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Body Trust Moderates the Relationship between Physical & **Emotional Awareness & Eating Disorders in Adolescents**

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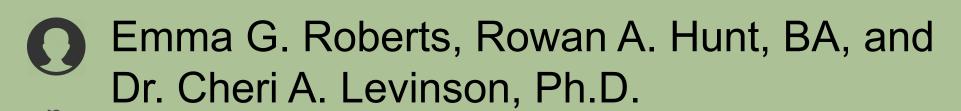
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Body Trust, but Not Distraction, Moderates the Relationships Between Physical and Emotional Awareness and Eating Disorder Pathology Among Adolescents





INTRODUCTION

- Eating disorders (EDs) are related to deficits of interoceptive awareness (i.e., the awareness of inner body sensations; IA) (Jenkinson et al, 2018)
- IA consists of several facets (Mehling et al, 2012)
- Research suggests that physical hyperawareness (i.e., intensified awareness of physical sensations) and tendency to distract have positive relationships with ED symptoms (Lattimore et al, 2017; Merwin et al, 2010)
- Body trust (i.e., feeling safe and at home in one's body) has demonstrated a negative relationship with ED symptoms (Duffy et al, 2020)
- Inability to trust one's body may exacerbate fear, disgust, and shame of the body
- Physical and emotional awareness have shown to be beneficial for affect regulation in nonclinical samples (Price & Hooven 2018)
- Conversely, higher levels of physical and emotional awareness are associated with more ED symptoms (Lattimore et al, 2017)
- Physical and emotional awareness may not be associated with ED symptoms on their own, but instead interact with the need to distract or lack of trust in one's body to increase ED symptoms
- Current study examined whether body trust or tendency to distract moderate the relationships between physical and emotional awareness and ED symptoms

METHODS

- The sample consisted of 357 adolescent girls
- Ages 14-17
- Mean = 15.29,
- SD = 0.0638
- Completed self-report measures as a part of a larger prevention study
 - Eating Disorder Examination Questionnaire (Fairburn et al, 1993)
 - ED symptoms

Body trust moderates the relationship between physical and emotional awareness and eating disorders in adolescents.

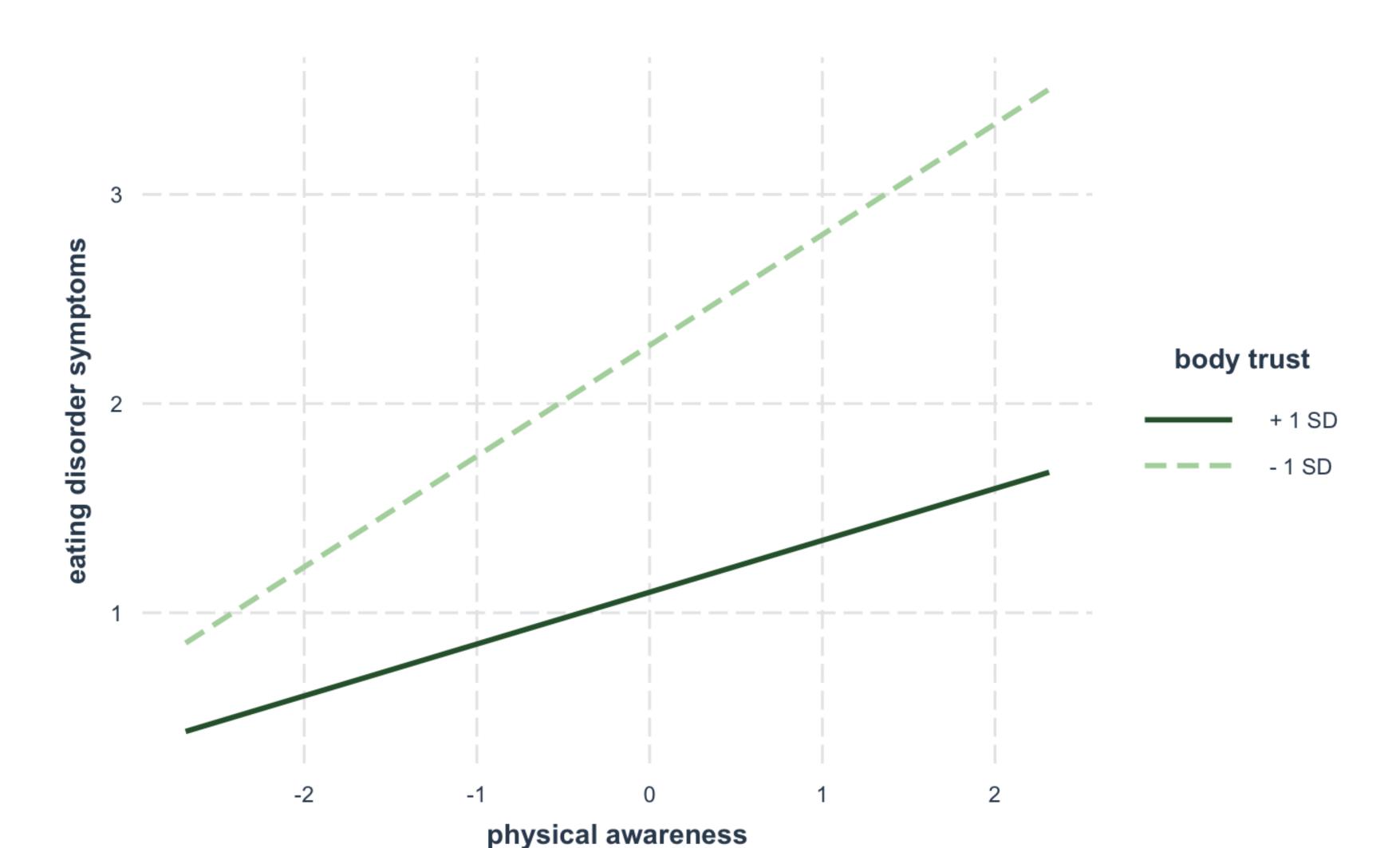


Figure 1. Graph of body trust moderating the relationship between physical awareness and ED symptoms

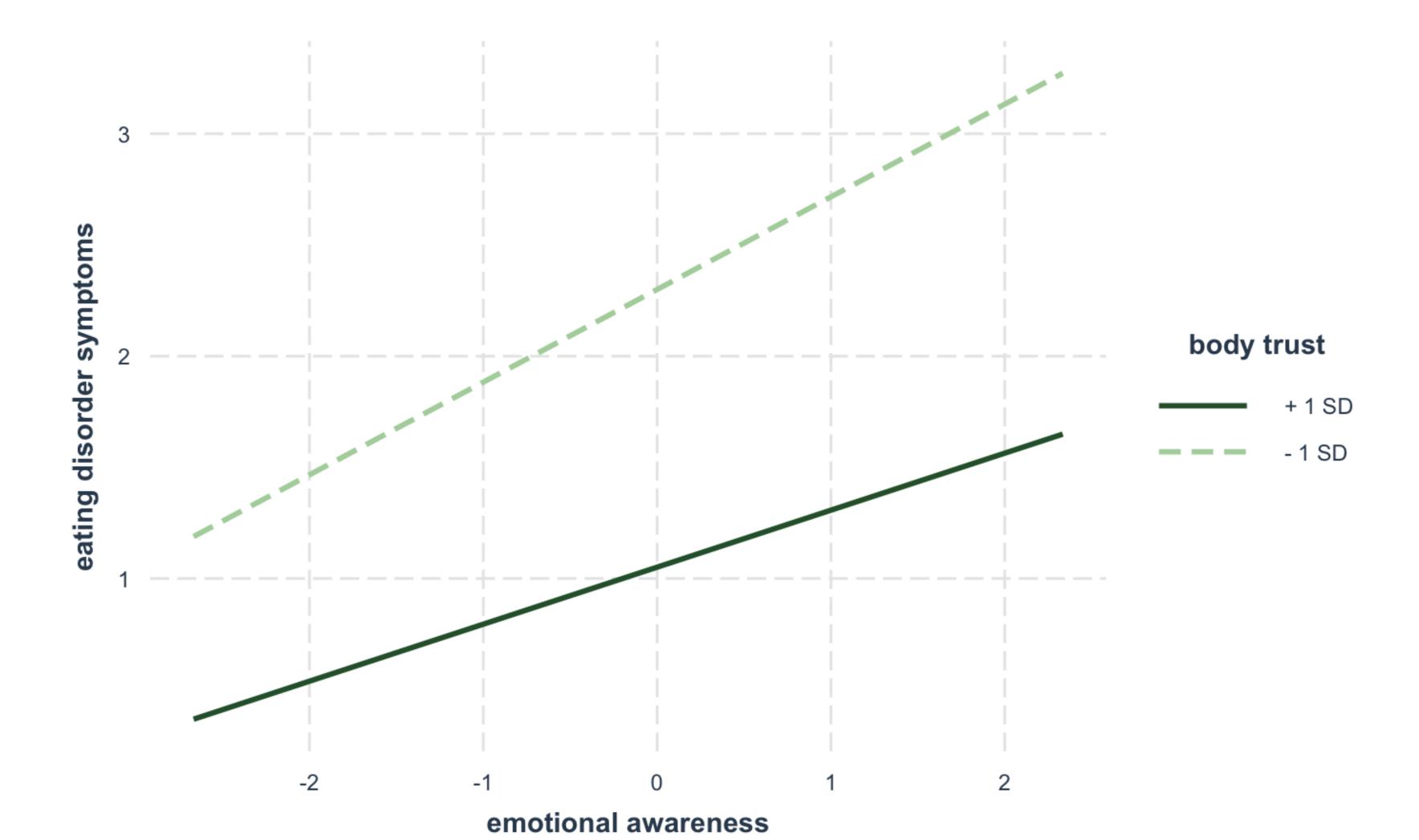


Figure 2. Graph of the body trust moderating the relationship between emotional awareness and ED symptoms





- Multidimensional Assessment of Interoceptive Awareness (Mehling et al, 2012)
- Facets of interoceptive awareness
- Noticing
- Not distracting
- Not worrying
- Attention regulation
- Emotional awareness
- Self regulation
- Body listening
- Body trust

DATA ANALYSIS

- All analyses were conducted using R
- Interactions were probed using interactions package (Long, 2019)
- Items in the distract subscale of the MAIA were reverse-coded as to go in the same direction as the other subscales
- (More distraction tendencies = higher scores)

RESULTS

- Hierarchical multiple linear regression analyses demonstrated that physical awareness, distraction, and body trust were all uniquely associated with ED symptoms (*ps* < . 005)
- Emotional awareness was not uniquely associated with ED symptoms (ps = .125)
- Body trust moderated the relationship between emotional awareness and ED symptoms (ps = .001)
- Body trust moderated the relationship between physical awareness and ED symptoms (ps = .049)
- Distraction did not moderate the relationship between emotional or physical awareness and ED symptoms (ps > .288)

DISCUSSION

- Both distraction and body trust are significantly correlated with ED symptoms
- Distraction does not moderate the relationships between physical/emotional awareness and ED symptoms
- Body trust does moderate the relationships between physical/emotional awareness and ED symptoms
- Assessment for adolescents who are high in body mistrust and physical/emotional awareness may be beneficial, as those individuals are more at risk for developing an ED

