may be at risk for other psychological disorders (Bornstein & Greenberg, 1991; Nietzel & Harris, 1990; Skodol, Gallaher, & Oldham, 1996; Vaillant, 1980). However, research is inconclusive about whether any personality trait predisposes or is a risk factor for developing disordered eating or a clinically diagnosable eating disorder or if such traits are merely a symptom of these disorders. Regardless of the direction of causality and the possibility that both are caused by a third set of independent factors, studies have demonstrated higher prevalence rates of certain personality traits in individuals with both clinically diagnosed eating disorders as well as individuals who met the cutoff scores on various measures of disordered eating (e.g., EAT and EDI) (Cassin & von Ranson, 2005; Johnson, Cohen, Kasen, & Brook, 2006; Lilienfeld, Wonderlich, Riso, Crosby, & Mitchell, 2006).

Interpersonal dependency has been found to be greater in individuals suffering from clinically diagnosed eating disorders (Narduzzi & Jackson, 2000; Wold, 1983), as well as individuals who scored above the cutoff on the EDI (Oates-Johnson & DeCourville, 1999). For example, Speranza et al. (2004) found that although dependency correlated with several addictive behaviors, eating disorder patients scored significantly higher overall than drug addicts on each of the dimensions. However, a prior meta-analysis of research studies assessing the influence of interpersonal dependency on both individuals with clinically diagnosed eating disorders and individuals who met the cutoff scores on various measures of disordered eating (e.g., EAT, EDI and BULIT-R) found that dependency scores account for only 6% of the variation in eating disordered symptomatology and vary depending on the type of symptoms present (Bornstein, 2001). The possibility that the disorder may aggravate interpersonal dependency was noted by Bornstein in his reporting that as eating disorder symptoms diminish dependency scores decrease.

One possible explanation for the modest link between interpersonal dependency and both eating disorders and disordered eating suggested by Bornstein (2001) is that the relationship is indirect and may be influenced by other factors such as interpersonal stress and personality variables. Other research has demonstrated this indirect relationship through gender. Gender appears to moderate the relationship between interpersonal dependency and disor-

dered eating (as measured by the EAT). Females who exhibit disordered eating exhibit more interpersonal dependency than do females who do not suffer from disordered eating attitudes and behaviors; however the same was not true for males (Huprich, Stepp, Graham, & Johnson, 2004).

Interpersonal dependency has been found to act as a diathesis through which high levels of interpersonal stress lead to increased symptoms of depression and illness (Blatt, Cornell, & Eshkol, 1993; Bornstein, 1995). A study seeking to confirm this model hypothesized that excessive dependency may be a psychological diathesis for bulimic symptomatology (as measured by the BULIT), and that interpersonal stress may stem from inadequate social support resulting in increased symptoms of bulimia (Jacobson & Robins, 1989). However, the lack of a significant finding suggests that other stressors may be the impetus through which the eating disorder manifests. Striegel-Moore, Silberstein, and Rodin (1986) suggested that inability to regulate mood may influence whether a person adopts some type of disordered eating pattern to cope with stress. Thus it is possible that mood may help to explain this relation between disordered eating and interpersonal dependency; however such a relation has not been studied conclusively.

The review of literature has provided evidence that individuals who have been diagnosed with clinical eating disorders as well as those who score above the cutoff on various measures of disordered eating (e.g., EAT, EDI and BULIT-R) experience higher rates of both interpersonal dependency (Bornstein, 2001; Huprich et al., 2004; Narduzzi & Jackson, 2000; Oates-Johnson & DeCourville, 1999; Speranza et al., 2004; Wold, 1983) and loneliness (Masheb & Grilo, 2006; Rotenberg & Flood, 1999; Stewart, 2004; Troop & Bifulco, 2002; Tuschen-Caffier & Vögele, 1999) and that dependency may foster feelings of loneliness (Mahon, 1982; Overholser, 1992). However, to date, no study has measured the nature of relations among all three variables.

Previous research suggests a shared relationship between loneliness and interpersonal dependency (Mahon, 1982; Overholser, 1996). Thus, it would be useful to determine what is unique and what is shared in their relationship with disordered eating. As prior research has only examined the role of loneliness separately, there exists the possibility that previous research findings illustrating the relation between interpersonal dependency and disordered eating may have misestimated the importance of interpersonal dependency by not including measures of loneliness in the analysis. A finding of a different pattern of relationships may provide insight into the underlying causes of disordered eating as measured by the EDI (drive for thinness, bulimic symptoms, and body dissatisfaction). Furthermore, most prior research has examined these relations only in women. It would be beneficial to examine whether the relations among the variables are the same for men. We hypothesize that loneliness will mediate the relation between interpersonal dependency and disordered eating behaviors (drive for thinness, bulimic symptoms, and body dissatisfaction).

2. Method

2.1. Participants

Two hundred and forty-five participants (147 females and 98 males) from an introductory psychology course volunteered to participate in exchange for course credit. Eighty-eight percent of the participants were White, 6% were Hispanic, 2% were African American, 1% was Asian, and 3% responded other. The average age of students was 21.02 years ($SD = 5.32$).

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