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Child abuse, dissociation, and core beliefs in bulimic disorders

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Abstract

Objective: This study of bulimic women examined the relationship between the severity of four forms of reported child abuse (emotional abuse, neglect, physical abuse, sexual abuse) and bulimic pathology. In addition, it investigated the relationship of abuse with dissociation and core beliefs.

Method: A sample of 23 women with bulimic disorders completed standardized self-report measures of child abuse, dissociation, core beliefs, and bulimic symptomatology. They also completed diary records of bulimic behaviors.

Results: No dimensional relationship was found between any form of child abuse and bulimic pathology. However, within this group of bulimics, neglect and sexual abuse were correlated with dissociation. In addition, a subset of core beliefs was associated with child abuse, with different cognitive profiles associated with each form of trauma.

Conclusions: The findings need to be interpreted with caution because of the small, heterogeneous sample involved. Further research involving larger, homogenous samples is needed to investigate the generalizability of these findings, in order to determine if particular abusive experiences and core beliefs need to be addressed therapeutically in such cases. In addition, future research should consider the relationships between abuse, core beliefs and other impulsive behaviors.

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Introduction

The relationship between child abuse and eating disorders has been the subject of much theoretical and research interest (e.g., [Root & Fallon, 1988, 1989](#); [Rorty, Yager, & Rossotto, 1994](#); [Steiger & Zanko, 1990](#)). Empirical studies examining whether child abuse is a risk factor for the eating disorders have mainly concentrated on the area of sexual abuse. Investigators have found a high prevalence of reported sexual abuse in women with eating disorders ([Hall, Tice, Beresford, Wooley, & Hall, 1989](#); [Oppenheimer, Howells, Palmer, & Chaloner, 1985](#); [Waller, 1991](#)). However, controlled studies have not found a specific link between these two phenomena ([Folsom et al., 1993](#); [Steiger & Zanko, 1990](#); [Vize & Cooper, 1995](#)). Consequently, it has been argued (e.g., [Connors & Morse, 1993](#)) that sexual abuse is best regarded as a nonspecific risk factor within the context of a multifactorial model of the development and maintenance of eating disorders (e.g., [Slade, 1982](#)).

When different types of eating disorder are considered separately, there is evidence of a stronger association between sexual abuse and bulimic disorders than with restrictive anorexia ([Fullerton, Wonderlich, & Gosnell, 1995](#); [Steiger & Zanko, 1990](#); [Waller, 1991](#); [Waller, Halek, & Crisp, 1993](#)). Moreover, while the presence of sexual abuse has not been shown to be a specific risk factor for bulimic disorders (e.g., [Garfinkel et al., 1995](#); [Welch & Fairburn, 1994](#)), research indicates that a more refined relationship may exist between the severity of sexual abuse and severity of bulimic pathology ([Abramson & Lucido, 1991](#); [Hastings & Kern, 1994](#); [Waller, 1992](#)). For example, [Waller \(1992\)](#) found that more severe abuse characteristics (e.g., abuse involving force or a family member) were associated with a higher rate of bulimic behaviors in a clinical sample. However, two subsequent studies involving clinical samples have reported no such association ([Sullivan, Bulik, Carter, & Joyce, 1995](#); [Vize & Cooper, 1995](#)). The differences in these findings may be due to methodological differences. While the study by [Waller \(1992\)](#) used diary records to determine frequency of bulimic behaviors, the subsequent studies relied on self-report, which is argued to be less reliable ([Fahy & Eisler, 1993](#)).

Functional models of bulimic behaviors suggest a way of understanding such a link between abuse and bulimic behaviors. It has been postulated that bingeing and vomiting serve to block awareness of the negative emotions and cognitions ([Heatherton & Baumeister, 1991](#); [Lacey, 1986](#); [Root & Fallon, 1989](#)) that are common sequelae of sexual abuse. Further research is needed to investigate whether [Waller's \(1992\)](#) finding is reliable, and to assess whether this relationship with bulimic behaviors holds only for categorical severity of abuse, or whether a dimensional relationship (i.e., a positive correlation between two continuous variables) exists between these phenomena.

More recently, investigators have begun to consider the role of other types of child abuse in the etiology of eating disorders, including child physical abuse (CPA), child emotional abuse (CEA) and neglect. A preliminary controlled study by [Rorty et al. \(1994\)](#) examined rates of childhood sexual, physical, and psychological abuse in women with a history of bulimia and in nonclinical controls. This study found significantly higher rates of physical, psychological, and multiple abuses in the bulimic group, but the prevalence of childhood sexual abuse (CSA) was not significantly different. Consequently, these authors argued that researchers need to consider the full range of abusive experiences, rather than concentrating solely on sexual abuse. In support of this conclusion, studies involving non-

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