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Betty Ngo
betty.ngo@louisville.edu

Leigh C. Brosf M.S.
University of Louisville

Cheri Levinson
University of Louisville

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Shame is the Shared Maintenance Factor in an Eating Disorder-Anxiety Symptom Comorbidity Model in Female Adolescents

Betty K. Ngo, Leigh C. Brosf, M.S., & Cheri A. Levinson, Ph.D.
Contact Log: betty.ngo@louisville.edu
University of Louisville, Department of Psychological and Brain Sciences

INTRODUCTION

- Anxiety and eating disorders are highly comorbid¹
 - Increase severity of the disorder, chronicity, and treatment resistance²
- Perfectionism, concern over mistakes (CM): the excessive worry over making errors.
 - Persistent CM is a highly related vulnerability for ED symptoms in adolescents³
 - May work alongside other factors to maintain ED
- Current study explores shame, social appearance anxiety (SAA), and CM to eating disorder and anxiety symptoms in a comorbid model.
 - Hypothesis:
 - Shame and SAA will be shared vulnerabilities for anxiety and ED symptoms.
 - CM will uniquely predict social anxiety

PARTICIPANTS

- N = 70 adolescent females; ages 13-15
- Majority White

MEASURES

- Social Appearance Anxiety Scale⁴**
- 16-items; assesses social appearance anxiety
 - High test-retest reliability and internal consistency
- Eating Disorder Examination Questionnaire-6⁶**
- 23-items; assesses eating disorder symptoms
 - Excellent test-retest reliability; good criterion and concurrent validity
- Spencer Children's Anxiety Scale- Short Version⁷**
- 45-items; assesses anxiety in adolescents
 - Good reliability and validity
- State Shame and Guilt Scale⁸ (SSGS)**
- Measures state shame and guilt symptoms
 - Good validity and test-retest validity
- Frost Multidimensional Perfectionism Scale- Concern over Mistakes⁵**
- Subscale of FMPS (13-items) measuring the excessive worry over making errors
 - Good internal consistency and test-retest reliability

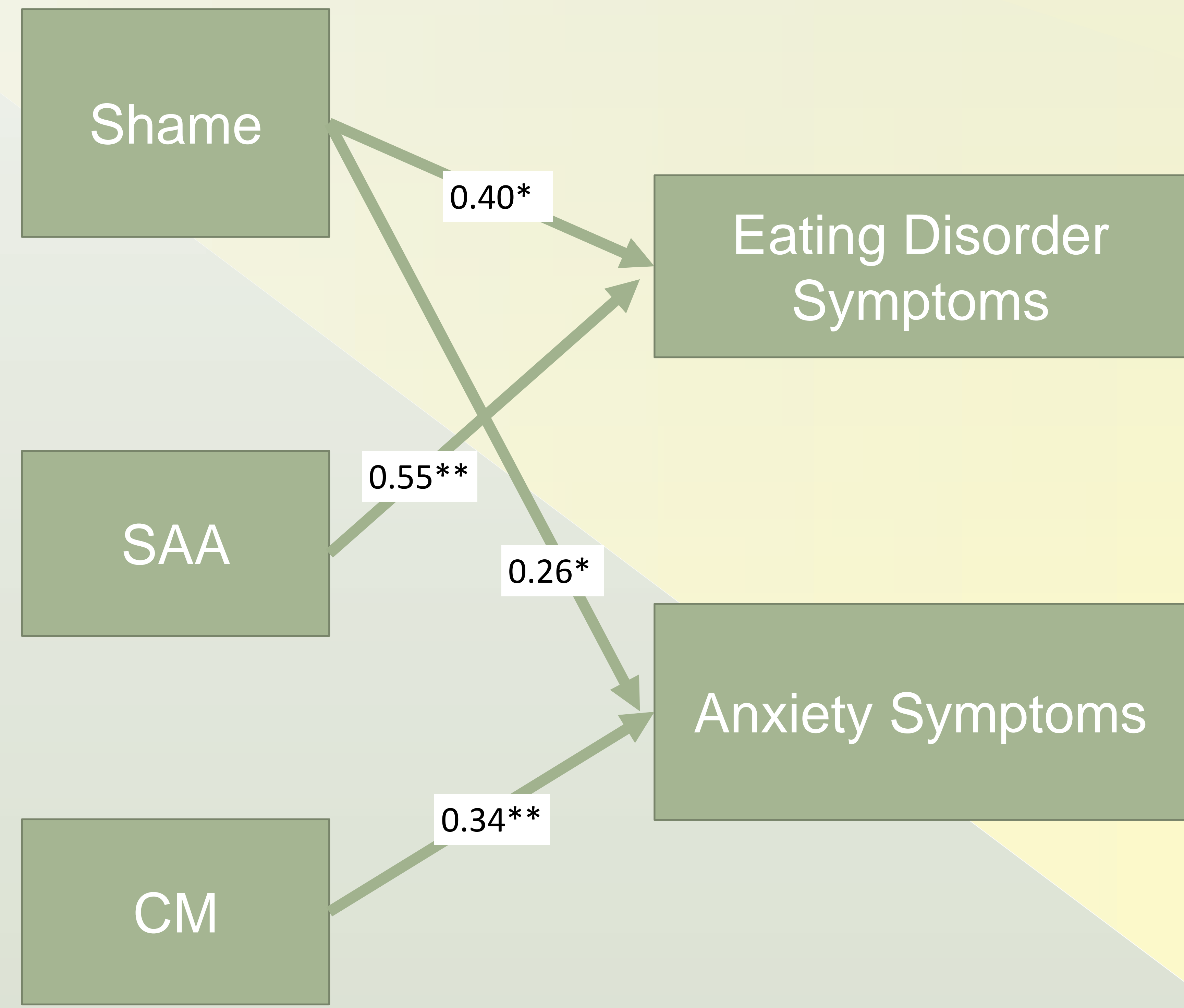


Fig 1: Cross Sectional Path Model of Shame, SAA, CM, ED, and Anxiety
*p<.01 **p<.05

PROCEDURES & DATA ANALYSES

- Path analyses were conducted using MLR estimator from Mplus Version 7.1⁹
- Cross lagged path analyses analyzed whether shame and concern over mistakes were shared or unique vulnerabilities for ED and anxiety symptoms
- Model fit was evaluated using
 - Comparative fit index¹⁰ (CFI) and Tucker-Lewis incremental fit index¹¹ (TLI)
 - 0.95 and greater considered excellent
 - Root mean square error of approximation¹² (RMSEA)
 - 0.05 and less was considered excellent

RESULTS

- The model displayed excellent fit: CFI = 1.00; TLI: 1.00, RMSEA: 0.00. Shame was significantly associated with both anxiety (p= .033) and eating disorder symptoms (p=.012).
- CM was only significantly associated with anxiety (p=.008), but not eating disorder (p= .135) symptoms.
- SAA was only significantly associated with eating disorder (p< .001), but not anxiety (p= .135) symptoms.

DISCUSSION

- Only shame served as a shared correlate between eating disorder and anxiety symptoms
- CM was uniquely associated with anxiety, but not ED symptoms.
- SAA was uniquely associated with ED symptoms.
- Shame may maintain both ED and anxiety symptoms by fueling avoidance behaviors in a variety of situations.
- Interventions targeting shame could help alleviate this comorbidity.

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