

Commentary:

**A REPLY TO MARYLIE GERSON'S COMMENTARY: THE
COMPLEX INTERPLAY AMONG EATING DISORDERS,
SOCIAL SUPPORT, AND PSYCHOLOGICAL AGGRESSION
IN ROMANTIC RELATIONSHIPS**

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Abstract

In the article “*Understanding employee motivation through managerial communication using expectancy-valence theory*” (2018; see this present issue of JISS) we demonstrated that the link between romantic relationship conflict and individual eating pathology is complex, and influenced by other relationship processes. Specifically, we observed that in rare cases, negative communication was adaptive in relationships marked by inadequate support, though most individuals benefitted from support in relationships marked by minimal negative communication. Gerson (2018; see this present issue of JISS) provides a commentary about the article that highlights the fundamentally interpersonal nature of eating behaviors and identifies a number of important avenues for future research. We agree with Gerson that this is an exciting time for relationship scientists studying individual health behaviors and continued the discussion of possible extensions of our findings in our reply.

Keywords: intimate relationships, support adequacy, communication

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COMMENTARY

Gerson (2018; see this present issue of JISS) contextualizes our findings (Bannon, Kroska, & Brock, 2018; see this present issue of JISS) within the literature concerning the romantic relationships of emerging adults. Researchers have elucidated the role of parental and early peer relationships in connection to young adult behaviors, including disordered eating and the quality of close relationships (Bannon, Salwen, & Hymowitz, 2018; Davila et al., 2017; Engels, Finkenauer, Meeus, & Deković, 2001; Steinberg & Davila, 2008). Recent efforts have targeted hypothesized mechanisms, with the goal of improving early intervention for negative individual and relationship outcomes. In addition to the quality of early relationships, theoretical models of romantic relationship functioning have incorporated individual behaviors and personality characteristics, external and relationship stressors, and couple communication behaviors to predict long-term relationship quality, individual mood symptoms, and quality of life (Falconier, Nussbeck, Bodenmann, Schneider, & Bradbury, 2015; Randall & Bodenmann, 2017). As Gerson notes, individuals differ in strengths and vulnerabilities, as well as encounters with daily and chronic stressors. Future studies can benefit from an appreciation of these differences and assess couples in diverse contexts.

Though much of the work in this area concerns married and cohabitating couples, Davila and colleagues (2017) defined the construct *relationship competence* as an individual's ability to maintain healthy relationships via: 1) recognizing the needs of both people in the relationship, 2) problem-solving and making decisions that promote respect and well-being, and 3) successfully regulating emotions in dyadic and individual contexts. Our study did not adopt a longitudinal focus, but future studies can assess both support and conflict into existing frameworks to better identify factors linked to both relationship conflict and disordered eating. Previous studies demonstrate that the bidirectional links between relationship conflict and psychopathology begin at a young age (Davila, Capaldi, & La Greca, 2016). Accordingly, utilizing existing longitudinal frameworks can improve our understanding of how the observed associations develop, and how individual and dyadic factors interact with external stressors to predict disordered eating symptomatology.

Gerson underscored the importance of recognizing the fundamentally interpersonal nature of eating. By considering the social domain of eating behaviors, we can begin to utilize conceptualizations of partner support to better understand the interplay between support and conflict behaviors (Barry, Bunde, Brock, & Lawrence, 2009). For example, it may be the case that certain aspects of support (e.g., emotional intimacy) are more or less related to relationship conflict and disordered eating. This is consistent with empirical work demonstrating that stress erodes relationship satisfaction through reduced emotional intimacy (Neff & Karney, 2017). Further, among individuals seeking treatment for eating pathology, a partner's ability to support autonomy and treatment engagement is linked to treatment success (Steiger et al., 2017; Weber et al., 2018). Accordingly, future examinations of partner support, conflict, and eating pathology can move beyond global

support satisfaction to examine the direction of inadequate support (e.g., too much versus too little) in connection to both conflict and eating pathology (Brock & Lawrence, 2009). Further, as Gerson mentions, external support should also be considered, particularly in college dating samples where peer support networks may “buffer” the deleterious effects of relationship conflict.

Studies of the complex interplay among eating disorders, social support, and psychological aggression can also be advanced with the incorporation of more rigorous methods for assessing couple functioning. For example, couples are frequently observed discussing aspects of support in their relationship, as well as significant areas of disagreement or conflict, and such conversations have been coded by trained raters. These coding systems have been reduced into categories based on valence (positive to negative) and intensity (low to high) in meta-analytic reviews (Woodin, 2011), and can be used to better understand how relationship patterns relate to individual eating behaviors. More intensive statistical and methodological approaches can heighten our understanding of the observed associations, including daily diary approaches, manipulations of the appraisal of conflict, and the dynamical modeling of observed behaviors (Feinberg, Xia, Fosco, Heyman, & Chow, 2017; Finkel, Slotter, Luchies, Walton, & Gross, 2013; King & DeLongis, 2014; Laurenceau & Bolger, 2012; Liu, Zhou, Palumbo, & Wang, 2016).

Studies of reported relationship functioning and eating behavior can also be combined with more objective metrics of eating behaviors. Researchers have examined individuals with and without binge eating disorder (BED) during laboratory meals and observed that those with BED consume more calories than non-BED individuals of similar weight (Walsh & Boudreau, 2003), and decision-making tasks indicate a reward-decision bias for individuals with eating pathology (Wu, Brockmeyer, Hartmann, Skunde, Herzog, & Friedrich, 2016). Ecological momentary assessments suggest that this pathology is maintained through negative mood states (Hilbert & Tuschen-Caffier, 2007). Therefore, objective assessments of eating pathology can incorporate assessments of relationship functioning to potentially identify mechanisms linked to both negative mood and the maintenance of disordered eating behaviors.

Finally, future studies can benefit from the incorporation of biological markers of conflict and emotional arousal to understand the impact of relationship processes on eating pathology using a biopsychosocial framework. Both initial and prolonged physiological arousal have demonstrated links to couple communication strategies and long-term relationship satisfaction (Perrone-McGovern et al., 2014). Measures of emotional arousal (e.g., vocal tone) predict social support behaviors of couples coping with illness (Fischer et al., 2015), as well as subsequent aggressive behaviors during conflict discussions (Baucom et al., 2015), and recent advances in wearable technology have made it possible to passively monitor emotional arousal during real-life discussions among partners (Timmons, Chaspari, Han, Perrone, Narayanan, & Margolin, 2017). Additionally, several studies have linked hormone signaling to social information processing, as well as

emotional and physiological responses to relationship conflict (Hurlemann & Scheele, 2016; Solomon et. al., 2018). Future studies can examine relationship support and satisfaction in conversation and examine biological and affective reactivity as mechanisms linked to disordered eating.

Embracing the complex interplay among positive and negative relationship processes has the potential to enhance our understanding of the function of partner behaviors on individual mood, relationship satisfaction, and health outcomes. Despite the challenges involved in characterizing the interrelations among factors linked to eating pathology, advanced methodology and interdisciplinary frameworks can aid relationship scientists. Gerson presented a number of recommendations for future studies, each of which has the potential to improve our ability to identify and target at-risk individuals.

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