



Research article

Weight-related abuse: Perceived emotional impact and the effect on disordered eating



Jessica K. Salwen^{a,*}, Genna F. Hymowitz^{a,b}, Sarah M. Bannon^a,
K. Daniel O'Leary^a

^a Department of Psychology, Stony Brook University, Stony Brook, NY 11794-2520, USA

^b Department of Surgery, Stony Brook Hospital, Stony Brook, NY 11794-2500, USA

ARTICLE INFO

Article history:

Received 21 October 2014

Received in revised form

19 December 2014

Accepted 28 December 2014

Available online 28 January 2015

Keywords:

Weight-related abuse

Obesity

Disorder eating

Childhood abuse

Cognition

Weight-related teasing

ABSTRACT

The purpose of this article was to evaluate theories that (1) weight-related abuse (WRA) plays a unique role in the development of disordered eating, above and beyond general childhood verbal abuse and weight-related teasing, and (2) the perceived emotional impact of WRA mediates the relationship between WRA and current disordered eating. Self-report questionnaires on childhood trauma, weight-related teasing, WRA, and current eating behaviors were administered to a total of 383 undergraduate students. In initial regressions, WRA significantly predicted binge eating, emotional eating, night eating, and unhealthy weight control. WRA continued to significantly predict all 4 forms of disordered eating following the introduction of measures of weight-related teasing and childhood verbal abuse into the regression. Latent variable analysis confirmed that perceived emotional impact of WRA mediated the relationship between WRA and disordered eating, and tests for indirect effects yielded a significant indirect effect of WRA on disordered eating through perceived emotional impact. In sum, WRA is a unique construct and the content of childhood or adolescent maltreatment is important in determining eventual psychopathology outcomes. These findings support the necessity of incorporating information on developmental history and cognitive factors into assessment and treatment of individuals with disordered eating.

© 2015 Elsevier Ltd. All rights reserved.

Introduction

While a number of theoretical models have been proposed to explain the development of disordered eating, research supports a cognitive-behavioral framework for understanding the progression and maintenance of maladaptive eating patterns (e.g., Allison, Lundgren, Moore, O'Reardon, & Stunkard, 2010; Fairburn, Cooper, & Shafran, 2003; Yager et al., 2012), including binge-eating, emotional eating, the use of unhealthy weight control behaviors (e.g., excessive exercise, excessive use of diet pills or laxatives, etc.), and night eating (characterized by morning anorexia, excessive hunger in the evening, sleep difficulties, and snacking during nighttime awakenings). Further, cross-sectional, experimental, and prospective studies have indicated that negative self-perceptions related to eating, body size, and low self-esteem are associated with disordered eating behaviors (for review see Stice, 2002). While this literature clearly indicates that cognitive factors significantly impact eating behaviors, interventions, preventive programs, and developmental models for disordered eating often ignore the role

* Corresponding author.

of early environmental factors in the development of the negative self-schemas that impact eating pathology and obesity (e.g. Fairburn, Marcus, & Wilson, 1993; Fairburn et al., 2003; Stice & Shaw, 2004; Taylor et al., 2006). An early environmental factor of particular import may be childhood verbal/emotional abuse (CVA), as studies have demonstrated strong and reliable associations between CVA and disordered eating (Grilo et al., 2005; Kent & Waller, 2000).

Recent research also demonstrates that teasing specific to one's weight or shape may have a different impact on adult outcomes than general CVA (Salwen, Hymowitz, Vivian, & O'Leary, 2014), highlighting the need to further explore the differences between these constructs. However, most studies on weight-related teasing (WRT) use measures that are either unvalidated or outdated (e.g., the Perception of Teasing Scale, POTS; Thompson, Cattarin, Fowler, & Fisher, 1995), or assess more severe instances of maltreatment related to weight without behaviorally defining their constructs (e.g., "I was attacked because of my weight," Puhl & Brownell, 2006). As such, we sought to evaluate the role of weight-related abuse (WRA), defined herein as "significant verbal or physical victimization or maltreatment specific to one's weight," in the development and maintenance of disordered eating. We specifically evaluated WRA as opposed to WRT as WRA addresses multiple aspects of weight-related maltreatment and more fully captures the variability in individuals' experiences. In particular, we hypothesized that WRA plays a unique role in the development of disordered eating, above and beyond CVA or WRT. Given the strength of the cognitive behavioral framework and import of self-perceptions, we also hypothesized that cognitive factors (i.e., the perceived emotional impact of WRA) would mediate the relationship between WRA and current disordered eating.

Childhood Maltreatment and Eating Pathology

Childhood maltreatment in general is consistently associated with a number of mental and physical health problems in adulthood, including depression, anxiety, attempted suicide, alcohol/drug abuse, obesity, and other chronic medical problems (e.g., Felitti et al., 1998; Green et al., 2010). In addition, the link between childhood abuse and disordered eating is well established (e.g., Allison, Grilo, Masheb, & Stunkard, 2007; Greenfield & Marks, 2010; Kent & Waller, 2000; Norman et al., 2012; Rohde et al., 2008). For example, Greenfield and Marks (2010) indicated that adults with a history of childhood maltreatment are more than twice as likely as adults without a history of maltreatment to eat in response to emotions or overeat when stressed. Consistent with these findings were those of Rohde et al. (2008) who found that women with a history of abuse were more likely to engage in binge-eating than women without a history of abuse.

Although the majority of studies evaluating relationships between childhood maltreatment and disordered eating do not distinguish among forms of abuse, some have suggested that psychological or verbal abuse may have a unique impact on eating pathology (Kent & Waller, 2000; Norman et al., 2012). For example, Rorty, Yager, and Rossoto (1994) found that a significantly higher percentage of women with bulimia nervosa reported a history of psychological abuse compared to a non-clinical comparison group (76.3% vs. 37.5%, respectively). Similarly, Allison et al. (2007) found that individuals meeting criteria for binge eating disorder or night eating syndrome were more likely than individuals without binge eating disorder or night eating syndrome to endorse a history of CVA. Researchers have also found a distinct relationship between CVA and disordered eating in college samples (Hund & Espele, 2006). These findings further support the notion that verbal victimization is an important contributor to eating disturbance. However, as CVA is also associated with a number of other health consequences (Ferguson & Dacey, 1997; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003), there is a need to delve further into the impact of types of verbal abuse that might be more specifically and strongly related to eating pathology.

In particular, cross-sectional and longitudinal studies consistently demonstrate relationships between WRT and eating disturbances (e.g., Haines, Neumark-Sztainer, Eisenberg, & Hannan, 2006; Keery, Boutelle, van den Berg, & Thompson, 2005; Lunner et al., 2000; Neumark-Sztainer et al., 2007). For example, Keery et al. (2005) demonstrated that teasing about weight or appearance by family members was significantly associated with disordered eating cognitions and behaviors in middle school aged girls. Similarly, in a longitudinal, population based study of 2,516 adolescents (Neumark-Sztainer et al., 2007), girls who reported being teased about their weight by family members were at an increased risk of engaging in binge eating and extreme weight control behaviors five years later (respective OR 1.69 and 1.41). In the same sample (Haines et al., 2006), frequent WRT was also predictive of unhealthy weight-control behaviors among male adolescents (OR 1.7) five years after the initial assessment. Furthermore, in a recent meta-analysis, Menzel et al. (2010) showed moderate effect sizes for the relationships between WRT and dietary restraint (.35) and WRT and binge and/or purging (.36). Overall, these studies indicate that eating related pathology is consistently and moderately associated with WRT. However, the relationship between WRT and eating pathology is likely not a direct one. In accord with a cognitive-behavioral model, one potential mediator worth investigating is the perceived emotional impact of teasing.

Perceived Impact of Teasing

Across populations, emotional abuse is consistently and significantly associated with negative self-perceptions (Briere & Runtz, 1990; Grilo et al., 2005). Additionally, the extant literature provides evidence that cognitions can influence the outcome of abuse. One cross-sectional study found that, even when controlling for severity of childhood abuse, a child's attributions as to the cause of the abuse impact the nature of the psychological and behavioral symptoms they experience as a result of the abuse (Brown & Kolko, 1999). Another study including data from 5,877 participants in the National Comorbidity Study indicated that negative cognitions (self-criticism) mediated the relationship between CVA and symptoms of anxiety

Download English Version:

<https://daneshyari.com/en/article/344628>

Download Persian Version:

<https://daneshyari.com/article/344628>

[Daneshyari.com](https://daneshyari.com)