

## Summary

# The Role of Emotion Regulation in the Relationship Between Emotional Abuse and Eating Disorders: A Review

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Eating disorders are among the disorders whose prevalence has increased rapidly in recent years, which significantly affect physical health and psychosocial functioning (Fairburn & Walsh, 2002). Anorexia nervosa is characterized by markedly low body weight, intense fear of gaining weight, and distorted body image. Anorexia nervosa consists of two subtypes: the restrictive type and the binge-eating/purging type. In the restrictive type, calorie restriction, starvation or excessive exercise are observed in order to achieve weight loss, while in the binge eating/purging type, repetitive binge eating or purging behaviors are observed (American Psychiatric Association, 2013). Bulimia nervosa consists of recurrent episodes of binge eating and inappropriate compensatory behaviors such as vomiting, laxative use, and excessive exercise to prevent weight gain after binge eating. In both anorexia nervosa and bulimia nervosa, unusual eating behavior, intense mental effort on food, weight and body shape, and marked distortion in body image are noteworthy (Koroğlu, 2011). However, while excessive weight loss is evident in anorexia nervosa, people in bulimia nervosa are generally in the normal weight range. Binge eating disorder, on the other hand, is a specific disorder with recurrent episodes of binge eating in which there are no inappropriate compensatory behaviors. Although behaviors such as eating more rapidly and excessively during binge eating are observed, compensatory behaviors such as vomiting, laxative or diuretic use are not observed in binge eating disorder. Studies reveal that the lifetime prevalence of anorexia nervosa varies between 1% and 2.2%, bulimia nervosa between 1.6% and 4.2%, and binge eating disorder between 1.9% and 3.5% (Smink, van Hoeken & Hoek, 2012). Although eating disorders are more common in women than men, it is stated that the diagnoses of anorexia nervosa and bulimia nervosa in men are ignored (Smink et al., 2012; Welch, Ghaderi & Swenne, 2015).

The biopsychosocial model is based on the development of eating disorders. According to biopsychosocial model biological, familial, sociocultural, cognitive and individual factors play a role in the development of anorexia nervosa and bulimia nervosa (Polivy & Herman, 2002). The importance of family dynamics and parent-child relationship in the etiology of eating disorders is emphasized (Strober & Humphrey, 1987). In

particular, childhood abuse seems to play an important role in the etiology of eating disorders (Fallon & Wonderlich, 1997; Smolak & Murnen, 2002). There are findings regarding the role of childhood physical and sexual abuse especially in the development of bulimia nervosa (Brady, 2008; Rorty & Yager, 1993; Smolak & Murnen, 2002). While the literature focuses on the role of sexual and physical abuse in the development of eating disorders (Sanci et al., 2008; Steiger et al., 2010), it is noteworthy that childhood emotional abuse is often overlooked. When studies in the literature are examined, it is revealed that childhood emotional abuse may be one of the strongest predictors of eating disorders and pathological eating attitudes (Fischer, Stojek & Hartzell, 2010 ; Svaldi, Griepensstroh, Tuschén-Caffier & Ehring, 2012). On the other hand, individuals with an eating disorder diagnosis experience emotion regulation problems, and use dysfunctional emotion regulation strategies more frequently (Svaldi et al., 2012). It is striking that the binge eating and overcompensating behaviors in eating disorders are used as a way of detaching the individual from emotion and therefore considered as a dysfunctional way of coping with negative emotions. In this respect, it is important to evaluate the mediating role of emotion regulation in examining the relationships between eating disorders and childhood emotional abuse. In this review article, it is aimed to review the studies examining the relationships between childhood emotional abuse, eating disorders and emotion regulation. A total of 33 studies published between 1990 and 2018 are included.

### Emotional Abuse and Eating Disorders

Rejection, humiliation, mocking of the child's abilities and wishes, intimidation, threats, isolation, devaluation, keeping his/her away from social relations and not responding to his/her emotional needs are considered as emotional abuse (Taner & Gökler, 2004; Ünal, 2008). It is stated that emotional abuse is the most common type of abuse (O'Hagan, 1995). It is stated that 90% of individuals who have been exposed to physical abuse and neglect are also exposed to emotional abuse (Taner & Gökler, 2004). Studies indicate that childhood emotional abuse is more common than other types of abuse, especially in individuals with eating disorders (Kent, Waller,&

Dagnan, 1999; Messman-Moore & Garrigus, 2007). Studies indicate that childhood emotional abuse is closely associated with eating disorders (Carretero-García et al., 2012; Fosse & Holen, 2006; Gerke, Mazzeo, and Kliewer, 2006; Jaite et al., 2012; Kong & Bernstein, 2009), negative eating attitudes (Fischer, Stojek & Hartzell, 2010; Hund & Espelage, 2006) and weight/body concerns (Guillaume et al., 2016). In a study conducted with female participants with an eating disorder diagnosis, 65% of the participants were exposed to emotional abuse during childhood (Kong & Bernstein, 2009). Furthermore, the results of a study indicated that emotional abuse can be an important risk factor even when the effects of childhood physical and sexual abuse are controlled (Fischer et al., 2010).

Studies in the literature indicate that binge eating disorder is also closely related to emotional abuse (Dunkley, Masheb & Grilo, 2010; Grilo & Masheb, 2001). The findings showed that childhood emotional abuse is associated with body dissatisfaction, depression and lower self-esteem in individuals with binge eating disorder (Grilo & Masheb, 2001). In addition, there are findings that childhood emotional abuse is more common in individuals diagnosed with anorexia nervosa-binge eating/purging type and bulimia nervosa-purging type compared to the restrictive type (Carretero-García et al., 2012). Childhood emotional abuse has a negative effect on the individual's ability to cope with negative emotions (Hund & Espelage, 2006). Therefore, it would be useful to consider eating disorders as a negative emotion regulation strategy. For example, symptoms of bulimia nervosa are considered as a way of coping with feelings of worthlessness and guilt caused by abuse (Hall, Tice, Beresford, Wooley & Hall, 1989). Accordingly, binge eating pattern may develop as a reaction to emotional abuse and that these patterns should be evaluated as a coping strategy (Caslini et al., 2016; Striegel-Moore, Dohm, Pike, Wilfley & Fairburn, 2002).

### Emotion Regulation and Eating Disorders

Emotion regulation consists of processes that include monitoring, evaluating and changing emotional experiences, as well as awareness and understanding of emotions (Thompson & Calkins, 1996). The main purpose of emotion regulation is to manage positive and negative emotions, and to change emotional reactions (Gross, 2002). Studies have shown that negative affect is the precursor of binge eating/purging behaviors in bulimia nervosa (Smyth et al., 2007; Waters, Hill, & Waller, 2001) and binge eating patterns in binge eating disorder (Hilbert & Tuschen-Caffier, 2007; Stein et al., 2007). Binge eating episodes and vomiting behavior are also considered as a dysfunctional way of coping with negative mood (Smyth et al., 2007; Whiteside et al., 2007). In addition, it is pointed out that behaviors such as excessive exercise in anorexia nervosa can also be evaluated as an emotion regulation strategy (Peñas-Lledó, Vaz Leal & Waller, 2002). In a study conducted in Turkey, difficulties in emotion regulation

significantly predicted disordered eating attitudes (Sapmaz Yurtsever & Tekinsav Sütçü, 2017). Both self-report studies with university students (Whiteside et al., 2007) and experimental studies conducted in a laboratory setting (Eichen, Chen, Boutelle & McCloskey, 2017) draw attention to the role of emotion regulation difficulties on binge eating behaviors. Therefore, it is important to evaluate the symptoms of eating disorders within the scope of emotional regulation difficulties.

Emotion regulation is a complex process that includes coping with positive and negative mood as well as identifying emotional states and applying adaptive coping strategies. Emotion regulation difficulties in individuals with eating disorders may occur at different points in this process. For example, individuals with eating disorders have difficulty in distinguishing between their moods and bodily sensations (Leon, Fulkerson, Perry & Early-Zald, 1995), tend to avoid emotions (Corstorphine et al., 2007), and have difficulty in accepting and expressing their emotions (Corstorphine et al., 2007; Geller, Cockell, Hewitt, Goldner & Flett, 2000). Considering the findings that the level of emotional awareness is low in anorexia nervosa, bulimia nervosa (Bydlowski et al., 2005) and binge eating disorder (Svaldi et al., 2010), it is concluded that individuals with an eating disorder diagnosis have difficulty in describing and detecting their own emotions. Finally, it was found that individuals diagnosed with anorexia nervosa, bulimia nervosa and binge eating disorder did not differ in terms of emotion regulation strategies and they had similar difficulties (Svaldi et al., 2012). In this respect, it is possible to say that similar difficulties in emotion regulation may play a role in the development and maintenance of different symptoms of eating disorder.

### Emotional Abuse and Emotion Regulation

Childhood abuse negatively affects the development of emotion regulation skills acquired through interaction with parents in early childhood (Cicchetti & White, 1990). It is stated that in an abusive family environment, the emotional experiences of the child are ignored and the child's expression of his/her feelings results in punishment (Cicchetti & Toth, 1995). Studies indicate that individuals with a history of physical, sexual and emotional abuse report more emotion regulation difficulties, and the strongest predictor of emotion regulation is emotional abuse (Burns, Jackson, & Harding, 2010). In a study conducted in our country, it is seen that emotional abuse predicts 17% of the change in emotion regulation difficulties and has a stronger effect size than sexual abuse on emotion regulation difficulties (Dereboy, Demirkapı, Şakiroğlu & Öztürk, 2018). From this point of view, it is thought that emotional abuse may have an important role on emotion regulation.

The emotional expressions of the child growing up in an emotionally abusive family are invalidated and not mirrored; their emotions are ignored, devalued and punished (Linehan, 1993). In an environment where emotions are invalidated, the child, whose ability to define and interpret her

emotional experience cannot develop, may have difficulty to regulate negative emotions, so he/she tries to suppress emotions. Studies support the importance of emotional invalidation, which is one of the main features of emotional abuse, in understanding the emotional difficulties experienced by individuals with eating disorders (Haslam et al., 2008; Mountford, Corstorphine, Tomlinson & Waller, 2007).

In conclusion, childhood emotional abuse is closely related to mechanisms that decrease awareness of emotions such as suppression of emotions and avoidance of emotions, and, these mechanisms are thought to include impulsivity (eg, binge eating and purging behaviors) and compulsiveness (eg, restriction of food, excessive exercise). For this reason, examining the mediating role of emotion regulation difficulties in the relationship between childhood emotional abuse and eating disorders is considered important in terms of evaluating these mechanisms.

#### **The Mediating Role of Emotion Regulation in the Relationship between Emotional Abuse and Eating Disorders**

Recent studies reveal that emotion regulation plays an important role in the relationship between childhood emotional abuse and psychopathology. In particular, studies on the mediating role of emotion regulation difficulties draw attention (Science, 2012; Choi, Choi, Gim, Park & Park, 2014; Jennissen, Holl, Mai, Wolff & Barnow, 2016). Burns et al. (2012) found that difficulties in emotion regulation played a partial mediating role in the relationship between emotional abuse and eating disorder symptoms. In a similar study conducted with adolescents, dysfunctional emotion regulation strategies played a fully mediating role in the relationship between emotional abuse and negative eating attitudes (Mills, Newman, Cossar, & Murray, 2015). Studies with both clinical and nonclinical samples point to a possible mediator role of emotion regulation in the relationship between emotional abuse and eating disorders.

It is hypothesized that difficulties in emotion regulation may play a stronger role in the relationship between emotional abuse and binge eating/purging. Studies found that emotion regulation mediated the relationship between emotional abuse and bulimia nervosa symptoms such as binge eating behaviors (Groleau et al., 2012; Michopoulos et al., 2015). Similarly, in the study of Michopoulos et al. (2015) findings suggested that emotional regulation difficulties played a mediating role in the relationship between childhood emotional abuse and "emotional eating". On the other hand, there are very few studies examining the mediating role of emotion regulation difficulties in anorexia nervosa. Racine and Wildes (2015) found that emotion regulation plays a mediating role in the relationship between childhood emotional abuse and symptoms of anorexia nervosa. However, there was no difference between anorexia nervosa restrictive type and binge eating/purging type. Considering the important role of emotion regulation difficulties on anorexia nervosa, it is thought that emotion regulation may play a me-

diating role in the relationship between emotional abuse and anorexia nervosa, regardless of subtypes. The results of these studies, in general, reveal that emotional abuse may play an important role in the development of different symptoms of eating disorders through emotion regulation difficulties.

#### **Discussion**

Childhood emotional abuse plays an important role in the development of eating disorders and it is more prevalent among other types of abuse in individuals with eating disorders. Findings suggest that emotional abuse may be a significant risk factor in the development of eating disorders, particularly those with binge eating and purging patterns. It appears that childhood emotional abuse has a negative effect on the ability to identify, explain, express emotions and cope with negative emotions. Studies conducted with adults and adolescents reveal that emotional regulation difficulties play a partial and full mediator role in the relationship between emotional abuse and eating disorder symptoms. Considering the studies showing a direct relationship between childhood emotional abuse and eating disorders, it is thought that it is still early to come to a general conclusion that emotion regulation has a fully mediator role in this relationship.

Difficulties in recognizing, defining and understanding emotional abuse often cause emotional abuse to be ignored. In this respect, it is seen that the history of emotional abuse, as well as physical and sexual abuse, should be handled with equal importance in individuals with eating disorders. It is known that one of two children in our country is exposed to emotional abuse and emotional abuse accompanies other types of abuse (Kütük & Bilaç, 2017). Considering that emotional abuse negatively affects the development process and plays a role in the development of many psychological disorders as well as eating disorders, it is important to carry out family and school-based intervention studies to prevent emotional abuse. Intervention programs aiming to develop functional emotion regulation skills in individuals who have been exposed to emotional abuse in childhood will be beneficial in terms of preventing eating disorders.

In the literature, most of the studies examining the relationships between childhood emotional abuse, eating disorders and emotional regulation difficulties are cross-sectional. However, longitudinal studies are needed to test the temporal relationship between these variables and to reach more general results. Also, considering that the possible traumatic experiences that individuals who have been exposed to emotional abuse may experience in the following years may play a role as a confounding variable, it is thought that it is necessary to control the effects of such experiences in studies. Finally, studies that will be carried out with clinical samples, in which control groups are included and participants are randomly assigned to the groups will contribute to the literature.