

Commentary:

**THE COMPLEX INTERPLAY AMONG EATING DISORDERS,
SOCIAL SUPPORT, AND PSYCHOLOGICAL AGGRESSION
IN ROMANTIC RELATIONSHIPS**

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Abstract

Considerable research has demonstrated the helpful impact of social support on health and its potentially protective role in the context of stress. Bannon, Kroska, and Brock (2018; see this present issue of JISS) demonstrated that adequate perceived partner support generally negatively predicts binge eating in undergraduates in romantic relationships, but that it may interact with partner aggression, such that support is protective only for those not reporting high levels of partner aggression. Furthermore, Bannon et al. found that aggression negatively predicts binge eating when partner support is perceived to be very inadequate. This article discusses the many social and psychodynamic meanings and functions of food, eating, and eating disorders, and offers a number of possible explanations for Bannon et al.'s findings as well as recommendations for future research.

Keywords: eating disorders, bingeing, binge eating, social support,
partner aggression, romantic relationships

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COMMENTARY

The college years can be an exciting time of burgeoning independence and new relationships (Erikson, 1959), as well as a time of new challenges and sources of stress (Misra & Castillo, 2004). Young adulthood represents the median age for the development of eating disorders (Lipson & Sonnevile, 2017), which may increase under stress (Sassaroli & Ruggiero, 2005; Scattolon & Nicky, 1995), but the period may also provide new opportunities for support from intimate partnerships.

Bannon, Kroska, and Brock (2018; see this present issue of JISS) explored whether aspects of the young adult's romantic relationships may be protective against disordered eating. More specifically, they assessed the interplay between partner aggression and perceived partner support as they may relate to binge eating among undergraduates in romantic relationships. The researchers predicted, consistent with the "support-as-buffer" hypothesis, that support will play a protective role in the context of stress. Consistent with this hypothesis, report of adequate support negatively predicted binge eating. Partner aggression did not uniquely predict bingeing, but post hoc findings indicated that perceived support and aggression interacted: support was generally protective only for those not reporting high levels of partner aggression and aggression negatively predicted binge eating when partner support was perceived to be very inadequate. Bannon et al. demonstrated that relationship distress, as it may relate to disordered eating, is complex.

While past research has linked disordered eating with a number of social psychological factors including perceived relationship distress (Ambwani & Hopwood, 2009; Ansell, Grilo, & White, 2012; Arcelus, Haslam, Farrow, & Meyer, 2013; Kiriike, Nagata, Matsunaga, Tobitan, & Nishiura, 1998; Newton, Boblin, Brown, & Ciliska, 2005; Shanmugam, Jowett, & Meyer, 2012; Woodside, Lackstrom, & Shekter-Wolfson, 2000), studies have not typically distinguished between partner aggression and the perceived adequacy of partner support as they may relate to relationship satisfaction or distress. Including both measures led to the unexpected finding in the present study for a lower incidence of binge eating in those experiencing aggression in the context of inadequate support. The study provides an important step toward understanding eating disorders within the context of relationships, as well as a valuable catalyst for future research.

Food and eating have many social and psychological meanings and functions. In infancy, they represent a major opportunity for relating to a caregiver. Both literally and figuratively, eating is typically associated with comfort and love, and involves a "taking in" of both physical and emotional nurturance. Later, social bonds are formed and strengthened by the shared "breaking of bread" and celebratory meals. The neglected or abused infant may express depression by rejecting food and even physically wasting away, as in some cases of *failure to thrive* (Spitz & Wolf, 1946). The angry child may show displeasure by throwing or spitting out food or by aggressively rejecting it. And for the teen, eating may provide a means to gain a sense of control, as through food restriction, or to express feelings of a lack of control and intense emotion, as by bingeing or purging. As

the developing body gains mass during adolescence, food restriction can also reflect a way to attempt to maintain innocence and childhood; or for the formerly “chubby” child, a way to strive to achieve the socially prescribed “model” figure (Mintz & Betz, 1988). Eating can provide a means for distracting oneself from unpleasant feelings or circumstances, a vehicle for “stuffing feelings,” or an opportunity for social connection and engagement.

Eating disorders can also differ in the functions they serve (Bruch, 1973). Anorexia may reflect a defensive mechanism, for example, like that used by the neglected infant (Spitz & Wolf, 1946) or the depressed adult who stops eating (American Psychiatric Association, 2013). Binge eating can reflect a desperate need for nurturance or comfort (Bottino, 2006) and can be used to calm one’s feelings in the moment (Canetti, Bachar, & Berry, 2002); if done to the point of pain, it may also reflect a self-destructive wish. Purging can reflect an attempt to discard unwanted calories and/or an aggressive rejection and ambivalence over “taking in” (Zalar, Weber, & Serneck, 2011). Binge eating can also occur alone or in conjunction with either purging or periods of food restriction. Considering the possible co-occurrence of other forms of disordered eating was beyond the scope of the present study, but could benefit future research. Were high distress and dissatisfaction with support associated merely with less bingeing, or did they lead to food restriction and/or purging?

Social relationships have long been understood as beneficial to health (Cassell, 1976; Cobb, 1976; Hill, Payne, Jackson, Stine-Morrow, & Roberts, 2014; Smith & Carlson, 1997), but the role of social support in well-being is also complex. Characteristics of the source, recipient, circumstances, and type of support (e.g., emotional, informational, financial, etc.) impact how it is received (Secor, Limke-McLean, & Wright, 2017). Comforting during times of distress may be helpful (Infuma & Luthar, 2017), but support can also add to stress if the recipient is concerned about burdening others (Donnellan, Bennett, & Soulsby, 2017; Fombuena et al., 2016), or if the recipient perceives the support to have negative implications for maturity or independence (Gerson, 2018; Janssen, Regemortel, & Abma, 2011; Varni, Setoguchi, Rappaport, & Talbot, 1992). Bannon et al. operationalized support as the recipient’s perception of its adequacy, which makes good sense for this developmental stage wherein the desired level of support would be very personal. Perceived support inadequacy could include, however, either end of the spectrum, from feeling isolated to feeling smothered. Future studies may benefit from considering which end of the continuum has been endorsed. Those who prefer little support from a partner may differ from those who wish for considerable support. Preferring little support could reflect the healthy growth of independence on the one hand or difficulties with intimacy on the other. Similarly, preferring considerable support could denote comfort with closeness or a pathological desire for merger, and some individuals may not feel satisfied with *any* level of support. Furthermore, since inadequate support was in the “eye of the beholder,” including an additional “objective” assessment of support received could be informative. Including an assessment of the individual’s preferences, an objective

measure of the amount and types of partner support received, and the individual's dependency needs may be helpful to fully understand the role being played by the romantic partnership.

A number of additional recommendations follow for future studies:

- Individuals differ both in the stresses they face and in their ability to cope. Both objective and subjective measures of stress may be wise, as may assessments of the individual's psychological resilience.
- Availability and use of alternative sources of social support also varies. Whether an individual turns to those outside the romantic relationship for comfort, especially at times of relationship distress, would be helpful to know. In the present study, those experiencing partner aggression and feeling little partner support may have "shut down," or may have been gaining strength from others outside the relationship.
- Satisfaction can also vary over time, depending on both relationship and individual factors. Level of support offered may fluctuate, as may one's comfort with closeness or independence. Extreme fluctuations in either partner may reflect relationship and/or individual pathology relevant for eating disorders. Patterns in satisfaction over time may be revealing.
- Bingeing may represent one way of attempting to cope with stress, but other compensatory behaviors, such as exercise, shopping, or other forms of disordered eating, are also possible. It would be helpful to know whether the individual is seeking relief from other sources.
- Participating in partner aggression, even as a victim, may also provide a function for some individuals. Those dissatisfied with the support they were receiving may have engaged their partner in emotional displays in an effort to feel connected—"negative attention" can be preferred over no attention at all. Alternatively, intense arguments may provide a means for some individuals to release tensions that might otherwise have led to bingeing.
- For these reasons, future research may also consider including an assessment of personality and/or psychopathology. Some psychological disorders, such as Borderline Personality Disorder, have been found to correlate with unstable relationships, fluctuating perceptions of merger and abandonment, and self-harm (American Psychiatric Association, 2013; Zanarini et al., 1998). Whether being in a conflictual relationship leads to binge eating as a way of coping or as a result of depleted self-regulation, or whether conflict and bingeing are linked through psychopathology, may be important to consider.

In summary, Bannon et al.'s study provides an excellent step in understanding the relationship between partner support and disordered eating in young adults, as well as insights for further study. High partner aggression and low support may have been associated with less bingeing because of a host of factors. The individual may have been engaging in other forms of disordered eating, seeking relief from other compensatory behaviors, or obtaining social support from other sources; or she/he may have selected a distant relationship from the outset and so was not particularly distressed when support was inadequate and conflict high. Perhaps partner aggression satisfies a need for either connection or tension reduction in some, reducing the need for bingeing. Including assessments of stress, alternative resources, and pre-existing difficulties with self-regulation, dependency, anxiety, depression, mood disorders, or personality disorders could be helpful, as would monitoring the temporal relationships among variables. Monitoring patterns over time between social and psychological needs and events on the one hand and food-related behaviors on the other may also be helpful to clarify the dynamics involved.

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