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Feared food in dieting and non-dieting young women: a preliminary validation of the Food Phobia Survey

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Abstract

The Food Phobia Survey (FPS) is a recently developed clinical instrument designed to identify foods that are avoided out of fear or guilt by eating disordered individuals. The measure has potential utility in clinical settings for several purposes: the assessment of current food selection and food-related concerns; the construction of individual hierarchies for graded exposure; and the evaluation of treatment outcomes with reference to fear and avoidance of food items. It is comprised of 180 commonly eaten foods rated on three dimensions: fear/guilt, appeal in the absence of weight concern, and frequency of consumption. Dieting and non-dieting college women were compared to provide preliminary data on the FPS from a non-clinical population. The FPS yielded findings convergent with other data on forbidden foods and discriminated between dieters and non-dieters. For both groups, the perception that foods were fattening was correlated with increased fear/guilt, with dieters showing significantly greater increases in ratings of fear/guilt and number of feared foods with increments in the perceived 'fatteningness' of food items.

Keywords: Forbidden food; Dietary restraint; Exposure; Measurement; Validity; Reliability; Anorexia; Bulimia

Introduction

Dieting can involve restricting the quantity, frequency, or variety of foods eaten. Weight-concerned individuals often limit their dietary selections to foods that are considered 'safe', on the basis of beliefs about the likelihood that specific items will promote weight gain or disinhibit dietary restriction (Knight & Boland, 1989; Rosen, Leitenberg, Fondacaro, Gross, & Willmuth, 1985). The terms 'feared foods' and 'forbidden foods' have been used to characterize those foods that restrained and eating disordered individuals attempt to avoid because of self-imposed rules (e.g. Gattellari & Huon, 1997; Kales, 1990; Rosen et al., 1985).

Although there is some correlation between the objective properties of foods and the likelihood that they will be feared or forbidden, individual beliefs about the weight-promoting effects of a food item are better predictors of associated distress or avoidance than its actual caloric or macronutrient properties. In the 1960s and 1970s it was reported that anorexic patients were 'carbohydrate phobic' (Crisp & Kalucy, 1974; Russell, 1979); in subsequent decades, research has ascertained that eating disordered individuals selectively avoid fats rather than carbohydrates (e.g. Beumont, Chambers, Rouse, & Abraham, 1981) and designate foods as forbidden largely on the basis of fat content (Kales, 1990). These observations have been considered contradictory by some authors (e.g. Van Binsbergen, Hulshof, Wedel, Odink, & Bennink, 1988), but the discrepant data probably reflect changes in popular beliefs about which property is most 'fattening' (Drewnowski, Pierce, & Halmi, 1988). Since the identification of forbidden foods appears to covary with popular beliefs, the dietary profiles of restrained and eating disordered individuals may also be subject to change over time, tracking shifts in available nutritional information and dieting fads. Because feared foods are often excluded by weight-concerned individuals on the basis of idiosyncratic beliefs and learning histories, there is considerable variability in the specific items considered 'bad' or 'dangerous' and in the degree of distress each item evokes.

Eating disordered patients often justify their refusal to eat feared or forbidden foods by claiming to dislike them or by

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expressing overwhelming anxiety at the prospect of eating them. In cognitive-behavioral therapy (CBT), anxiety, expressed dislike, and behavioral avoidance associated with feared foods are important treatment targets. CBT has been studied extensively in the treatment of bulimia nervosa and is considered the 'gold standard' treatment for this disorder (Wilson, 1998). This modality has demonstrated efficacy for the treatment of binge eating disorder as well (Wilfley et al., 2002), and a related approach has yielded some encouraging results in the treatment of anorexia nervosa (Pike, Walsh, Vitousek, Wilson, & Bauer, 2003). CBT is focused on the modification of abnormal attitudes about weight and shape, as well as the replacement of dysfunctional dieting with normal eating (Wilson & Fairburn, 1993). During the course of treatment, feared foods are reintegrated into the patient's diet, and erroneous beliefs and fears attached to the ingestion of these foods are addressed. Previously excluded food items are typically added to the patient's diet in a hierarchical fashion from least to most feared and/or avoided foods (i.e. graded exposure).

Self-monitoring of dietary intake is a central component of CBT for the eating disorders (Wilson & Vitousek, 1999). Although daily records provide important data about what individuals are currently eating, they obviously cannot yield information about items that patients preferred prior to the initiation of dieting, but now exclude for fear of weight gain. No satisfactory measures exist for the purpose of facilitating the identification of foods that are desired but avoided out of fear or guilt associated with their consumption. For clinical purposes three dimensions are relevant in identifying these feared or forbidden foods: the degree of avoidance associated with a given item; the amount of fear and/or guilt it elicits; and the appeal it would hold in the absence of concerns about its putative danger.

Restrained individuals tend to categorize foods according to whether they are 'guilt-inducing' versus 'guilt-free' (King, Herman, & Polivy, 1987) or 'forbidden' versus 'nonforbidden' (Knight & Boland, 1989). Dichotomous thinking regarding the presence/absence of guilt in association with specific foods is a distinguishing characteristic of dieters (King et al., 1987). These individuals also associate more guilt, pain, and anxiety with food in general, and associate significantly more guilt with forbidden than allowed foods (Gattellari & Huon, 1997). For restrained individuals, the mere anticipation of eating prohibited foods is associated with feelings of failure and dietary abandonment (Knight & Boland, 1989). Although non-restrained individuals also express guilt over eating some foods, they report thinking of foods in more neutral terms than restrained individuals and may be more likely to associate guilt with foods that they consider nutritionally poor, rather than fattening or diet breaking (King et al., 1987).

As feared or forbidden foods are associated with fear and/or guilt reactions in restrained and eating disordered individuals, ratings of these emotional reactions to food items can aid in the task of identifying foods that are considered 'off-limits'. Also, subjective ratings of the fear or guilt elicited by the actual or imagined consumption of avoided foods help to clarify the basis for dietary exclusions, and in the case of eating disorders, can be used to guide the construction of hierarchies of feared foods for graded exposure.

Taste preferences must also be assessed in order to determine whether a food is being avoided because of weight-related concerns, or because the individual simply does not find it palatable. However, ratings of 'preference' for food items in weight-concerned individuals are not necessarily equivalent to ratings of hedonic appeal. When asked to imagine that foods are calorie free, eating disordered individuals assign significantly higher ratings for appeal, suggesting that weight-related concerns affect reported preference (Sunday, Einhorn, & Halmi, 1992).

This study examines some of the properties and correlates of a recently developed instrument, the Food Phobia Survey (FPS) (Vitousek, 1998). The FPS is intended for clinical work with eating disordered patients and is designed to facilitate the identification of patients' feared and forbidden foods for the purpose of reintegrating these foods into their diets during the course of treatment. The present study is part of the preliminary investigation of the reliability and construct validity of the scale. Data were collected from dieting and non-dieting female college students to provide comparison data to responses from eating disordered patients. Dieters were utilized in this investigation as they represent a group intermediate between non-dieting and eating disordered individuals on many behavioral and attitudinal indices (Polivy & Herman, 1987), and it was anticipated that the instrument would discriminate between dieters and non-dieters. A second purpose of this study was to validate its use as a research instrument for studying feared and forbidden foods in restrained eaters.

Method

Participants

For the principal study, 101 female participants were recruited from undergraduate psychology courses at the University of Hawaii. After 22 participants were excluded on the basis of exclusionary criteria outlined below, the sample used for analyses included 34 dieters and 45 non-dieters. A separate sample of 37 female participants was recruited to examine the test-retest reliability of the FPS at a 1-week interval.

Classification of participants as dieters or non-dieters

The current study identified dieting participants on the basis of a positive response to a direct question about