

A study of the relationship between parental bonding, self-concept and eating disturbances in Norwegian and American college populations

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Abstract

This study investigated the relationship between bonding patterns and self-concept, and the influence of these constructs on a measure of sub-clinical eating disturbances. Undergraduate students from the United States ($N=166$) and Norway ($N=233$) were given self-report questionnaires that included measures of parental bonding, locus of control, self-concept clarity, self-esteem, and disturbed cognitions associated with eating. A structural equation model showed the expected pattern, with bonding predicting self-concept and self-concept predicting eating disturbances. The model fit equally well for samples from both countries and for both genders. This model links the pattern of low care and overprotective parental bonding indicators mediated through a self-concept defined by a lack of self-understanding, low self-esteem, and external locus of control to increased risk of eating disturbances for college aged men and women.

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A variety of factors have been shown to be important in the aetiology of eating disorders, including sociocultural factors (Silverstein, Perdue, Peterson, Vogel, & Fantinin, 1986; Akan & Grilo, 1995), personality traits and disorders (Perry, Silvera, Rosenvinge, & Holte, 2002; Rosenvinge, Martinussen, & Østensen, 2001), the self (Vitousek & Ewald, 1993; Lerner, 1993) and various family dynamics (Bruch, 1973; Heesacker & Neimeyer, 1990). One of the aspects of family dynamics that has been investigated recently is the theory that eating disorders might result from disturbed self/other relationship patterns that emerge from insecure or disturbed parental relationships (Heesacker & Neimeyer, 1990). Guidano and colleagues (Guidano & Liotti, 1983; Guidano, 1991) have developed a theory that links problems with caretaker bonding/attachment relationships to the development of a self-concept that is defined by personal ineffectiveness and powerlessness. One of the consequences of this

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ineffective self is that the individual might attempt to gain some degree of personal power and control by rigid control of eating behaviors. The primary objective of the present investigation is to empirically test a mediation model for the aetiology of eating disturbances. We have focused on two factors, the role of the perceived parental contribution to the bonding/attachment process, and the role of the resulting self-concept, as risk factors for individuals in the development of eating disturbances.

Bonding (attachment) is viewed as a set of interactional behaviors between caregiver and child that serve the general functions of teaching, reducing stress, promoting safety, and facilitating survival (Bowlby, 1969; 1973). Developmental psychologists have traced a relationship between attachment processes and the development of the self (Fonagy & Target, 1997; Segal & Blatt, 1993): Children learn through repeated experiences to understand people's behavior, and they create working models of self/other behaviors and emotions that can be activated to respond to particular interpersonal transactions (Fonagy & Target, 1997). If the caregiver has acknowledged the child's need for comfort and protection and also respected the need for independent exploration of the environment, the child is likely to develop an internal working model of the self as valued and self-reliant. The reverse is the case if the caregiver rejects the child's need for exploration; in this case, the child's internal model of the self would be unworthy and incompetent (Bretherton, 2000). Earlier research investigating eating disorders and attachment/bonding patterns has indicated that unhealthy patterns of attachment and bonding might play a role in the development of eating disorders (e.g. Leung, Thomas, & Waller, 2000; Heesacker & Neimeyer, 1990; Guidano, 1991). Generally, women with eating disorders (i.e., Bulimia Nervosa, Anorexia) perceive their parents (mother or father) to be less caring and overly protective (Pole, Waller, Stewart, & Parkin-Feigenbaum, 1988; Calam, Waller, Slade, & Newton, 1990; Rhodes & Kroger, 1992; Lavik, Clausen, & Pedersen, 1991). Studies using sub-clinical populations have found that eating disturbances are associated with the mother's domination over the daughter's independence and with low care in both parents (Evans & Wertheim, 1998). Fairburn, Welch, Doll, Davies, and O'Connor (1998) also found that sub-clinical eating disturbances were associated with overprotective, low caring parents.

Research examining the relation between self-organization and eating disturbances has shown that a self that is primarily defined by others tends to be a major concern in eating disordered individuals (Striegel-Moore, Silberstein and Rodin, 1993; Heesacker & Neimeyer, 1990). The association between eating disturbances and preoccupation with the opinions of others in defining the self has been examined in many studies. For example, studies have found that dependency conflicts and poor self–other differentiation were predictive of bulimia nervosa and the pursuit of thinness (Friedlander & Segel, 1990). Furthermore, bulimic women appear preoccupied not only with their physical appearance, but also with their “social self” (how others perceive them in general), providing evidence for a link connecting social-self concerns, body dissatisfaction and bulimia nervosa (Striegel-Moore et al., 1993).

Related to the idea of the self being defined by others is the belief that behavior is primarily controlled by external sources rather than by one's own resources or abilities. This type of belief has been labelled external Locus of Control (LOC), and many studies suggest that external LOC is related to several types of eating disturbances, including purging restriction, anorexia nervosa (Cachelin & Maher 1998; Williams & Manaster, 1990, Harding & Lachenmeyer, 1986), obesity (Mills, 1991), and bulimia (Williams & Manaster, 1990). It has also been demonstrated that women with the most severe eating psychopathologies tend to have more external LOC (Waller, 1998).

The association between low self-esteem and eating disturbances has also been well documented (Shislaik, Crago, Renger, & Clark-Wagner, 1998; Silvera et al., 1998, Johansen, Jacobsen, Roseninge, Perry, & Silvera, 1998). For example, self-esteem deficits have been shown to be related to negative body image (Foster, Wadden, & Vogt, 1997), abnormal eating attitudes (Fisher, Schneider, Pegler, & Napolitano, 1991) and obesity (Johansen et al., 1998). Despite the well-established association between low self-esteem (LSE) and eating disorders, recent research suggests that there could be another factor underlying this association. Campbell (2000) proposed that LSE people have more poorly articulated notions of who and what they are than their high self-esteem counterparts. Consequently, they may be more dependent on, susceptible to, and influenced by external self-relevant stimuli. Campbell has also developed a measure, called the Self-Concept Clarity (SCC) Scale, to measure this construct (Campbell et al., 1996). Self-concept clarity might represent a new perspective on self-esteem that can help researchers to further define why self-esteem is such an important predictor of eating disturbances, as earlier studies of eating disordered populations have found an association between eating disturbances and a “false” or insecure sense of self. This “false self,” according to clinical theorists, originates in the early failure of significant others to adequately provide accurate, empathic responses that enable development of a secure sense of self (Bruch, 1985; Geist, 1989; Strober, 1991).

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