



The Adapted Body Project: Examining the Relationships Affecting Eating Disorders



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INTRODUCTION

Eating disorders are behaviors categorized by an individual's use of unhealthy coping mechanisms with the goal of controlling eating behaviors and/or weight (American Psychiatric Association, 2013). Research has shown that an estimated 8.4% of women and 2.2% of men will struggle with eating disorders over the course of their lifetime, generally beginning between the ages of 18 to 20 (Galmiche et al., 2019). Given that these disorders are some of the more lethal psychiatric disorders, research into the most effective treatment is vital. The Body Project (Stice et al., 2009) is a well-known treatment, based on an individual's discomfort with their body, aiming to improve body image dissatisfaction to minimize disordered eating behavior (Stice et al., 2000).

Family systems theory (Bowen, 1966) holds the belief that family relationships are complex systems that affect the various behaviors and components of an individual's life (Brown & Geller, 2007). Researchers theorize that physical symptoms associated with eating disorders can be developed through an individual's inability to find support within their family system (Bearman et al., 2006). It is conceptualized that there may be a correlation between the increase and/or decrease of a behavioral issue and the level of the overall functioning of the family system (Skelton et al., 2012). This relationship shows an increased likelihood of individuals developing an eating disorder if their family system is seen as non-supportive. Additionally, a direct correlation between an individual's disordered behaviors and BMI to that of their friends (Howland et al., 2012) has been found in previous research (Howland et al., 2020). This study has been adapted due to the addition of a support person. The adapted body project intervention/treatment utilizes these theories to examine how an individual's relationship with their support network influences their body image dissatisfaction.

The hypothesis for this research project is divided into three sections, each relating to a specific question regarding disordered eating behaviors.

- **Hypothesis 1:** The first question presented in this project is: Does the adapted version of the Body Project treatment impact disordered eating behaviors over time? The hypothesis for this question is: It is expected that the adapted Body Project treatment will predict a decrease in disorder eating behaviors treatment, an increase in relationship quality, and an increase in body image dissatisfaction levels.
- **Hypothesis 2:** The second question presented in this project is: Does body image dissatisfaction mediate the association between the Body Project treatment and disordered eating? The hypothesis for this question is: It is expected that the Body Project will predict a decrease in disordered eating behaviors through increased body image dissatisfaction levels.
- **Hypothesis 3:** The third question presented in this project is: Does relationship quality mediate the association between the Body Project treatment and disordered eating? The hypothesis regarding this question is: It is expected that the Body Project will predict a decrease in disordered eating behaviors through increased relationship quality.

ABSTRACT + PURPOSE

Abstract:

Guided by cognitive dissonance theory (Harmon-Jones., Mills, 2019) and family systems theory (Rothbaum et al., 2002), the current study investigates whether the quality of one's relationships with others impacts one's body image satisfaction levels and disordered eating symptomatology. Participants were originally intended to include college-aged individuals between the ages of 18-24, who had a history of body image issues but no history of disordered eating. A subclinical population was chosen in an effort to reduce risks in the study as well as investigate an understudied population subtype. Participants were instructed to bring a support person of their choosing with them to 4 weekly group adapted body project sessions. Due to difficulties with recruitment, this study was changed from a quantitative design to a mixed methods, feasibility study.

The suggested implications of this study were that a support person often makes the ability to access treatment for a typically hard-to-discuss subject easier. We have since determined that accessing a subclinical population for eating disorder treatment is difficult. Participants who choose to enroll in a study such as this, often have a history of disordered eating behavior and/or difficulty finding a support person to accompany them in the treatment portion of the study. As enrollment is still open for this project, we hope to find further results on how to correctly recruit a subclinical population for this type of treatment as well as how to strengthen our study design as a whole.

Purpose:

This study aims to test whether relationship quality affects the positive outcome of the adapted body project treatment on individuals struggling with disordered eating.

METHODS

The methods for this study initially involved recruiting college-age students between the ages of 18-24; however, this was changed to anyone over 18, in order to have a larger pool of eligible participants. Inclusion criteria include: 18+ years old, having a support person who is able to attend weekly meetings, being fluent in English, and being identified as having a subclinical eating disorder as defined by the DSM-5. Exclusion criteria involve suicidal/homicidal ideation, having a current/past eating disorder, and currently not being a U.S. citizen. Support person inclusion criteria included: must commit to attending all 4 meetings and be fluent in English.

Originally, we intended for participants to be randomly assigned to treatment and control groups; however, due to difficulty with recruitment we changed this to a quasi-randomized design. Data will be collected from these two groups on how they respond to questions and ideas discussed during these meetings and group results will be compared at the end of the study.

During treatment sessions, patients have the origin of their eating disorder or events in their life that have heightened their disorder addressed and are given homework assignments in an effort to alter their self-perception and relationship with food. After each treatment session, the patients will be given three surveys, in addition to a demographic survey during the first treatment session. During the study, participants will be assigned a unique number that will be used when completing surveys, in order to not have the patient's name attached to their survey for anonymity purposes. These surveys will be analyzed at the end of the study, and monetary compensation will be given to patients for their time; however, support persons are not eligible for monetary compensation.

FIGURES

Figure 1:

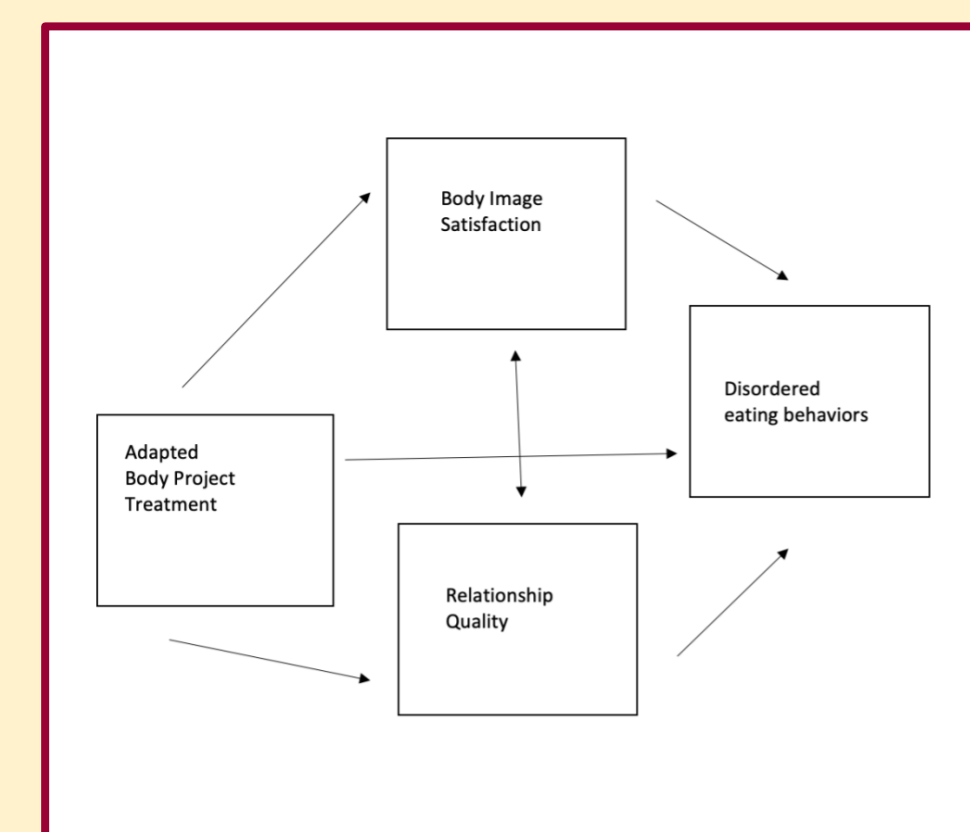


Figure 1 displays the relationship between body image, eating behaviors, and the treatment the adapted body project intervention/treatment provides. This study hypothesizes that all of these factors are impacted by the adapted body project intervention/treatment group's treatment.

Figure 2:

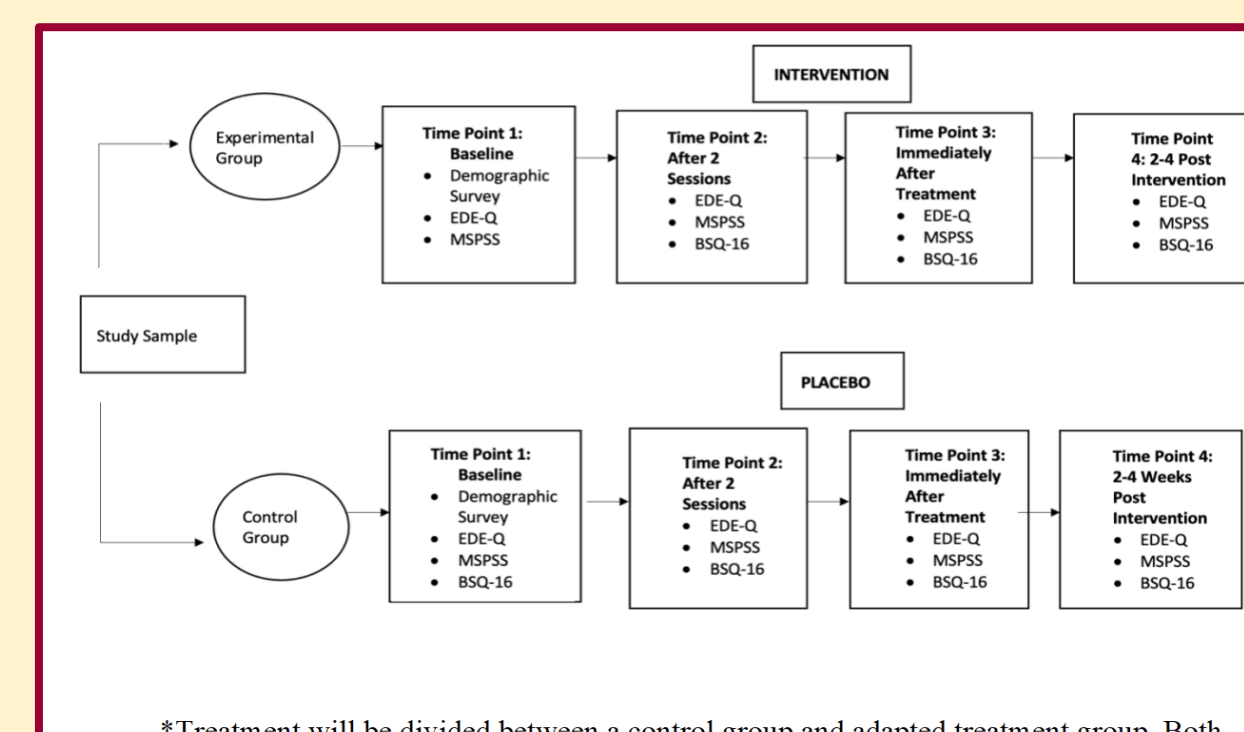


Figure 2 shows the quasi-experimental design used in this study. Each of the acronyms listed in the tables connects to a survey done at the end of each time point in order to assess how concerned the participants are with food intake and self-image, as well as how much support from others is perceived by the participant.

EDE-Q: Eating Disorder Examination Questionnaire (Fairburn and Beglin, 1994)
MSPSS: Multidimensional Scale of received Social Support (Zimet et al., 1988)
BSQ-16: Body Shape Questionnaire (Evans and Dola, 1996)

RESULTS

Out of the roughly 850 people that filled out an application for this project, only 32 people were eligible, and 2 participated in the group study. Of the 2 participants, both were females in their forties who attended college, currently work full-time, and are married with children. Neither participant was receiving outside treatment from a therapist/psychiatrist for an eating disorder at the time of the study, and neither patient had thoughts of hurting themselves or others, nor made themselves sick due to feeling full. One patient reported that they worried they lost control over how much they ate, while the other did not. Neither participant had lost over 15 pounds in the last three months during the study or believed they were too fat when others said they were too thin. One participant stated that food dominates their life. However, both participants thoroughly appreciated being a part of the group treatments. One participant stated that "I think this was wonderful...I kind of wish it were longer," while the other mentioned that "the exercises, all the things that were focused on just...positivity...I found those to be life-giving."

The results from this study imply that involving support people in treatment for body image concerns is a barrier to treatment for most individuals. This can likely be attributed to young adults experiencing disordered eating potentially not having a very strong support network. It is also evident that differentiating a subclinical population for research purposes such as this is difficult. Eating disorders can be partnered with other mental health concerns such as depression and anxiety, making them less likely to be detected and cared for.

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