



Childhood trauma and eating psychopathology: A mediating role for dissociation and emotion dysregulation?



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ABSTRACT

The present study examined the relationship between different forms of childhood trauma and eating psychopathology using a multiple mediation model that included emotion dysregulation and dissociation as hypothesised mediators. 142 female undergraduate psychology students studying at two British Universities participated in this cross-sectional study. Participants completed measures of childhood trauma (emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect), eating psychopathology, dissociation and emotion dysregulation. Multiple mediation analysis was conducted to investigate the study's proposed model. Results revealed that the multiple mediation model significantly predicted eating psychopathology. Additionally, both emotion dysregulation and dissociation were found to be significant mediators between childhood trauma and eating psychopathology. A specific indirect effect was observed between childhood emotional abuse and eating psychopathology through emotion dysregulation. Findings support previous research linking childhood trauma to eating psychopathology. They indicate that multiple forms of childhood trauma should be assessed for individuals with eating disorders. The possible maintaining role of emotion regulation processes should also be considered in the treatment of eating disorders.

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Introduction

Childhood abuse, particularly childhood sexual abuse (CSA) and, to a lesser extent, childhood physical abuse (CPA), has been identified as a non-specific risk factor for the development of eating psychopathology (Gentile, Raghavan, Rajah, & Gates, 2007; Jacobi, Hayward, & de Zwaan, 2004; Thompson & Wonderlich, 2004). The potential aetiological role of childhood emotional abuse (CEA) in the development of eating psychopathology has received less investigation (Kent & Waller, 2000) although more recent studies have reported an association (Burns, Fischer, Jackson, & Harding, 2012; Kong & Bernstein, 2009). A very limited number of studies have investigated the potential contribution of childhood emotional neglect (CEN) and childhood physical neglect (CPN) to the development of eating psychopathology despite studies offering some support for a relationship (Gerke, Mazzeo, & Kliewer, 2006; Johnson, Cohen, Kasen, & Brook, 2002; Kong & Bernstein, 2009). It has

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been theorised that environmental, developmental and psychological processes are likely to be important mediators of the relationship between childhood trauma and later functioning (Briere & Scott, 2007; Egeland, 2009).

Children who have experienced abuse and neglect tend to report more dissociation than children reporting no such maltreatment (Macfie, Cicchetti, & Toth, 2001). Dissociation is considered to be a natural defence mechanism in response to trauma and refers to the tendency for traumatised individuals to experience alterations in conscious awareness including; depersonalisation, derealisation, amnesia and absorption (Gershuny & Thayer, 1999). Elevated levels of dissociation have been reported within the eating disorder population (Vanderlinden, Vandereycken, & Claes, 2007) with higher levels being linked to more severe eating psychopathology (Demitrack, Putnam, Brewerton, Brandt, & Gold, 1990). Researchers have proposed that eating psychopathology (encompassing bingeing, purging and restrictive behaviours) may serve as a means of dissociating from trauma related-affects (Briere & Scott, 2007).

Studies to date have found mixed support for the potential mediating role of dissociation in the relationship between childhood trauma and disordered eating. Everill, Waller, and Macdonald (1995) found that dissociation significantly mediated the relationship between CSA and binge eating within a female clinical sample that included individuals diagnosed with bulimia nervosa and anorexia nervosa. Gerke et al. (2006), however, found that dissociation was not a significant mediator between multiple forms of childhood trauma and bulimic behaviours in female undergraduates. Finally, Kent, Waller, and Dagnan (1999) found that dissociation was a significant mediator only between CEA and eating psychopathology in female students. CPA and CSA did not significantly predict eating psychopathology.

Emotion dysregulation, like dissociation, has been linked to developmental factors as well as trauma. Gratz and Roemer (2004) conceptualise emotion regulation/dysregulation as involving a number of dimensions. In addition to the ability to temper emotional arousal, their conceptualisation involves having an awareness and understanding of one's emotions as well as the ability to accept one's emotions, and function purposively regardless of one's emotional state. Recovery from trauma requires adaptive regulation of emotion and, therefore, emotion dysregulation has been cited as a risk factor for the maintenance of trauma related symptomatology (Ehring & Quack, 2010). Greater difficulties with emotion regulation have been reported in individuals who have been exposed to interpersonal trauma during childhood (Cloitre, Miranda, Stovall-McClough, & Han, 2005; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). Secure attachment appears to be crucial for the development of adaptive emotion regulation (Mikulincer & Shaver, 2008). Insecure attachment has been found to be positively associated with disordered eating (Ward, Ramsay, & Treasure, 2000) and emotion dysregulation has been reported to mediate this relationship (Ty & Francis, 2013). Emotion dysregulation has also been positively associated with disordered eating (Fox & Power, 2009). It has been proposed that disordered eating, including bingeing, vomiting and restriction, may serve to regulate negative emotion (Cooper, Wells, & Todd, 2004; Corstorphine, 2006).

Only one study to date has investigated emotion dysregulation as a potential mediator of the relationship between childhood trauma and disordered eating (Burns et al., 2012). This study found that within a female student sample, CEA, as opposed to CSA and CPA, was the only form of childhood trauma to be consistently associated with eating psychopathology and this relationship was mediated by emotion dysregulation.

A further theoretical reason for the consideration of both dissociation and emotion dysregulation as potential mediators between childhood trauma and eating psychopathology comes from studies of Posttraumatic Stress Disorder (PTSD). PTSD includes, among other symptoms, dissociation, emotion dysregulation and persistent avoidance of traumatic memories (Nijenhuis & Van der Hart, 2011). PTSD has been studied within eating disorder populations and has been found to be associated with an increased risk of developing Bulimia Nervosa (Dansky, Brewerton, Kilpatrick, & O'Neil, 1997).

Despite research linking both dissociation and emotion dysregulation with trauma and eating psychopathology, the relationship between the potential mediators has not yet been established within the literature. Briere (2006) suggests that dissociation may be a compensatory response that individuals with emotion regulation difficulties may utilise when faced with overwhelming emotional distress. If dissociation, as Briere suggests, is utilised when emotion arousal levels are beyond the individual's emotion regulation capacities, it would be reasonable to expect individuals with emotion dysregulation difficulties to display more symptoms of dissociation. Further research regarding the relationship between dissociation and emotion regulation is required. At present, it appears reasonable to conclude that dissociation and emotion dysregulation are unique but related processes.

Cloitre, Cohen, and Koenen (2006) have proposed a model of the long-term impact of childhood trauma. They discuss that the potential negative impact of childhood trauma upon the development of secure attachment can disadvantage the child from learning adaptive emotion regulation skills and self-definition. The authors theorise that childhood trauma is beyond the child's emotional capacity with regards to their stage of emotional developmental to protect their psychological wellbeing. Consequently, the child may have to rely on emotional strategies such as denial, emotional numbing or dissociation to promote psychological survival. While important for survival, reliance on these strategies makes it difficult for the child to learn that emotional states can be regulated effectively. An individual whom has experienced childhood trauma may therefore respond to emotions with behaviours that aid avoidance, distraction or dampening down emotions. Briere and Scott (2007) suggest that eating psychopathology may be an example of such behaviour.

Aims and Hypotheses

The present study aimed to investigate a wide range of experiences of childhood trauma (CEA, CSA, CPA, CEN and CPN) in relation to eating psychopathology. Although there are a number of inconsistencies reported within the literature, positive

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