The Effect of Childhood Abuse on Bulimia Nervosa

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Abstract

Bulimia Nervosa (BN) has a debilitating and sometimes fatal effect on human physiology. Individuals with a history of this disorder have a disproportionate reporting of childhood abuse experiences. The more severe the childhood abuse, (coupled with a combination of physical and sexual abuse experienced), the greater the propensity for risk of eating disorders. This empirical research literature examines the conditions prior to and after engaging in the eating disorder BN. The studies indicate long term patterns of abuse and neglect on the continuation of BN behaviors and its effects, which carry into their adult behaviors.
The Effect of Childhood Abuse on Bulimia

Documentation of bulimic behavior has been a part of human history since Ancient Greece; where bingeing and purging were considered a natural part of daily Greek culture. However, in the 20th C there was a resurgence of Bulimia being used as a compensatory method to prevent weight gain in many areas of the world. The particular focus has been in the United States and specifically with women.

In 1933 the medical profession began using a diagnostic tool for mental disorders. Bulimia Nervosa was documented in that publication, *The Diagnostic Manual of Mental Disorders* under the Digestive System (DSM, American Psychiatric Association, 1952). It is now listed as Bulimia Nervosa in the latest DSM IV-TR, (American Psychiatric Association 2006), under Eating Disorders.

Criteria for Bulimia Nervosa was established as:

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).

- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

By 2004 eating disorders affected 5 to 10 million people in the United States (as cited in Rayworth et al., 2004). However, little has been known about the underlying causes of Bulimia.

The field of Psychiatry began looking into these behaviors in an effort to create an understanding and develop a therapeutic approach for solving this addictive dilemma. Through research, a theory began which postulated a link between childhood abuse and Bulimia Nervosa (BN). The study focuses were varied on the risk factors connecting abuse and BN, but there was a great deal of speculation on the precursors.

Definition of the term ‘child abuse’ covers both the physical and psychological mistreatment of a child by parents, guardians and/or other adults. Generally child abuse refers to actual wrongful acts, but child neglect is usually included in the definition as well.

This text will look into the variables that cause or contribute to Bulimia in women and the possible exploration of predisposition and co-morbidity factors.

**Contributing Factors to Bulimic Behaviors**

Core beliefs, or private logic, as Alfred Adler would define maladaptive beliefs, could construct a dysfunctional basement for Bulimic symptomology. However, it also poses the “chicken or the egg” conundrum. Whether traits are a cause or a consequence or both, their presence seems to indicate a need to work the ‘interpersonal stance’ assumed by abuse survivors (Leonard et al., 2003).
When studying Bulimia, is the abuse prior to the Bulimic behavior? Or is the Bulimic behavior causing the behaviors like lowered self esteem, body image dysmorphic attitudes and depression?

The empirical studies in this text are set up with the assumption that antecedent abuse trigger eating disorders. Special attention is placed on depression prior to reporting and also the presence of childhood sexual abuse (CSA).

Many studies have been done by Wonderlich. These studies seem to conclude that CSA is a risk factor for Bulimia. Identified risk factors also include the socio-cultural pressures for women to be thin, a history of dieting, low self esteem, body dissatisfaction and mood instability (Wonderlich 1996).

Although many risk factors of abuse contribute to the quagmire of BN, the etiology of eating disorders is largely unknown (Rayworth et al 2004). It has been discovered that Bulimia is frequently identified with a history of dieting, perfectionism and family influences such as criticism. Perhaps intolerable internal conflicted states reside in abused individuals. Memories of abuse, fears and their resulting personal messages may be general rather than specific risk factors (Waller et al 2001).

**Variations of Childhood Abuse Antecedents**

Theories have postulated that a variety of biological, genetic, family, dispositional, and contextual factors are associated with the development of bulimia. (Hastings & Kerns, 1994). Most studies agree that each eating disordered patient a composite of childhood abuse factors are evident; a co-morbidity of contributing factors. Bulimic women reported higher levels of childhood abuse (CA) (Leonard et al., 2003). In this study 45% of women with BN had
experienced childhood sexual abuse (CSA) and even more reported that they had been physically abused.

There are; however conflicting research outcomes when the contributing factor is (CSA). The American Journal of Public Health, 1996, states that childhood sexual abuse is a risk factor for bulimic behavior, between 1/6 and 1/3 of the Bulimia documented can be attributed to CSA. Yet, Pope and Hudson, (1992), stated that ‘current evidence does not support the hypothesis that CSA is a risk for BN’. The mitigating factors seem to be in the types and the destructive levels of CSA: the familiarity of the perpetrator and the severity of the abuse. These factors need to be more thoroughly detailed and culled out when the testing occurs. The specifics about abuse and family environment are important predictors of adult psychopathology (Katerndahl et al., 2005).

However, some studies indicate that sexual abuse shows no significant impact on BN behaviors once an association of core beliefs of abandonment, emotional inhibition and mistrust/abuse are taken into consideration (Wallen et al., 2001). In fact, depression served as a mediator only when the frequency of binging was associated with these factors.

Researchers have also looked for a link between Axis I conditions such as mood disorders, alcohol/substance abuse, anxiety disorders and BN. The results suggest that child abuse has the effect of increasing the diversity of psychopathology if any psychopathology is present, rather than increasing the likelihood of developing particular classes of disorders. Consequently, the connection of BN to Axis 1 diagnosis was contrary to expectations in most of the studies. The results suggesting that abuse in multiple forms can increase the likelihood of personal pathology among bulimic patients.
Dissociation is most prominent in the active phase of BN with past BN reporters less issues of dissociation were present (Groth-Marat and Michel, 2000). This could be an indication of neurochemical changes which happen during the active phase of BN.

Clinical observations and empirical data are not consistent in the various studies. One could contest that the research would need to be done on women who had previous issues of BN and those that no longer had issues, Post Bulimia Nervosa (PBN). Documentation of CSA has been different in the actual reporting during interviews and in the questionnaires; reflecting more severity of dissociation connected to the level and the exposure period. The active phase of BN may distort the reporting due to the suggestibility, dissociation proclivity and the presence of depression. A comorbidity of formally diagnosed DSM-IV dissociative disorders were found in only 10% of bulimics in an open community study research setting.

Conclusion

Research results all confirm that the understanding and treatment of Bulimia Nervosa is extremely multifaceted and complex. Early intervention requires a vehicle for windowing into the behavior patterns and eating patterns of pre-adolescent and adolescent girls. Early intervention might statistically show a positive outcome if we could constructively intervene on the childhood abuse factors that create BN behavioral patterns. This early intervention might curb the 9-fold risk for late adolescent BN in pre-adolescent eating disorder studies (Kotter et al., 2001).
References


Comparing apples to apples is not representative in the methods of research for these empirical studies. Obvious differences in samples and bulimic background are as follows:

1. **Childhood Sexual Abuse and Bulimic Behavior in a Nationally Representative Sample** were based on a sample of women from a previous drinking survey that had initially included men, (10 years prior to the most recent sample). The study 10 years later, culled only the women from that survey plus a new sample of women 21 years or older. Specific questions on bulimic behaviors were done as personal interviews. CSA questions were broken down into individual defining questions about unwanted sex prior to age 18 years.

2. **Relationship of Childhood Sexual Abuse and Eating Disorders** was a comparison of studies without reference made to survey populations whether they were male or female or their ages or circumstances at the time of the study.

3. **Relationships Between Bulimia, Childhood Sexual Abuse and Family Environment** used a sample of women from a university with an average age of 21.9 years. The survey was administered through three questionnaires. Topics of questioning surveys were bulimia, childhood sexual abuse and family environment. Subjects were in 3 groups: bulimics, sub-clinical bulimics and normal subjects.

4. **The Psychopathology of Bulimic Women Who Report Childhood Sexual Abuse** had actual participants that had been screened for Bulimia meeting DSM-IV standards. They were, however, subdivided into BN, Anorexia Nervosa (AN) of the Bulimic type, and binge eating disordered. There was an extra criteria for this
study and that was in the measuring of the Body Mass Index (BMI) mean which was 23.6 and the mean age was 25.3 years.

5. The Relationship Between Sexual Abuse and Eating Pathology used only women for their study who were psychiatric inpatients or substance abuse inpatients. A self reporting questionnaire was used. Subject mean age was 34 and almost all of the subjects were Caucasian.

6. Predictors of Development of Adult Psychopathology in Female Victims of Childhood Sexual Abuse randomly used English speaking women 18-40 years old who were in a family practice center. The survey was handled as a questionnaire.

7. Longitudinal Relationships Between Childhood, Adolescent and Adult Eating Disorders did psychiatric assessment in 1975, 1983, 1985 and 1992 of 800 children and their mothers. DSM diagnostic criteria for AN and BN and binge eating symptoms were surveyed.

8. Childhood Abuse and Risk of Eating Disorders in Women was a self administered case-control study of women 36-44 years old who met the DSM criteria for AN, BN and binge-eating disorders.

9. Childhood Sexual, Physical and Psychological Abuse and Their Relationship to Co-morbid psychopathology in Bulimia Nervosa were based on recovered and Non-recovered bulimic women and women with no history of eating disorders. This study added the weight index, (Hamwi formula, 1961) which calculated their body weight in relationship to their height.

10. Childhood and Adulthood Abuse in Bulimic and NonBulimic Women used a Semi-structured interview and self report measure to access eating disorders. Women in the study were 23.18 years old and BMI was also included in the study.