



## Predicting eating disturbances in Turkish adult females: Examining the role of intimate partner violence and perfectionism



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### ABSTRACT

We examined the relationships between intimate partner violence (IPV), perfectionism, and eating disturbances, namely, excessive dieting and bulimia, in a sample of 149 Turkish female college students. Results of conducting hierarchical regression analyses indicated that IPV accounted for significant variance in both excessive dieting and bulimic symptoms. The inclusion of perfectionism was found to predict additional variance in eating disturbances, beyond IPV. Specifically, we found parental expectations to be a significant predictor of dieting, and personal standards, doubts about actions, and parental criticism to be significant predictors of bulimia. Some implications for understanding eating disturbances in Turkish women are discussed.

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Eating disorders and disturbances (e.g., excessive dieting, bulimia) have been estimated to affect millions of adults in the US, and research findings indicate that the incidence of these disorders has been growing over the past several decades, especially among young females (e.g., Hudson, Hiripi, Pope, & Kessler, 2007). Eating disturbances have been associated with a number of negative outcomes and disorders in female populations, from depression to heightened suicide risk (e.g., Arcelus, Mitchell, Wales, & Nielsen, 2011; Stice & Bearman, 2001). Indeed, similar patterns have been identified in females living outside the US (e.g., Turkey; Celikel, Cumurcu, Koc, Etikan, & Yucel, 2008).

Given the growing prevalence of eating disturbances among females (Kessler et al., 2013), it is not surprising that researchers have sought to identify predictors associated with eating disturbances. Noteworthy, recent studies indicate that *intimate partner violence* (IPV), defined by any physical, sexual, or psychological harm committed by a current or former partner (World Health Organization [WHO], 2013), may represent an important predictor of eating disturbances in females. For example, in a large sample of English adults, Jonas et al. (2014) found that IPV victimization was significantly associated with eating disturbances in females, but not in males. What is not clear is if IPV represents a significant predictor of eating disturbances in females from different cultural

backgrounds. Thus, in the present study, we focused on the study of Turkish women.

### 1. Interpersonal violence and eating disturbances in Turkish women

For women in Turkey, IPV remains a serious and growing problem (Kocacik, Kutlar, & Erselcan, 2007). Although women in Turkey have gained greater legal rights over the years, Turkey remains a patriarchal society in which women hold lower status than men (Turkish Republic Prime Ministry, Directorate General on the Status of Woman [TRPM], 2009). Findings from studies conducted in Turkey indicate that 13% to 78% of adult women report a history of some form of IPV (Guvenc, Akyuz, & Cesario, 2014). Indeed, in one recent study, Toplu-Demirtaş, Hatipoğlu-Sümer, and White (2013) found that nearly 79.5% of Turkish female college students reported some form of IPV victimization.

Similar to global patterns found among women (e.g., US; Golding, 1999), Turkish women who have been victimized by partner violence report a range of negative psychological outcomes, including eating disturbances. For example, Elal, Sabol, and Slade (2004) found that there was a significant positive association between recent sexual victimization and bulimia in Turkish female college students. Unfortunately, their measure of victimization was based on only a single item and it did not tap for other aspects of IPV (e.g., physical abuse, verbal abuse). Thus, it remains important to determine if IPV, not limited to just sexual assault, is a predictor of eating disturbances (e.g., excessive dieting, bulimia) in Turkish women.

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## 2. Does perfectionism also matter in predicting eating disturbances in Turkish women?

In addition to IPV, there are reasons to consider perfectionism as a predictor of eating disturbances in Turkish women. According to Frost, Marten, Lahart, and Rosenblate (1990), perfectionism, as measured by the Frost Multidimensional Perfectionism Scale (FMPS), represents a dynamic construct composed of six distinct dimensions, namely, personal standards, concern over mistakes, doubts about actions, parental expectations, parental criticism, and organization. Findings from studies conducted in both the US and in Turkey have pointed to a reliable association between perfectionistic tendencies and eating disturbances (Bardone-Cone et al., 2007). For example, Elal et al. (2004) found that an aggregate measure of perfectionism was a significant predictor of excessive dieting and bulimia in a large sample of Turkish female college students. However, it is not clear if perfectionism contributes to predicting eating disturbances beyond IPV victimization.

## 3. Purposes of the present study

Given these possibilities and concerns, we conducted the present study on Turkish women to: 1) examine IPV as a predictor of eating disturbances (viz., excessive dieting & bulimia), and 2) determine if perfectionism adds to the prediction of eating disturbances beyond IPV.

Consistent with past research findings linking IPV victimization to eating disturbances (Jonas et al., 2014), including in Turkish females (Elal et al., 2004), we expected IPV victimization to account for a significant amount of variance in eating disturbances. Additionally, given cross-national findings (e.g., US, Turkey) supporting the predictive role of perfectionism in eating disturbances (e.g., Elal et al., 2004), we predicted that perfectionism dimensions would account for an additional amount of unique variance in predicting eating disturbances, beyond IPV, in Turkish women.

## 4. Method

### 4.1. Participants

Data was collected from 170 female college students attending a public university in Ankara, Turkey. Participants' ages ranged from 18 to 26 with a mean of 20.93 years ( $SD = 1.47$ ). Participants included 36.6% freshman, 28.7% sophomore, 22.6% junior, 11.6% senior, and 0.6% who identified as "Other". Incomplete surveys from 21 participants were omitted from our analyses.

### 4.2. Measures

#### 4.2.1. Intimate partner violence

We used the Hurts, Insults, Threatens, and Screams Scale (HITS; Sherin, Sinacore, Li, Zitter, & Shkil, 1998). The HITS is a 4-item self-report measure that screens for a range of IPV acts (e.g., "How often does your partner physically hurt you?", "How often does your partner scream or curse at you?"). Respondents are asked to rate the frequency in which they have experienced IPV using a 5-point scale, ranging from 1 (*never*) to 5 (*frequently*). Translation of HITS items into Turkish and then independent back-translation to English were conducted to ensure item equivalence. Higher scores on the HITS indicate greater experience of IPV victimization.

#### 4.2.2. Perfectionism

We used the FMPS (Frost et al., 1990). The FMPS is a 35-item multidimensional measure of perfectionism (e.g., "I set higher goals than most people") consisting of the following six subscales: Personal Standards, Concern over Mistakes, Doubts about Actions, Parental Expectations, Parental Criticism, and Organization. Respondents are asked to rate items across a 5-point Likert-type scale ranging from 1 (*strongly*

*disagree*) to 5 (*strongly agree*). We used the Turkish adaptation of the FMPS (Misirli-Tasdemir, 2004). Higher scores on the FMPS scales indicate greater perfectionism.

### 4.2.3. Eating disturbances

We used the Eating Attitudes Test (EAT; Garner & Garfinkel, 1979). The EAT is a 40-item measure of eating disturbances. In the present study, we focused on two specific EAT subscales, Dieting (e.g., "I am preoccupied with a desire to be thinner") and Bulimia (e.g., "I have the impulse to vomit after meals"). Respondents are asked to rate items across a 6-point Likert-type scale ranging from 1 (*never*) to 6 (*always*). We used the Turkish adaptation of the EAT (Savasir & Erol, 1989). Higher scores on the EAT subscales indicate greater eating disturbances.

## 4.3. Procedure

Approval for the study was obtained from the Institutional Review Board prior to data collection. Participants were recruited from a variety of educational and psychology classes. All participants were provided with written informed consent, which indicated that all data would be kept strictly confidential.

## 5. Results

Correlations, means, and standard deviations for all study measures are presented in Table 1. As the table shows, the correlation patterns found were consistent with general expectations. For example, IPV victimization and several of the perfectionism dimensions were positively associated with dieting and/or bulimia.

Next, a series of hierarchical regression analyses predicting dieting and bulimia were conducted to determine the unique contributions of IPV and perfectionism. For each regression model, IPV was entered first, followed by FMPS scores (as a set). Results of these analyses are presented in Table 2.

In predicting dieting, IPV ( $\beta = .22, p < .01$ ) was found to account for a small ( $f^2 = .05$ ), but significant 5% of variance,  $F(1, 147) = 7.30, p < .01$ . When perfectionism was entered next, it was found to account for a small ( $f^2 = .08$ ), but significant 7% of unique variance in dieting,  $F(6, 141) = 1.84, p < .10$ . Within the predictor set, only parental criticism ( $\beta = .24, p < .05$ ) was found to be a predictor. The full prediction model accounted for a medium ( $f^2 = .14$ ) 12% of the variance in dieting,  $F(7, 141) = 2.66, p < .01$ .

Next, in predicting bulimia, IPV was again found to account for a small ( $f^2 = .03$ ), but significant 3% of variance,  $F(1, 147) = 3.99, p < .05$ . When perfectionism was entered next, it was found to account for a medium ( $f^2 = .11$ ) 10% of unique variance in bulimia,  $F(6, 141) = 2.87, p < .01$ . Within the predictor set, personal standards ( $\beta = .22, p < .05$ ), doubts about actions ( $\beta = .20, p < .05$ ), and parental expectations ( $\beta = -.22, p < .05$ ) were found to be predictors. The full prediction model accounted for a medium ( $f^2 = .15$ ) 13% of the variance in bulimia,  $F(7, 141) = 3.07, p < .01$ .

## 6. Discussion

Given the prevalence of eating disorders and disturbances around the world, we focused on identifying important predictors of eating disturbances in Turkish females. Consistent with previous findings pointing to the role of recent sexual abuse in eating disturbances (Elal et al., 2004), we found IPV to be a significant predictor of both excessive dieting and bulimia in Turkish women. Given that Turkey represents a traditional patriarchal society and the high prevalence rate of IPV victimization among women (TRPM, 2009), our findings make it clear that efforts to reduce eating disturbances in Turkish women must incorporate systemic social policies that help to reduce, if not eliminate, exposure and experience of IPV in their lives.

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