



# Understanding self-concealment within a framework of eating disorder cognitions and body image flexibility: Conceptual and applied implications<sup>☆</sup>



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## ABSTRACT

Although self-concealment has been long recognized in the context of body image disturbance and disordered eating concerns, empirical evidence remains limited. Following cognitive behavioral therapy (CBT) models of disordered eating and body image concerns, the present cross-sectional study examined whether the construct of self-concealment was related to disordered eating and body image concerns. More specifically, we investigated whether eating disorder cognitions and body image flexibility, two factors linked to the maintenance of disordered eating concerns, are uniquely associated with self-concealment, while controlling for key demographic and sociocultural variables. Three-hundred thirty-six undergraduate women completed a web-based survey that included measures of interest. Results revealed that eating disorder cognitions associated with the fear of weight gain and body image flexibility were uniquely related to self-concealment in expected directions.

## 1. Introduction

A recent comprehensive review (Larson, Chastain, Hoyt, & Ayzenberg, 2015) suggests that a pervasive and habitual pattern of deliberately keeping personal information from others, often referred to as self-concealment, is common across various forms of psychopathology. According to Larson et al. (2015), this pattern of behavior can be understood as the combination of dysfunctional self-referential internal events to be concealed (e.g., dysfunctional self-narrative) and control- and avoidance-based efforts to regulate these internalizing events (e.g., maladaptive emotion regulation).

Self-concealment has been a central topic in the treatment of disordered eating and body image concerns, especially in the context of the challenges that denial poses to assessment, diagnosis, and treatment (Goss & Allan, 2009; Vandereycken & Van Humbeeck, 2008). Individuals with eating disorders are often reported to conceal their symptoms, such as restricted eating, binge eating, and purging (Vandereycken & Van Humbeeck, 2008). Additionally, these concealments are theorized to be driven in part by greater internalized shame surrounding the disordered eating concerns (Goss & Allan, 2009).

Nevertheless, evidence of self-concealment in the context of disordered eating and body image disturbance remains limited. Narrowing this empirical gap, the present cross-sectional study examined whether

the construct of self-concealment is related to disordered eating and body image concerns in a sample of college women. Following the synthesis of various cognitive behavior therapy (CBT) models of disordered eating and body image concerns (e.g., Fairburn, 2008; Haynos, Forman, Butryn, & Lillis, 2016; Safer, Telch, & Chen, 2009; Williamson, White, York-Crowe, & Stewart, 2004), the present study investigated whether eating disorder cognitions and body image flexibility, two factors linked to the maintenance of disordered eating concerns, were uniquely associated with self-concealment while controlling for key demographic and culture-relevant variables. The following sections review cognitive behavioral models of eating disorders and the relevance of eating disorder cognitions and body image flexibility to self-concealment.

### 1.1. Cognitive behavioral models of eating disorders

CBT researchers and therapists have developed and refined many conceptual models of disordered eating and weight concerns over the past 40 years (e.g., Brockmeyer et al., 2014; Fairburn, 2008; Garner & Bemis, 1982; Haynos et al., 2016; Mizes & Christiano, 1995; Safer et al., 2009; Vitousek & Brown, 2015; Williamson et al., 2004). Although varying in conceptual and treatment foci, these models as a whole collectively highlight central roles played by both dysfunctional

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cognitions and emotion regulation (e.g., difficulties in emotion regulation) in the development and maintenance of psychopathology specific to eating disorders. For example, Fairburn argues that dysfunctional schemas of self-evaluation and maladaptive affect regulation efforts (e.g., the combination of compensatory behaviors and mood intolerance) contribute to the maintenance of eating disorders (Fairburn, Cooper, & Shafran, 2003). In the context of teaching emotion regulation skills, dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT) emphasize the awareness of dysfunctional cognitions that dysregulate the client's affect and then teach adaptive regulation skills as a new way of responding to these cognitions (see Haynos et al., 2016 for a book length review on this topic). These cognitive behavioral models' focus on dysfunctional cognition and emotion regulation (or emotion dysregulation) parallel Larson's theory of self-concealment in highlighting the presence of dysfunctional self-referential internalizing events and efforts to avoid and control them (Larson et al., 2015).

### 1.2. Eating disorder cognitions

Regarding dysfunctional cognitions, some of these CBT models postulate that individuals with eating disorders endorse rigid beliefs about the importance of weight regulation, strong beliefs in appearance as the basis of self-worth, and rigid beliefs regarding self-control as the basis of self-esteem (e.g., Fairburn et al., 2003; Mizes et al., 2000; Mizes & Christiano, 1995; Vitousek & Hollon, 1990). From this perspective, eating disorder cognitions often reflect but are not limited to: (a) fear of gaining weight, (b) perceived importance of having an ideal weight and shape as a means of being accepted by others, or (c) perceived self-worth related to self-control over diet and weight (Mizes et al., 2000).

The concept of eating disorder cognition is important to self-concealment as these two constructs are known to reflect distressing self-referential internalizing events, such as holding an eating disorder as a concealed self-identity (Larson et al., 2015; Vitousek & Hollon, 1990). Although evidence remains limited, one cross-sectional study demonstrated a positive association between eating disorder cognitions and self-concealment in a sample of college undergraduates (Masuda, Boone, & Timko, 2011).

### 1.3. Body image flexibility

As noted above, another major focus in CBT models for eating disorders, especially recent models, is emotion regulation or difficulties in emotion regulation (Brockmeyer et al., 2014; Haedt-Matt & Keel, 2015; Hayaki, 2009; Merwin, 2011). Body image flexibility is a relatively new construct that refers to a particular category of emotion and behavior regulation processes in the context of disordered eating and body image concerns (Sandoz, Wilson, Merwin, & Kellum, 2013; Wendell, Masuda, & Le, 2012). More specifically, body image flexibility is conceptualized as the extent to which a person openly and freely experiences body dissatisfaction and disordered eating thoughts without acting on them or making efforts to avoid or change them (Sandoz et al., 2013).

Conceptually, body image flexibility could be inversely associated with self-concealment. Whereas self-concealment reflects intentional and rigid maladaptive efforts to suppress and avoid distressing self-referential internalizing events, body image flexibility reflects adaptive regulation efforts of psychological acceptance and openness to these distressing events, particularly body dissatisfaction and eating disorder cognitions (e.g., "I will let my negative body image remain with me as it is without reacting to it"). To date, no study has directly examined the association between self-concealment and body image flexibility. However, extant findings of self-concealment and body image flexibility suggest that the two variables are likely to have an inverse association. Body image flexibility has been found to be inversely associated with control- and avoidance-based efforts, such as thought suppression, experiential avoidance, and psychological inflexibility (Moore, Masuda,

Hill, & Goodnight, 2014; Sandoz et al., 2013). These factors, in turn, are found to be positively associated with self-concealment (Larson et al., 2015).

### 1.4. Key demographic and individual difference variables

Research has also demonstrated that certain demographic and culture-related variables are associated with disordered eating concerns, although there are inconsistencies in these findings across studies and study samples (e.g., clinical samples vs. nationally representative samples; Hilbert et al., 2014; Striegel-Moore & Bulik, 2007; Watson, Adjei, Saewyc, Homma, & Goodenow, 2017). These demographic and culture-related variables include gender (i.e., being a woman), age (i.e., adolescent and young adult), sexual orientation (i.e., being a sexual minority), and race/ethnicity (i.e., being a White American). Of those factors, sexual minority status is also found to be linked to greater self-concealment (Leleux-Labarge, Hatton, Goodnight, & Masuda, 2015; Potoczniak, Aldea, & DeBlaere, 2007). According to Potoczniak et al., this link manifests in part because self-concealment in sexual minority individuals encompasses not only the concealment of their sexual orientation but also the concealment of various activities that may be suggestive of their sexual orientation. For ethnic minority women, perceived discrimination and history of racial teasing are found to be associated with greater eating and body image disturbance (Sahi Iyer & Haslam, 2003). These findings demonstrate that multiple and marginalized identity statuses impact how individuals relate to their bodies and eating behaviors. Further, how a person relates to their identity also matters. One study shows that stronger identification with one's group (e.g., ethnic group, sexual minority group) attenuates the link between perceived discrimination and eating and body image disturbance (Sabik & Tylka, 2006).

### 1.5. Present study

As noted above, self-concealment has been a central topic in treatments of disordered eating and body image concerns, but evidence remains limited. Given this empirical gap, the present cross-sectional study examined whether self-concealment was relevant to disordered eating and body image concerns. More specifically, informed by the large body of literature on CBT models of disordered eating and weight concerns, we examined whether eating disorder cognition and body image flexibility were uniquely related to self-concealment when controlling for key demographic and culture-related variables mentioned above. The present study focused on college women in part because disordered eating and body image concerns are salient in this demographic group (Striegel-Moore & Bulik, 2007). Given previous findings (Masuda et al., 2017; Moore et al., 2014), we hypothesized that both disordered eating cognition and body image flexibility would be uniquely associated with self-concealment.

## 2. Methods

### 2.1. Participants

Three-hundred thirty-six undergraduate women were recruited from a large urban Southeastern university in the U.S. Of those participants, 21 were eliminated from the study because they failed to report height or weight, which were used to compute BMI. As a result, data of 315 participants were used for analyses. The mean age was 20.16 ( $SD = 4.07$ ), ranging from 18 to 54 years old. The ethnic composition of the sample was representative of the university, with 46% ( $n = 145$ ) identifying as Black, 19% ( $n = 61$ ) as Asian-American/Pacific Islander, 18% ( $n = 55$ ) as White, 8% ( $n = 26$ ) as Hispanic American, and 9% ( $n = 28$ ) as bicultural or other. Approximately 89% of participants ( $n = 281$ ) reported their sexual orientation to be heterosexual, followed by 7% bisexual ( $n = 22$ ), and 4% homosexual ( $n = 12$ ). BMI scores,

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