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Impact of emotional neglect and self-silencing on body mass index and oral health behaviors: a structural equation model analysis in undergraduate students

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Abstract

Current available data indicate that parent-child relationships may prevent or promote the development of psychiatric symptoms, mainly anxiety and depressive symptoms. The aim of our study was to explore the effect of emotional neglect and self-silencing on body mass index and on oral health behaviors in a sample of first year undergraduate medical students. Smoking behavior was correlated with self-silencing among males, while individual emotional neglect questions were correlated with body investment scales and oral health behaviors. The structural equation model demonstrated a good fit among female students but not among males. Further studies should further investigate the properties of this model in different populations.

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1. Introduction

The literature reveals significant correlations between parental bonding and psychiatric symptoms in adulthood (e.g. anxiety, depression): affective enhancement (affectional bonds) and low control (encouragement of autonomy)

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in the parent-child relationship has a protective effect, whereas those relationships characterized by affective impoverishment (neglectful relationships) and overprotection (intrusive behavior) seem to represent risk factors (Lima, Mello, & Mari Jde, 2010).

Child abuse has been associated with poorer physical health in adulthood, with ischemic heart disease, obesity, diabetes, liver disease, migraine, increased prevalence of lifetime mood, anxiety (Dong et al., 2004; Tietjen et al., 2010; Gunstad et al., 2006), as well as risks of associated health behaviors: binge eating disorder and night eating syndrome (Grilo & Masheb, 2001), alcohol consumption (Anda et al., 2002), smoking (Anda et al., 1999), risky sexual behaviors (Rodgers et al., 2004), including externalizing and internalizing problems (Egeland, Sroufe, & Erickson, 1983). Moreover, a history of trauma, such as sexual, physical and emotional abuse and neglect, appears to be significantly associated with elevated dental fear, although multiple factors play a major role in the establishment and maintenance of these phobias (Walker, Milgrom, Weinstein, Getz, & Richardson, 1996).

As the mechanisms linking emotional and neglectful childhood experiences (adversities) to adult oral health are unclear, this study tested the following hypotheses: (a) emotional neglect and self-silencing predicts body investment, (b) body investment predicts oral health behaviours and body mass index, (c) body investment predicts body mass index, (d) self-silencing is associated with smoking behaviour, (e) gender differences for the mediation model are considered. The relation between oral health behaviours, emotional neglect and self-silencing was hypothesized to be greatest for the girls in the sample.

2. Material and methods

2.1. Sample

The participants of this descriptive, correlational, cross-sectional study were 155 first-year undergraduate students at the Faculty of General Medicine, University of Medicine and Pharmacy “Carol Davila”, Bucharest, who were invited to participate in this survey at the beginning of the 2011-2012 academic year. Upon entry, all participants gave written informed consent for their participation. The study was conducted in full accordance with established ethical principles (World Medical Association Declaration of Helsinki, version VI, 2002).

2.2. Instruments and measures

A structured, anonymous questionnaire was specifically developed for this study and addressed the following: (1) socio-demographic factors (age, gender, smoking); (2) oral health habits (toothbrushing, flossing, mouthrinse frequency, dental visiting frequency and reason). In aim to measure emotional neglect, we used Emotional neglect subscale (EN-S) from the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003) a standardized, retrospective 28-item self-report inventory that measures the severity of different types of childhood trauma, producing five clinical subscales each comprised of five items. The construct of self-silencing was measured with the Silencing the Self Scale (Jack & Dill, 1992). The Silencing the Self Scale (SS-S) consists of 31 statements describing behavior and beliefs about oneself in relationship to others. Body Investment Scale (BIS) (Orbach & Mikulincer, 1998) consists of four factors with six items in each factor totaling 24 items. Internal consistencies for the EN-S, SS-S, BIS scales in the present sample the Cronbach's alpha were 0.85, 0.81 and respectively, 0.72

2.3. Statistical analysis

Descriptive statistics and statistical analyses were performed with computerized statistical package (SPSS 17.0, Inc., Chicago, USA) software. The internal consistency of the psychological scales was examined using Cronbach's α . Analysis by independent *t*-test was used for comparing the means of interval level data. To investigate a possible relation between variables, the Pearson's linear correlation coefficients were calculated. All reported *P*-values are two-tailed; moreover, those *P*-values less than 0.05 were considered statistically significant. Structural Equation Modelling Analysis (SEMA) was carried out using AMOS 7.0 (SPSS, Inc., Chicago, USA).

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