Non Suicidal Self Injury and Emotional Eating in Sexually Abused Children. Relation to Emotion Regulation and Alexithymia

Thesis

Submitted For Partial Fulfilment of Master Degree In Neuropsychiatry

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2019

Acknowledgment

First and foremost, I feel always indebted to ***ALLAH,*** *the Most Kind and Most Merciful.*

I'd like to express my respectful thanks and profound gratitude to ***Prof. Dr. Menan Abd El Maksoud Rabie,*** *Professor of Psychiatry Faculty of Medicine - Ain Shams University for her keen guidance, kind supervision, valuable advice and continuous encouragement, which made possible the completion of this work.*

I am also delighted to express my deepest gratitude and thanks to ***Dr. Doaa Mohamed Helmy,*** *Assistant Professor of Psychiatry Faculty of Medicine -Ain Shams University, for her kind care, continuous supervision, valuable instructions, constant help and great assistance throughout this work.*

I am deeply thankful to ***Dr. Zeinab Mohamed Ahmed,*** *Lecturer of Psychiatry Faculty of Medicine - Ain Shams University, for her great help, active participation and guidance.*

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List of Abbreviations

Abb.	Full term
AN	Anorexia nervosa
AWARE	Lack of emotional awareness
BN	Bulimia nervosa
CA	Child abuse
CLARITY	Lack of emotional clarity
CSA	Child sexual abuse
DDF	Difficulty defining feelings
DIF	Difficulty identifying feelings
ED	Emotional Dysregulation
EOT	Externally oriented thinking
ER	Emotional regulation
GOALS	Difficulty engaging in goal directed behaviour
IMPULSE	Impulse control difficulties
JSO	Juvenile sexual offender
NON-ACCEPT	Non-acceptance of emotional responses
NSSI	Non suicidal self injury
SASI	Sex as self injury
STRATEGIES	Limited access to emotion regulation strategies
TOM	Theory of mind

INTRODUCTION

Child sexual abuse (CSA) definition in most of the researchers includes any physical contact with a child in a sexually coercive situation constitutes CSA. Such contact may range from touching body parts inappropriately to genital penetration. Some authors also include non-contact behavior, such as public indecency, unwanted exposure to pornography, or verbal harassment, in their definition of CSA ***(Burger and Berner, 2014).***

Approximately 10% of boys and 20% of girls around the world will be sexually abused before they reach majority. Sexual assault is any form of sexual contact that occurs without explicit consent of the person and that violates the perception of autonomy of the body. These include a wide range of acts ranging from verbal or visual assaults to sexual assault ***(Alaggia, 2009)***.

Self-injurious behaviors (SIB) are usually categorized into direct or indirect forms, with non-suicidal self-injury (NSSI), including behaviors such as cutting and burning skin, being an example of the former, and binge eating or other examples of maltreating oneself as examples of the latter. Direct NSSI is of special interest due to its inclusion in section III of the fifth version of the diagnostic and statistical manual of mental disorders (DSM-5; American Psychiatric Association, 2013), defined as at least five days of intentional self-inflicted damage

to the surface of the body during the last year. The behavior should not be socially sanctioned, and should be performed without suicidal intent. The direct and indirect behaviors share the self-damaging aspect of bodily harm, but differ with regard to the immediate damage to body tissue as a consequence of the self-injury ***(Hooley and Germain, 2014).***

Despite differences, there are similar elements present in these behaviors suggesting that "they all represent attempts to modify one's affective/cognitive or social experience, they cause bodily harm, and they are associated with other forms of mental disorders ***(Zetterqvist et al., 2018).***

Further research has hypothesized that there are mediators between child maltreatment and NSSI, including memory and identity dissociation commonly following traumatic experiences, and alexithymia which is defined as the inability to identify and describe feelings ***(Shenk et al., 2010)***.

It was known that child maltreatment disturbs normal development of cognitive and affective processing, integration of thinking and feeling, and capacity to understand and express emotional states. It also disrupts normal progression toward use of language to share emotional experiences, requiring children to process trauma on a nonverbal level. NSSI may develop as a compensatory, non-verbal strategy to disrupt a sense of psychological numbing and/or to avoid and manage intense, to uncontrollable emotions ***(Motomura and Mishima, 2014).***

On the other hand, In contrast to studies looking at dissociation as a mediator, Paivio and McCulloch found that alexithymia mediated the physical abuse–NSSI relationship, emotional neglect–NSSI relationship and physical neglect–NSSI relationship, but not the sexual abuse–NSSI relationship. While these results may accurately reflect the differential effects of different types of child maltreatment on emotional and cognitive functioning, additional research is required ***(Swannell et al., 2012).***

From this point, it is important to illustrate the role of Emotion regulation (ER) which is the critical ability to modulate and maintain feelings, behaviors, and physiological responses that constitute an emotion. Dysregulation of emotion refers to maladaptive ways of responding to emotions including accepting responses, controlling behaviors with emotional distress, and deficits in the functional use of emotions as information. There are multiple physiological symptoms and disorders such as eating disorders, sleeping problems, pain, cutting, non suicidal self-injury (NSSI), smoking, and addiction, associated with ED ***(Demirci, 2018).***

Negative Affect, which is a construct defined by the common variance between anxiety, sadness, fear, anger, guilt and shame, irritability, and other unpleasant emotions, is more important than positive affect when considering psychopathology. Difficulties in ER are often found in individuals exposed to trauma, particularly childhood abuse.

Early abusive experiences such as experiencing sexual abuse has a negative impact on the development of ER promoting the development of maladaptive behaviours such as emotional eating in response to negative emotions and NSSI in which both purging behaviours and NSSI serve similar functions in terms of regulating aversive affective response ***(Lilly, 2014).***

Evidence shows that both NSSI and emotional eating are associated with reduction in the duration of negative Affect ***(Armey, 2011).***

Previous research also reported an association between adverse childhood experiences and NSSI behaviour amongst individuals with eating disorders. Jacobson and Luik has identified 72% of individuals with an eating disorder also engage in NSSI and 54% of individuals who engage in NSSI report ED symptomatology ***(Jacobson and Luik, 2014).***

It is suggested that child sexual abuse (CSA) is a non-specific risk factor for the development of eating disorders symptoms. Increased rates of CSA have consistently been identified in eating disorders samples. Also, ER has been positively associated with eating disorders. Negative affect is tightly connected to clinical and subclinical eating disorders. Emotional eating, or eating in response to negative Affect, is a dysregulated physiological response to intense emotion. Children and adolescents with eating disorders experience a cycle involving emotion and food. Emotional distress results in

eating, which in turn, leads to increased distress, triggering even more eating ***(Demicri, 2018).***

Emotional eating, disordered eating and weight gain are also common in individuals with a history of childhood trauma. In addition, it was found that there is a relation between childhood maltreatment, depression, PTSD symptoms and emotion dysregulation ***(Michopoulos et al., 2015).***

NSSI is greater amongst patients with eating disorders and there is an etiological link between purging and NSSI. It was suggested that the link between abusive experiences and NSSI is weaker amongst those who report engaging in purging behaviours because purging is serving an emotion regulating function in those individuals who, in the absence of purging, might otherwise be more strongly predisposed to engage in NSSI ***(Gonçalves et al., 2016).***