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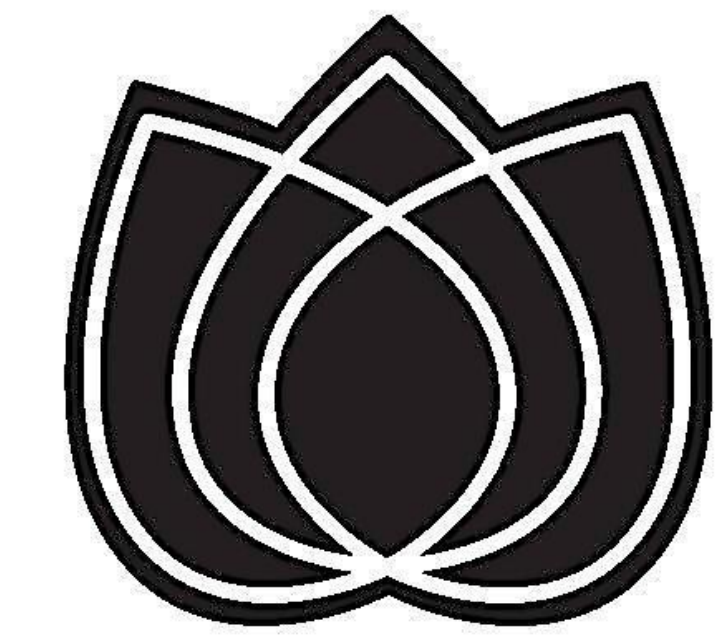
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Clarifying Correlations between Eating Pathology & Trauma Exposure

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ABSTRACT

Past research has revealed mixed results in examining the relationships between trauma exposure and eating disorder (ED) pathology. Sexual abuse (SA) has been implicated in the development of bulimia nervosa, and physical abuse has been associated with general eating disorder pathology and distorted body image (Treuer, 2005). However, more recent research has found that this correlation is not as significant as earlier studies demonstrated (Casper & Lyubomirsky, 1997; Polivy & Herman, 2002; Welch & Fairburn, 1996). The goal of this study was to explore the influence of different trauma exposure types on disordered eating. 102 participants were recruited from an undergraduate college population and administered questionnaires regarding trauma history and eating behavior (using both an eating attitudes and a ED symptom-based measure). Linear regression analyses showed a significant relationship between ED and SA according to the symptom-based measure ($p < .05$); though, SA was not significantly predictive of disordered eating. Further, no other significant relationships between trauma and eating variables were found.

RESULTS

Linear regression analyses showed a significant relationship between ED and SA according to the symptom-based measure ($p < 0.05$); though, SA was not significantly predictive of disordered eating. Further, no other significant relationships between trauma and eating variables were found.

As predicted, scores on the EDE-Q were positively correlated with disordered eating behavior scores on the DEAS. At the bivariate level, physical abuse and sexual abuse were both related to other forms of trauma ($r = .34$ and $r = .36$, respectively; $p < .001$). A significant correlation between EDE-Q Total and DEAS Total was found, $r = .75$, $p < .001$. However, regression analyses indicated non-significant ($p > .05$) correlations between eating and trauma variables.

Results showed a significant correlation between the *Relationship with food* subscale and *Other forms of trauma* ($p < .05$). The *Concerns about food and weight gain* subscale was correlated with *THQ Sexual abuse* total scores. Finally, the remaining subscales (*Restrictive and compensatory practices*, *Feelings toward eating*, and *Idea of normal eating*) were not significantly correlated with THQ trauma subscales.

DISCUSSION

This project contributes important information to the field of psychology as clinicians and researchers seek to understand the varying effects of trauma exposure and the complexity of disordered eating behaviors. The findings support the correlation between sexual trauma in childhood and significant ED behavior later in life; however, SA alone does not predict less extreme behaviors and may not contribute significantly to preventing disordered eating attitudes and behaviors. Further this research highlights the importance of recognizing ED symptoms as well as general attitudes throughout assessment and treatment.

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METHODS

Participants

Participants were recruited from undergraduate psychology courses at The University of Montana. Participants received course credit for their participation in research. 102 individuals – 64 females and 38 males – participated in this study. Participants' age ranged from 17 to 54 years (mean age = 21.36, SD = 6.23).

Measures

Eating Disorder Measures - Eating Disorder Examination-Questionnaire (EDE-Q; Fairburn & Belgin, 1994) and Disordered Eating Attitudes Scale (DEAS; Dos Santos Alvarenga, Scagliusi, & Philippi, 2010).

Childhood Trauma Measure - Trauma History Questionnaire (THQ; Green, 1996).

Procedure

Participants were administered informed consent and asked to complete the study measures in private rooms. All participants were given a list of referral agencies, including the University's counseling center, for coping with any distress resulting from participation in the study.

DISORDERED EATING ATTITUDE SUBSCALE ITEMS

By breaking trauma experiences and disordered eating behaviors into specific constructs, more specified relationships were found. Subscale 1 (*Relationship with food*) was significantly correlated with *Other forms of trauma* ($p < .05$) and DEAS Subscale 2 (*Concerns about food and weight gain*) was correlated with *THQ Sexual abuse* total scores.

DEAS Subscale 1 (*Relationship with food*) items:

- “Does eating make you feel ‘dirty’”
- “Would you like to not need to eat”
- “My relationship with food messes up my life as a whole”
- “I dream of a pill that would replace food”
- “I try eating less in front of others in order to overeat when I am alone”
- “I am angry when I feel hungry”

DEAS Subscale 2 (*Concerns about food and weight gain*) items:

- “Do you count the calories of everything you eat”
- “I quit eating a kind of food if I find out it has more calories than I thought,”
- “I worry all the time about what I am going to eat, how much to eat, how to prepare food and whether I should eat or not”
- “I worry about how much a certain kind of food or meal will make me gain weight”.

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