

Aggression and Victimization: Risk for Development
of Depression and Eating Disorders

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TABLE OF CONTENTS

CHAPTER	PAGE
ACKNOWLEDGEMENTS	iii
LIST OF TABLES	vi
ABSTRACT	vii
I. INTRODUCTION	1
II. OVERVIEW	7
Literature Review	7
Aggression/Victimization	7
Depression	14
Eating Disorders	16
Depression and Eating Disorders	19
Statement of Purpose	23
Hypotheses	24
III. METHODOLOGY	27
Participants	27
Procedure	27
Measures	29
Relational Aggression and Victimization	29
Depressive Symptoms	30
Eating Symptomatology	32

CHAPTER	PAGE
IV. RESULTS	34
Research Question I	34
Research Question II	35
Research Question III	36
Research Question IV	39
V. DISCUSSION	42
Limitations of the Study	46
Implications for School Psychology	47
VI. REFERENCES	48
VII. APPENDICES	54
A. Consent Form	54
B. Participant Information	55

LIST OF TABLES

TABLE	PAGE
Means and Standard Deviations of RPEQ, BDI and EAT-26	56
Means and Standard Deviations of RPEQ, BDI- II and EAT-26 by Gender	57
Regression of Depressive Symptoms Based on Type of Aggression/Victimization	58
Regression of Eating Disorder Symptoms Based on Type of Aggression/Victimization	59
Regression of Depressive Symptoms Based on Type of Aggression/Victimization for Males	60
Regression of Depressive Symptoms Based on Type of Aggression/Victimization for Females	61
Regression of Eating Disorder Symptoms Based on Type of Aggression/Victimization for Males	62
Regression of Eating Disorder Symptoms Based on Type of Aggression/Victimization for Females	63

ABSTRACT

The present study aims to expand on the existing literature by specifically examining the relationship between relational and overt victimization and psychological well being (i.e., depression, eating disordered behavior) in a college-age sample. A sample of 121 participants completed a self-report questionnaire packet including the *Revised Peer Experiences Questionnaire (RPEQ)*, the *Beck Depression Inventory-Second Edition (BDI-II)* and the shortened version of the *Eating Attitudes Test (EAT-26)*. Regression analysis revealed that overt aggression and victimization as well as relational aggression were not significant predictors of depression. However, college-age students who were the targets of peers' aggression, specifically relationally victimized teens, reported significant levels of depression. It was also hypothesized that gender differences would exist for overt and relational aggression and victimization on eating disordered symptoms. Results revealed that exposure to relational victimization was a significant positive predictor of eating disorder symptoms for females, but not for males. Implications of these findings can be utilized by multiple disciplines, including mental health professionals, school and university administrators and professionals.

Chapter I

Introduction

Research has shown that aggression during childhood is one of the biggest social predictors of future maladjustment (Crick, Casas, & Mosher, 1997). In the past, research on aggression has focused mainly on children's physical or overt aggressive behaviors, such as hitting, pushing, or threatening with physical harm. Recently Crick and colleagues researched a different form of aggression in contrast to overt aggression, known as relational aggression. Relational aggression is considered a type of social aggression in which harm is inflicted through the use of relationships with others. For example, threatening to withdraw acceptance or friendship as a way to control others; using social exclusion such as important events (birthday parties) when a peer's request is not obeyed or rumor spreading and gossip as a form of retaliation.

Research demonstrates that children view relationally aggressive acts as aggressive events that commonly take place within their peer groups, particularly with girls (Crick, Casas, & Chin Ku, 1999). Grotper and Crick (1996) proposed that aggressive children who harm others do so in ways that cause damage to the social goals of the victim. Boys have a tendency to use physical forms of aggression to hinder relationships and girls are more likely to use relational forms of aggression since this is the most successful in damaging intimacy goals which tend to be more typical of girls. Thus, the relationship is used as a vehicle for harm and hurtful manipulation. For many, it is an emotionally tragic and damaging experience.

Recent studies of relational aggression demonstrated the significance of focusing on this form of aggression in addition to overt aggression. These studies have provided

evidence that relationally aggressive behaviors are highly harmful and damaging to the self. Children who are the targets of relationally aggressive acts frequently experience more psychological distress such as depression, anxiety and self-restraint difficulties than their nontargeted peers (Grotzinger & Crick, 1996).

Depressive disorders, which include major depressive disorder (unipolar depression), dysthymic disorder (chronic, mild depression), and bipolar disorder (manic-depression), can have negative effects on the functioning and adjustment of young people. Among both children and adolescents, depressive disorders are likely to pose an increased risk for illness and interpersonal and psychosocial difficulties that persist long after the depressive episode is resolved; in adolescents there is also an increased risk for substance abuse and suicidal behavior. Signs of depressive disorders in young adolescents often are viewed, as typical mood swings of a particular developmental stage (Birmaher, Brent, & Benson, 1998). During the period of adolescence, depression increases as well as gender differences begin to emerge, where girls tend to experience more depressive symptoms and episodes of clinical depression than boys (Galambos, Leadbeater, & Barker, 2004).

Emerging adulthood is defined as the years from 18 to 25. This period of life is where individuals pass through developmental tasks and identity formation starts to develop. At this age, individuals gain autonomy and employment as well as financial and residential independence (Arnett, 2000). Schulenburg, Maggs, and O'Malley (2003) state that transitioning into adulthood is marked by psychological changes such as emotional regulation and changes in life roles.

Additionally, increasing numbers of young adult women are struggling with eating disorders (Garner & Garfinkel, 1979). One to three percent of females meet the criteria for an eating disorder, with higher prevalence rates among adolescents and young adult women. The majority of American college women exhibit at least a few symptoms of eating disordered behavior, and prevalence studies demonstrate that 15% or more of college women meet the diagnostic criteria for anorexia nervosa or bulimia nervosa. While eating disorders are less common in men, approximately 10% percent of those suffering from eating disorders are male (Prouty, Protinsky, & Canady, 2002).

There have been recent studies conducted that demonstrate relationships between aggression, victims of emotional abuse and eating disorders. Zaider, Johnson and Cockell (2000) reported findings that also suggest that depression may play a significant role in the development of eating disorders. Since many victims of abuse often experience depression they may turn to other methods of coping such as food to help alleviate their symptoms. Victims of abuse often experience feelings of depression and find comfort and safety in their eating disorders. By over using or denying food, victims are able to repress or block out the painful memories of the abuse and attempt to numb the feelings that are associated with the experience. Many bulimics and compulsive eaters maintain that bingeing is their way of symbolically filling the emotions they feel. The comfort and security that comes from the bingeing is fleeting which is why people with eating disorders may resort to more bingeing and forms of purging which fuels the cycle. Food is steady in their life, it is always there; never judging their actions, will never abandon them or leave them feeling worthless like the abusers in their life. A person who is abused feels a loss of control and an eating disorder may help them to regain some of that

control; however, what they do not realize is that the eating disorder is taking the control away from them (Schneer, 2002).

According to the *Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition* (DSM-IV-Text Revision; APA, 2000) eating disorders are characterized by disturbed eating behaviors. One of the most common of the eating disorders is Anorexia Nervosa (AN), which is characterized by the refusal to maintain a minimal normal body weight. Any actual gain or even perceived weight gain results in intense fear. Usually weight loss is accomplished through reduction in total food intake. When AN develops in an individual during childhood or early adolescence, there may be failure to make expected weight gains instead of weight loss.

There are subtypes of AN used to specify the presence or absence of regular binge eating or purging during the current episode of AN. Restricting type describes subtypes in which weight loss is accomplished primarily through dieting, fasting or excessive exercise. During the current episode, these individuals have not regularly engaged in binge eating or purging. Binge-Eating/Purging Type occurs when the individual has regularly engaged in binge eating or purging or both during the current episode. Most individuals with AN who binge eat also purge. Some individuals classified in this subtype do not binge eat, but do regularly purge after the consumption of small amounts of food. It appears that individuals with Binge-Eating/Purging Type engage in these behaviors weekly (APA, 2000).

Many individuals with AN manifest depressive symptoms such as depressed mood, social withdrawal, irritability, insomnia and diminished interest in sex. AN appears to be significantly more prevalent in industrialized societies where there is an

abundance of food and where being thin is considered more attractive. The lifetime prevalence of AN among females is approximately 0.5%. The prevalence among males is approximately one-tenth that among females. AN typically begins in mid-to-late adolescence. The course and outcome of individuals with AN is variable with some individuals making a full recovery after experiencing an episode with the disease. While others exhibit a fluctuating pattern of weight gain followed by a relapse, and others experience a chronically deteriorating course of the illness over many years. Some individuals may require a period of hospitalization in order to restore their weight and address fluid and electrolyte imbalances. Of the individuals that have been hospitalized in university hospitals, the mortality rate is over 10%. Death is typically the result of starvation, suicide, or electrolyte imbalance (APA, 2000).

Bulimia Nervosa (BN) is characterized by binge eating followed by purging behaviors such as self-induced vomiting; misuse of laxatives, or other medications; fasting or excessive exercise. Individuals with BN typically are within the normal weight range, although some may be slightly underweight or overweight. The disorder is typically uncommon among moderately and morbidly obese individuals. It has been suggested that, prior to onset of the disease, individuals with BN are more likely to be overweight than their peers. Typically, individuals with BN restrict their caloric consumption and select low caloric food while avoiding foods they perceive to be fattening (APA, 2000).

There are subtypes of BN that are used to specify the presence or absence of regular use of purging methods as a means to compensate for the binge eating. Purging type describes presentations in which the person has regularly engaged in self-induced

vomiting or the misuse of laxatives, diuretics, or enemas during the current episode.

Nonpurging type describes presentations in which the person has used other inappropriate compensatory behaviors, such as fasting or frequent exercise, but has not engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas, during the current episode (APA, 2000).

There is an increased incidence of depressive symptoms such as mood disorders, particularly Dysthymic Disorder and Major Depressive Disorder in individuals with BN. BN has been reported to occur in most industrialized countries. The lifetime prevalence of BN among women is approximately 1%-3%; the rate of occurrence in males is approximately one-tenth of that in females. BN usually starts in late adolescence or early adulthood. The binge eating often begins during or after dieting. Disturbed eating behavior usually lasts for several years. The course may be chronic or intermittent, with periods of remission alternating with reoccurrences of binge eating (APA, 2000).

PREVIEW

Chapter II

Overview

Prior work on peer victimization indicates that like peer aggressors, victims of peer aggression experience significant levels of distress. However, limited information is currently available regarding the nature of relational aggression in adolescence and young adulthood. Research on relational aggression, suggests that adolescents and adults use relationally aggressive behaviors in their social interactions (Bjorkqvist, Osterman, & Kaukiainen, 1992). Likewise, it was found that college aged students regularly cite relational aggression as hurtful behaviors enacted by peers (Morales, Crick, Werner, & Schellin, 1999). These studies offer support that relational aggression is a commonly used type of aggressive behavior in older adolescents and young adult populations.

The goal of the present study is to replicate prior work on relational and overt aggression and victimization in a college sample. This study also sought to extend the literature by examining varying outcomes of aggression and victimization on adolescent's concurrent depression and eating disordered symptomatology.

Literature Review

Aggression and Victimization

According to Crick (1995) aggression is used as the most effective way to harm peers' social status among children and adolescents. Boys and girls typically have the same rates of aggression with boy's demonstrating higher rates of physical aggression