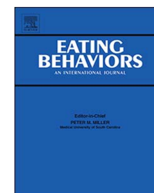
Eating Behaviors 29 (2018) 75–82

Contents lists available at ScienceDirect

Eating Behaviors

journal homepage: www.elsevier.com/locate/eatbeh



Self-differentiation and eating disorders in early and middle adolescence: A cross-sectional path analysis

Karyn Doba[a,b,*], Guillaume Berna[a], Emilie Constant[a], Jean-Louis Nandrino[a,b]

[a] University of Lille, Laboratory SCALab UMR 9193, CNRS, Department of Psychology, Villeneuve d'ascq, France

[b] Medical and Psychological Clinic Foundation Health Students from France, Villeneuve d'ascq, France

ARTICLE INFO

Keywords:
Eating disorders
Self-differentiation
Alexithymia
Psychological distress
Early adolescents
Middle adolescents

ABSTRACT

This study examines the impact of self-differentiation, alexithymia and psychological distress on eating disorder symptoms in young and middle adolescence. Four hundred fifty-one adolescents completed self-report measures. Early and middle adolescents were categorized into two groups (12–14 years and 15–17 years) to represent distinct developmental stages. Significant differences were found between younger and older adolescents. The association between low self-differentiation and both eating disorders symptoms and psychological dimensions related to eating attitudes was stronger in early adolescence than in middle adolescence. The association between low self-differentiation and eating disorder symptoms was mediated by alexithymia and psychological distress in middle adolescence. Taken together, these findings suggest that self-differentiation could be useful in understanding psychological distress and alexithymia in eating disorders.

1. Introduction

Patients with eating disorders (EDs) exhibit difficulties in several aspects of socio-emotional functioning such as attachment, perception and understanding of self or others and emotional intelligence (Caglar-Nazali et al., 2014; Oldershaw, Hambrook, Tchanturia, Treasure, & Schmidt, 2010; Zysberg, 2014). From a developmental perspective, some of these socio-emotional difficulties may be explained by specific learning difficulties originating from family interactions (Doba, Nandrino, Dodin, & Antoine, 2014; Rothschild-Yakar, Bashan-Levi, Gur, Vorgaft, & Stein, 2015). As initially described by Bowen (Bowen, 1978; Bowen & Kerr, 1988), the learning of emotion recognition and expression results from experiences in one's family relationships, which are characterized by emotion regulation and a balance of autonomy-support and connection. This balance is referred to as self-differentiation and is defined as the capacity of a family system and its members to manage emotional reactivity, remain thoughtful in the midst of strong emotion, and experience both intimacy and autonomy in relationships (Skowron, Stanley, & Shapiro, 2009).

Self-differentiation includes two dimensions of emotion regulation and two dimensions of intimacy in interpersonal relationships (Bowen & Kerr, 1988). A first type of maladaptive emotion regulation in interpersonal relationships is an emotional reactivity strategy in which individuals overreact to negative feelings and respond to environmental stimuli because of emotional flooding or lability (Skowron, Wester, & Azen, 2004). A second type of maladaptive emotion regulation in interpersonal relationships is an emotional cutoff strategy in which individuals maximize their emotional distance from others (Krycak, Murdock, & Marszalek, 2012). For the intimacy dimension of self-differentiation, maladaptive interpersonal strategies correspond to a fusion with others and difficulties in adopting an I-position (Skowron, Holmes, & Sabatelli, 2003). Fusion with others reflects over-involvement and/or over-identification with one's parents or significant others. Difficulties in adopting an I-position refer to the inability to develop an autonomous sense of self or thoughtfully adhere to one's convictions and maintain both an intimacy and autonomy in relationships with others. Individuals with a low level of self-differentiation have higher levels of emotional reactivity, emotional cut-off and fusion with others in response to stress, and a low ability to adopt an I-position in relationships with others (Skowron & Dendy, 2004; Titelman, 2003). They display less ability in experiencing and modulating their emotions and in managing anxiety or internal tensions (Skowron et al., 2009). Several studies have shown that a low level of self-differentiation in adulthood serves as a strong predictor of psychological distress (Cohen, Vasey, & Gavazzi, 2003; Wei, Vogel, Ku, & Zakalik, 2005) and alexithymia (Teixeira & Pereira, 2015), which is difficulty in identifying subjective emotions, difficulty in describing emotions to others, a restricted imagination, and an externally oriented style of thinking

* Corresponding author at: University of Lille, Laboratory SCALab UMR 9193, CNRS, Department of Psychology, Villeneuve d'ascq, France.
E-mail addresses: Karyn.doba@univ-lille3.fr (K. Doba), guillaume.berna@univ-lille3.fr (G. Berna), Emilie.constant@univ-lille3.fr (E. Constant), Jean-louis.nandrino@univ-lille3.fr (J.-L. Nandrino).

https://doi.org/10.1016/j.eatbeh.2018.03.003
Received 6 January 2017; Received in revised form 22 February 2018; Accepted 5 March 2018
Available online 07 March 2018
1471-0153/ © 2018 Elsevier Ltd. All rights reserved.

(Nowakowski, McFarlane, & Cassin, 2013; Taylor & Bagby, 2004).

Several studies have shown that people who develop EDs have a low level of self-differentiation (Doba et al., 2014; Rothschild-Yakar et al., 2015) and high levels of psychological distress and alexithymia (Pallister & Waller, 2008; Torres et al., 2015). The alexithymia dimension in patients with EDs is characterized by a poor recognition of their own and others' emotions, difficulties in differentiating between feelings and bodily sensations, and difficulties in describing feelings (Nowakowski et al., 2013; Oldershaw et al., 2010). These results suggest that difficulty in developing self-differentiation can lead to confusion between one's own internal states and those of others, thereby interfering with one's ability to recognize and express emotional states correctly. This might in turn lead to misinterpretation of emotional distress states that is probably relieved by an excessive preoccupation with weight or eating (Hooper & Doehler, 2011; Laghi et al., 2014). Self-differentiation is therefore an important clinical factor in understanding the development of psychological distress and alexithymia in EDs during adolescence.

The primary aim of this study was to determine whether the relationships between self-differentiation and eating disorder symptoms are indirectly impacted by alexithymia and psychological distress in young and middle adolescents. In a developmental perspective, self-differentiation begins in early infancy and continues throughout childhood and adolescence (Skowron et al., 2009). Studies indicate that the major transformations in the socio-emotional functioning of the adolescent occur in the transition from early to middle adolescence (Daniel et al., 2012). Since several studies have shown that the first symptoms of EDs usually emerge during early or middle adolescence (Smink, van Hoeken, & Hoek, 2013; Wade, Bergin, Martin, Gillespie, & Fairburn, 2006), the second aim was to investigate whether the relationships between self-differentiation and ED symptoms, which are indirectly impacted by alexithymia and psychological distress, differ in early and middle adolescence.

2. Method

2.1. Participants

The original sample consisted of 521 female adolescents. It was restricted to girls because of the disproportionate representation of females among all types of EDs (Murray et al., 2003). Thirty adolescents were not assessed because both parents did not give their consent. In addition, 40 others were excluded due to missing information on variables included in the study. Therefore, the data of 451 female adolescents aged 12 to 17 years were analyzed. Ages 12–14 years (mean: 13.59, SD: 0.52; 226 early adolescents) and 15–17 years (mean: 15.72, SD: 0.75; 225 middle adolescents) were grouped separately to capture theoretically different developmental stages. The mean age differed significantly between early and middle adolescents ($t = -35.07$, $p < 0.001$, effect size = 3.304). The body mass index ($BMI = kg/m^2$) was calculated for early adolescents (mean: 18.89, SD: 2.53) and for middle adolescents (mean: 20.84, SD: 3.31). Age- and sex-adjusted BMI centiles (Faith, Saelens, Wilfley, & Allison, 2001) were used to determine whether participants were underweight, overweight or to normal weight. Underweight and overweight were defined as a BMI percentile for age < 10 or 90–97, respectively. The distribution of age-adjusted BMI was as follows: 17.7% underweight, 9.7% overweight and 72.6% normal weight for early adolescents, and 20% underweight, 16.4% overweight and 63.6% normal weight for middle adolescents. For between-group comparisons of the distribution of age-adjusted BMI, Kendall's tau-b was not significant ($\tau_B = 0.03$, $p = 0.442$). The socio-economic status of families was as follows: 9.53% from social class I, 7.98% from class II, 14.41% from class III, 15.08% from class IV, 21.73% from class V, 23.06% from class VI, and 8.21% from classes VII and VIII (Desrosières & Thévenot, 2011).

2.2. Procedure

The study was approved by an independent ethics committee (University of Lille, France) and adhered to the tenets of the Declaration of Helsinki. It was conducted on a community population of female adolescents from five randomly selected schools in Lille (northern France). Five high schools were randomly selected from a municipal list of the city of Lille. With the teachers' permission, the researchers met the female adolescents in their classrooms to explain the study and present the consent forms to be completed by them and their parents. Each participant received a study information sheet and provided her written informed consent. Parental informed consent was obtained for all participants before the self-reports were administered individually to the participants in their classrooms. After obtaining consent, the self-reports were individually administered to adolescents in a classroom of the school.

2.3. Measures

2.3.1. Eating disorder symptoms

The Eating Disorder Inventory (EDI) (Criquillion-Doublet, Divac, Dardennes, & Guelfi, 1995; Garner, Olmstead, & Polivy, 1983) is a 64-item self-report measure of ED symptoms. Each question is scored on a 6-point scale. The EDI comprises three subscales assessing eating attitudes: (1) drive for thinness (Cronbach's $\alpha = 0.88$), (2) bulimia ($\alpha = 0.90$), (3) body dissatisfaction ($\alpha = 0.90$). It also contains five subscales assessing psychological traits relevant to eating disorders: (4) ineffectiveness ($\alpha = 0.90$), (5) perfectionism ($\alpha = 0.82$), (6) interpersonal distrust ($\alpha = 0.85$), (7) interoceptive awareness ($\alpha = 0.85$) and (8) maturity fears ($\alpha = 0.82$). Higher total scores indicate greater ED symptoms.

2.3.2. Psychological distress

The Psychological Distress Index of the Quebec Health Survey (IDPESQ) (Boyer, Préville, Légaré, & Valois, 1993) assesses the frequency of specific feelings and symptoms of psychological distress over the past week. The IDPESQ is a 14-item self-report measure. Each answer is coded on a 4-point scale. The IDPESQ contains four subscales: (1) depression ($\alpha = 0.77$), (2) anxiety ($\alpha = 0.71$), (3) irritability ($\alpha = 0.64$) and (4) cognitive difficulties ($\alpha = 0.74$). Higher total scores indicate greater psychological distress.

2.3.3. Differentiation of self

The Differentiation of Self Inventory (DSI) (Favez, 2013; Knauth & Skowron, 2004) is a 43-item self-report measure designed to assess one's level of self-differentiation within one's current significant relationships. Respondents rate items using a 6-point scale, ranging from 1 (not true of me) to 6 (very true of me) to describe their typical feelings in their relationships. The DSI is divided into four subscales: (1) emotional reactivity ($\alpha = 0.78$) reflects the degree to which a person responds to environmental stimuli with emotional flooding, emotion lability, or hypersensitivity to the point of being consumed by them, (2) I-position ($\alpha = 0.60$) contains items that reflect a clearly defined sense of self as well as one's ability to adhere thoughtfully to personal convictions even when pressured to do otherwise, (3) emotional cut-off ($\alpha = 0.76$) reflects feeling threatened by intimacy and isolating oneself from others and one's emotions when intrapersonal or interpersonal experiences are too intense, and (4) fusion with others ($\alpha = 0.59$) reflects over-involvement and/or over-identification with one's parents or significant others. Higher total scores indicate a greater differentiation of self.

متن کامل مقاله ← دریافت فوری

ISIArticles
مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات