DEPRESSION AMONG SECONDARY SCHOOL GIRLS: THE ROLE OF CHILDHOOD EMOTIONAL ABUSE AND EATING DISORDER

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Abstract
The study investigated the depression among secondary school girls: the role of childhood emotional abuse and eating disorder. Using convenience sampling technique, 103 participants comprising of 48 JSS2 and 55 SS1 from Girls Grammar School Awkunanaw were drawn to participate in the study. Radloff (1977) Center for Epidemiological Studies- Depression Scale (CES-D), Sanders & Becker- Lausen (1995) Child Abuse and Trauma Scale- Emotional Abuse Subscale and Garner (1991) Eating Disorder Inventory (EDI) were administered individually to the participants. A co-relational design and multiple regression statistics were used for data collection and analysis to test the hypothesis which stated that childhood emotional abuse and eating disorder would neither jointly nor independently predict depression among secondary school girls. Result showed that there was a significant relationship between the predictor variables i.e. childhood emotional abuse and eating disorder and the criterion variable on depression of r²= 0.78, F(2,103)= 4.21, P<.02. It was suggested that childhood emotional abuse could have a negative impact on the girl child which resulted to disordered eating behaviours as an attempt to cope with overwhelming affect of abuse which led to depression.

Keywords: Girl child, Childhood emotional abuse, eating disorder and depression.

Introduction
Human beings are social animals hence they are involved in different interpersonal developmental behavioural relationships. One of such behaviours is eating disorders. Studies have shown that within the two decades researchers have contributed to the understanding of the etiology and maintenance of eating disorders. Both anorexia (loss of appetite) and bulimia (the chronic eating disorder) are thought to emerge from multiple risk factors, including biological, sociological and psychological indices (Striegel-Moore & Cachelin, 2014). The role of child rearing practices and negative family environments has received considerable attention as an important risk factor in the development of eating disorders among adolescents and the girl child (Leung, Schwartzman, & Steiger, 2000). Specifically, child abuse has been of interest to scholars and clinicians; however, research has focused predominantly on childhood sexual and physical abuse and has virtually ignored the potential influence of Childhood Emotional Abuse (CEA). This current/present study explored the association between childhood emotional abuses and disordered eating (DE) among a sample of individuals (girls) at risk of developing eating disorders. Drawing upon a stress-vulnerability theoretical and trauma theory framework (e.g Rorty & Yager, 2006), the connection between childhood emotional abuse and disordered eating was evaluated in a comprehensive multiple regression and co-relational design in which depression was a factor.
In this study, childhood emotional abuse was defined as verbal assaults on a child’s sense of worth or well-being, or any humiliating, demeaning, or threatening behaviour directed toward a child by an older person; sometimes by colleagues (Bernstein & Fink, 1998). No doubt, when a child undergoes such treatment it leads to depression. Depression could be defined as a mood disorder, characterized by disappointment, self criticism, low self concept, sadness, self defeating belief system, guilt and boredom, lack of interest, feeling of helplessness, lack of meaning in life. It is a kind of giving up, a dysfunctional belief about the self, the world and the future as measured by scores on Radloff (1977) 20-item CES- depression scale.

Besides, only research on family development of women (girl child) with eating disorders described these environments as intrusive, overprotective, controlling for anorexics, and chaotic and emotionally cold for bulimics (Bruch, 2003).

According to stress-vulnerability model of disordered eating (DE) and trauma theory (Rorty & Yager, 2006), the experience of any form of child abuse is thought to lead to boundary violations and trust issues. As the abuse becomes persistent and recurrent, either in the dormitory by senior students or school management or by older persons in the family, it is then associated with a decrease in a child’s self-concept and self-esteem. According to this theory, this diminished sense of self then leads to difficulty in managing strong affect (e.g alexithymia), contributing to the risk of general distress (e.g depression, anxiety) and maladaptive coping strategies in adulthood (e.g eating disorders) (Follette, Ruzek & Abueg, 1998). Nemiah and Sifneos (2000) defined alexithymia as cognitive deficits in identifying and verbalizing emotions and an inability to distinguish between emotional and physical sensations. Very often, this girl child suffers emotional humiliations as such all their efforts are not acknowledge by any standard. These they suffer in the hand of senior students who collect their provisions and eat by force and punished them unduly. Besides, the management is not helping matters who after collecting heavy or huge amount of school fees but still starve the students without food. As such they suffer psychological distress leading to emotional abuse, depression, anxiety and eating disorder. Heatherton and Baumeister (1991) argued that girl child disordered eating might emerge as a means of distraction from negative thoughts and emotions associated with stressful experiences. Thus, they included that alexithymia or depression could be a psychological mechanism by which individuals manage the vulnerability associated with experiencing verbal abuse and potentially humiliating statements from either family members, school management or senior students (Mazzeo & Espelage, 2012).

More so, Kent, Waller and Dagnan, (1999) argued that the link between childhood emotional abuse and depression emerges from the insidious nature of emotional abuse in which the uncertainty of when it might happen could lead to perceptions of personal vulnerability. Individuals might then manage this anxiety and depression through disordered eating behaviours. The influence of depression in the association between emotional abuse and eating disordered behaviour is obviously clear.

**Hypothesis:**
Childhood emotional abuse and eating disorder would neither jointly nor independently predict depression among secondary school girls.

**Method**

**Participants:**
A total of 103 participants were drawn from Girls Grammar School Awkunanaw Enugu Urban using convenience sampling technique. The participants comprising of 48 JSS2 and 55 SS1 students between the ages of 10-17 years with the mean age of 13.5 years and standard deviation of 170.37, were used. They were all Christians, have Igbo cultural background.

Their mean height was 20.2 in (SD=2.82) and mean weight was 50.31 (SD=26.0)and mean weight was 50.31 (SD=26.0). Participants’ self report of their height and weight was used to calculate body mass index (BMI). The mean BMI (kg/m2) was 21.9 (SD=4.03), which is in normal weight range.
**Summary table of multiple regression on depression among secondary school girls the role of childhood emotional abuse and eating disorder.**

<table>
<thead>
<tr>
<th>Predictor variables</th>
<th>B</th>
<th>Beta</th>
<th>t</th>
<th>P</th>
<th>Confidence limit</th>
<th>R</th>
<th>R²</th>
<th>adjusted R²</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower bound</td>
<td>Upper bound</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>.279</td>
<td>.078</td>
<td>.059</td>
<td>4.21</td>
<td>.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood emotional abuse</td>
<td>- .632</td>
<td>-.245</td>
<td>-.255</td>
<td>.01</td>
<td>-1.12</td>
<td>-.141</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorder</td>
<td>-.229</td>
<td>-.122</td>
<td>-.127</td>
<td>.21</td>
<td>-.588</td>
<td>.130</td>
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</tbody>
</table>

From the table above, it was observed that childhood emotional abuse and eating disorder jointly predicted depression among secondary school girls of $R^2 = .078$, $F (2,102) = 4.21$, $P = .02$ level of significance. These results indicated that there is a significant relationship between the predictor variables (childhood emotional abuse and eating disorder) and the criterion variable (depression), $R = .279$. That is to say that (childhood emotional abuse with eating disorder accounted for 5.9% of the variation in depression (adjusted $R^2 = .059$).

Moreover, as shown in the table, the regression coefficients for childhood emotional abuse (b) was -.63 (95% confidence interval of -1.12 to -1.41) and eating disorder (b) was -.23 (95% confidence interval of
Discussion
The result of this study showed a significant relationship between childhood emotional abuse and eating disorder on depression, hence the hypothesis which stated that childhood emotional abuse and eating disorder would neither jointly nor independently predict depression among secondary school girls were rejected. This is in harmony with Kent, Waller and Dagnan (1999) and Follette, Ruzek and Abueg (1998). Similarly, these findings are also consistent with stress-vulnerability and trauma-based theory. Specifically, one consequence of child abuse is difficulty managing emotions and feelings, a manifestation of which might be alexithymia. This compromised ability to manage affect puts an individual at risk of further general distress. Disordered eating behaviours are efforts to cope with these overwhelming affective states (Dansky, Brewerton, Kilpatrick, & O’Neil, 2000). In the absence of more adaptive strategies, disordered eating could feasibly be a method for coping with intense distress and the experience associated with that distress.

The present findings is also consistent with other studies which found that emotionally abused girl child exhibited anxiety, sleep disturbance, social detachment (Green, 1978), low self-esteem and withdrawal (Martin & Beezley, 1977) and more depressive effect including sadness (Kinard, 1980).

The result may also be as a result of the harsh and inhumane treatments often received from the senior students. It is evident from previous studies that junior students living in dormitories/hostels are subjected to a myriad of maltreatment behaviours, including physical and emotional abuse and neglect (Dansky, Brewerton & Kilpatrick, 1997) and Eya (1994).

Finally, certain characteristics of the sample also suggest limitations. This sample was not representative of either the general population or of the eating disordered and emotionally abused populations. The researcher, then, suggest that it would be useful to replicate this investigation with a larger sample and even male child sample.

Conclusion
It can be stated based on the findings of the present study that childhood emotional abuse with eating disorder accounted for depression on the girl child living in the hostel/dormitory. As suggested by the present findings, being a junior student appears to be a vulnerability factor which could predispose to emotionally abused. This implies the need for school managements and parents teachers association (PTA) monitoring the lives and activities of the senior students living in the hostel; this will enable or condition the senior students to treat the junior students more humanely, and be more caring, protective and supportive to them.

In the same vein, disordered eating behaviours may be an attempt to cope with overwhelming affect in the aftermath of child abuse suggesting trauma-based theory.

REFERENCES


