



The relationship of thought suppression and recent rape to disordered eating in emerging adulthood



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A B S T R A C T

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This study utilizes a prospective design to examine the interaction of recent rape/attempted rape with individual differences in thought suppression on increases in disordered eating symptoms during late adolescence/emerging adulthood. Thought suppression is the attempt to suppress unwanted thoughts. We propose that emerging adult women who have experienced recent rape/attempted rape and tend to use thought suppression as a coping mechanism are at risk for increases in disordered eating. 319 women completed the Eating Disorder Examination Questionnaire, the Sexual Experiences Survey, the Childhood Trauma Questionnaire, and the White Bear Thought Suppression Inventory in their first month of college and three months later. The experience of recent rape/attempted rape in the three months prior to the assessment accounted for unique variance in disordered eating at Time 2. Levels of thought suppression assessed at Time 1 significantly moderated the influence of recent rape/attempted rape on disordered eating at Time 2.

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Sexual assault, such as attempted or completed rape, is a widespread problem and has been linked to disordered eating behavior. A large subset of women in the United States report lifetime sexual assault with estimates ranging from 13% to 25% (Tjaden & Thoennes, 1998). Prevalence rates of eating disorders in young women range from .3% to 2.4% across diagnoses of anorexia nervosa (AN), bulimia nervosa (BN), and eating disorder, not otherwise specified (EDNOS) (Smink, van Hoeken, & Hoek, 2012). A study of disordered eating symptoms in emerging adult women found that approximately half of the sample reported engaging in at least one disordered eating behavior weekly (Berg, Frazier, & Sherr, 2009).

Disordered eating and sexual assault

Adults who have been sexually assaulted have high rates of childhood victimization (Ackard & Neumark-Sztainer, 2002). Sexual trauma in childhood is associated with negative outcomes, such as increased risk for psychiatric illnesses in adulthood (Beitchman et al., 1992; Bryer, Nelson, Miller, & Krol, 1987; Neumann, Houskamp, Pollock, & Briere, 1996). Specifically, adolescents who have experienced previous sexual assault have an increased risk for the onset of eating disorders (Ackard & Neumark-Sztainer, 2002). While assault may often occur in adolescence or young adulthood, most studies examining the influence of sexual trauma on disordered eating utilize retrospective recall in adult samples (e.g. Dansky, Brewerton,

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Kilpatrick, & O'Neil, 1997; Holzer, Uppala, Wonderlich, Crosby, & Simonich, 2008; Root & Fallon, 1988). This limits our understanding of the temporal relationship between sexual trauma and disordered eating in emerging adulthood.

Several studies link sexual assault to disordered eating (Brewerton, 2007; Dansky et al., 1997). A meta-analysis indicates childhood sexual assault is a nonspecific risk factor for disordered eating symptoms (Smolak & Murnen, 2002). Individuals suffering with BN, or EDNOS with bulimic like symptoms, are more likely to endorse a history of trauma (occurring either in childhood, adolescence, or adulthood) than those with AN-restricting subtype (Brewerton, 2004, 2007; Grilo & Masheb, 2001; Striegel-Moore, Dohm, Pike, Wilfley, & Fairburn, 2002). In a sample of 90,000 9th and 12th grade students, those who had been sexually victimized were more likely to report engaging in laxative abuse and vomiting (Ackard & Neumark-Sztainer, 2002). The majority of these studies defined sexual assault as rape or attempted rape (e.g. Ackard & Neumark-Sztainer, 2002; Dansky et al., 1997). These studies utilized retrospective recall of previous trauma in adult samples, with the exception of Ackard and Neumark-Sztainer (2002).

Despite the consistent cross sectional association between sexual trauma and disordered eating, there are very little data examining the *temporal* relationship between sexual trauma and the course of disordered eating. One longitudinal study examined the onset of disordered eating symptoms over a five-year period in adult women (Vogeltanz-Holm et al., 2000). In this sample, childhood sexual abuse was not a significant predictor of onset of disordered eating when multiple other variables were considered (Vogeltanz-Holm et al., 2000). Another study in adult women yielded different findings. This study examined eating disorder symptoms in two groups of adult women; those who had been raped in the previous four–nine months, and those who had experienced other assault, such as robbery (Faravelli, Giugni, Salvatori, & Ricca, 2004). The women who had been raped reported significantly more eating disorder symptoms, in addition to a higher prevalence of Post Traumatic Stress Disorder (PTSD) following the trauma, than the women who had been exposed to other trauma (Faravelli et al., 2004). Two prospective studies indicate that the experience of trauma, more generally defined, influences later disordered eating (Johnson, Cohen, Kasen, & Brook, 2002; Smyth, Heron, Wonderlich, Crosby, & Thompson, 2008). These studies were informative, but did not address how the experience of rape/attempted rape influences disordered eating. Taken together, the few prospective studies of the influence of trauma on disordered eating suggest that timing of the trauma (e.g. childhood vs. recent history) and type of trauma may impact the development of disordered eating differentially.

Thought suppression & emotion regulation

Emotion regulation difficulties are present in populations of women who experience disordered eating and trauma (Polivy & Herman, 1993; Tull, Barrett, McMillan, & Roemer, 2007; Whiteside et al., 2007). Emotion regulation refers to a variety of methods that influence the experience and expression of emotions (Rottenberg & Gross, 2007). Gross's model of emotion regulation (1998) differentiates between antecedent- and response-focused attempts to modulate emotions. Antecedent-focused strategies can be thought of as proactive and occur before an emotional experience is fully underway. Response-focused regulation strategies occur following the onset of emotions.

Suppression is one type of response-focused emotion regulation strategy, which includes attempting to modulate experiential consequences of emotion (Gross, 1998). Thought suppression, the attempt to remove unwanted thoughts from awareness, may be considered a response-focused coping strategy; and is one possible method of coping with distress associated with trauma (Wegner & Zanakos, 1994). Thought suppression was first described in a study where participants who were instructed to suppress thoughts of a white bear reported a paradoxical preoccupation with thoughts of white bears (Wegner, Schneider, Carter, & White, 1987). This "rebound effect" indicates that the attempt to suppress unwanted thoughts from awareness leads to an increase in these thoughts. It is hypothesized that as an individual attempts to remove a thought from conscious awareness, the brain continuously monitors whether this thought enters conscious cognition. It is believed that this monitoring process is the mechanism behind this effect. Data from a meta-analysis of thought suppression supports the rebound effect hypothesis (Abramowitz, Tolin, & Street, 2001).

We propose that the use of thought suppression as a general coping strategy is one pathway by which trauma influences the development and maintenance of disordered eating. As an individual experiences increases in intrusive thoughts, their levels of psychological distress may increase, which in turn may be related to psychiatric illness (Elfant, Burns, & Zeichner, 2008; Rabenhorst, 2006; Rosenthal, Hall, Palm, Batten, & Follette, 2005; Vazquez, Hervas, & Perez-Sales, 2008). The rebound effect may be especially salient in individuals who experience trauma, as avoidance represents a common symptom of trauma related stress (Wenzlaff & Wegner, 2000). Negative emotions related to traumatic events may exacerbate the avoidance strategy described above (Beevers & Meyer, 2008).

The results of several studies examining the relationship of thought suppression to affect and trauma, which utilized measures of the general tendency to suppress thoughts, are consistent with this hypothesis. For example, one study used a measure of general thought suppression (as opposed to a measure of specific thoughts about trauma), to assess the impact of cognitive avoidance of disturbing memories on posttraumatic symptoms (Vazquez et al., 2008). Higher levels of thought suppression were associated with avoidant coping strategies in general and stress-related symptoms (Vazquez et al., 2008). Thought suppression, compared to other avoidance strategies, may be a particularly detrimental to mental health. In a study of trauma exposed individuals thought suppression was the only significant, independent predictor of psychopathology compared to other avoidance coping strategies (Amstadter & Vernon, 2008). Sexual assault victims who rely on avoidant coping strategies in general, such as thought suppression, experience more stress and anxiety during suppression paradigms, and are more likely to engage in avoidant coping strategies, such as thought suppression (Dunmore, Clark, & Ehlers, 2001;

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