



# Bulimic symptoms in undergraduate men and women: Contributions of mindfulness and thought suppression

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## ABSTRACT

Experiential avoidance, the refusal to accept contact with unpleasant private experiences, is believed to play a role in the onset and maintenance of eating disorders. Preliminary evidence suggests that mindfulness- and acceptance-based interventions that reduce avoidance may be effective in treating disordered eating behaviors. The purpose of the current investigation was to examine whether one form of experiential avoidance (thought suppression) and the theoretically opposing construct of dispositional mindfulness are associated with bulimic symptoms. Undergraduate men ( $n=219$ ) and women ( $n=187$ ) completed questionnaires assessing mindful attention and awareness, chronic thought suppression, and bulimic symptoms. A series of hierarchical regression analyses revealed that thought suppression and mindfulness accounted for unique variance in bulimic symptoms among men and women after accounting for BMI. Results are discussed in terms of the role of dispositional mindfulness and thought suppression in disordered eating.

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## 1. Introduction

A substantial body of research has provided evidence for an association between negative affect and eating disorders (see [Stice, 2002](#) for a review) and negative affect has been conceptualized as a risk factor for disordered eating among males and females ([Ricciardelli & McCabe, 2004](#); [Stice, 2001](#)). The recognition of negative affect as a risk factor for eating disorders has promoted the development of affect regulation models that conceptualize disordered eating behaviors as maladaptive strategies to reduce or avoid unpleasant emotional states ([Heatherton & Baumeister, 1991](#); [Polivy & Herman, 1993](#); [Stice, Nemeroff, & Shaw, 1996](#); [Wiser & Telch, 1999](#)). Consistent with these models, recent studies have provided evidence that emotion regulation difficulties contribute to disordered eating behaviors. For instance, [Whiteside and colleagues \(2007\)](#) found that undergraduate men and women who reported binge eating reported experiencing greater difficulties in emotion regulation than their non-binge eating peers. Specifically, binge eaters reported less emotional clarity and access to fewer adaptive affect regulation strategies than non-binge eaters. Similarly, [Lavender and Anderson \(in press\)](#) found that limited access to adaptive regulation strategies and nonacceptance of emotional experiences were difficulties that contributed to

disordered eating in undergraduate men. Research therefore supports the conceptualization of behaviors such as binge eating, purging, and excessive exercise as efforts to avoid unpleasant affective states, particularly among individuals who have a limited repertoire of adaptive emotion regulation skills.

### 1.1. Thought suppression

A tendency to engage in maladaptive avoidance behaviors in response to distressing or unwanted thoughts and emotions may reflect a broader pattern of experiential avoidance, defined as the refusal to accept contact with unpleasant emotional, physical, and cognitive experiences ([Chawla & Ostafin, 2007](#); [Hayes, Wilson, Gifford, Follette, & Strosahl, 1996](#)). One form of experiential avoidance is thought suppression, which has been shown to be associated with a variety of affective disorders ([Purdon, 1999](#)). Efforts to suppress unpleasant cognitions frequently can be maladaptive and ultimately ineffective due to a paradoxical increase or rebound in the unwanted thoughts that often occur when suppression attempts fail ([O'Connell, Larkin, Mizes, & Fremouw, 2005](#); [Soetens, Braet, Dejonckheere, & Roets, 2006](#); [Wegner, Schneider, Carter, & White, 1987](#)).

In an effort to further clarify the role of avoidance in disordered eating, studies have examined the effects of suppressing eating- and weight-related thoughts among individuals high and low in dietary restraint and disinhibition. The results of these studies have been mixed, with some suggesting that restrained eaters and disinhibited eaters are able to successfully suppress eating- and weight-related cognitions ([Harnden, McNally, & Jimerson, 1997](#); [Oliver & Huon, 2001](#)).

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and others supporting the idea that suppression efforts result in a rebound effect among restrained eaters and individuals high in both restraint and disinhibition (O'Connell et al., 2005; Soetens et al., 2006). Research also suggests that individuals high in dietary restraint and disinhibition exhibit a greater tendency to engage in generalized thought suppression than unrestrained eaters and individuals who are high in dietary restraint, but low in disinhibition (Soetens, Braet, & Moens, 2008). In sum, preliminary evidence suggests that rejection and avoidance of aversive affective states and cognitions may be associated with disordered eating behaviors. Although the mechanisms underlying this association require further elaboration, some individuals may be more likely to engage in disordered eating behaviors in response to the increased distress that results from failed suppression attempts.

## 1.2. Mindfulness

Consistent with the recognition that certain forms of experimental avoidance such as thought suppression may contribute to disordered eating, several therapies recently applied to the treatment of eating disorders include components designed to reduce experiential avoidance and increase awareness and acceptance, including Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999) and Dialectical Behavior Therapy (DBT; Linehan, 1993a,b). Although the role of acceptance in DBT and ACT is conceptualized somewhat differently, the therapies include similar strategies to promote awareness and acceptance. For instance, these interventions utilize mindfulness skills training as a method of promoting acceptance and awareness of private experiences in the present moment (i.e., thoughts, emotions, memories). Numerous case reports and treatment studies have provided preliminary evidence for the efficacy of these newer therapies in treating binge eating disorder, bulimia nervosa, and anorexia nervosa (see Baer, Fischer, & Huss, 2005 for a review).

Although the exact mechanisms underlying the positive effects of mindfulness practice on disordered eating symptoms require further elaboration, Baer et al. (2005) have proposed several possibilities that are consistent with both cognitive-behavioral and affect regulation models of eating disorders. For example, the authors suggest that adopting a mindful outlook may promote the understanding that distressing cognitions (e.g., irrational thoughts about the consequences of breaking a dietary rule) are only temporary and do not require a particular behavioral response (e.g., purging). Researchers also have suggested that mindfulness functions via exposure and thus reduces the likelihood that an individual will engage in impulsive and maladaptive behaviors in response to aversive private experiences (Baer et al., 2005; Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006).

## 1.3. Current study

Although newer mindfulness- and acceptance-based therapies have shown promise in treating individuals with eating disorders, little research has been conducted on the relationship between disordered eating behaviors and dispositional mindfulness, a trait characterized by attention to and acceptance of one's experiences. Given preliminary research suggesting that increasing mindfulness is associated with reductions in eating disorder symptoms, individuals who exhibit higher levels of dispositional mindfulness may be less likely to engage in disordered eating behaviors. Furthermore, although several studies have assessed the ability of individuals high and low in dietary restraint and disinhibition to suppress food- and weight-related thoughts, few studies have assessed the contribution of generalized thought suppression to the broad array of eating disorder symptoms. The purpose of the present investigation was to determine the extent to which chronic thought suppression and mindful attention and awareness contribute to bulimic symptoms in

undergraduate men and women. These constructs are in theoretical opposition because mindfulness is characterized by acceptance and awareness of private experiences, whereas thought suppression is characterized by nonacceptance and efforts to reduce unwanted cognitions. It was hypothesized that both of these variables would account for unique variance in bulimic symptoms. Specifically, it was hypothesized that higher levels of dispositional mindfulness would be associated with less bulimic symptomatology, while higher levels of thought suppression would be associated with greater bulimic symptomatology.

## 2. Method

### 2.1. Participants

A total of 187 undergraduate women and 219 undergraduate men from a large Northeastern university participated in the current research for either \$10 or credit in an introductory-level psychology course. The mean (SD) age for participants was 19.1 (1.5) years and the mean body mass index (BMI) of the sample was 24.0 (4.5) kg/m<sup>2</sup>. The ethnic composition of the sample was as follows: 71.9% Caucasian, 9.9% Latino/a American, 7.6% African American, 5.4% Asian American, and 3.7% other. The remaining 1.5% of participants did not report their ethnicity.

### 2.2. Measures

#### 2.2.1. Bulimia Test-Revised (BULIT-R; Thelen, Farmer, Wonderlich, & Smith, 1991)

The BULIT-R is a 28-item self-report measure of bulimic symptoms. Each item is rated on a 5-point scale and possible scores range from 28 to 140, with higher scores reflecting greater bulimic symptomatology. Sample items include "I am afraid to eat anything for fear that I won't be able to stop" and "I hate the way my body looks after I eat too much." The measure assesses a broad range of disordered eating attitudes and behaviors including body dissatisfaction, binge eating, purging, and other compensatory behaviors. The measure has been widely used in the eating disorder literature and has been shown to discriminate individuals with bulimia nervosa from controls (Thelen et al., 1991; Thelen, Mintz, & Vander Wal, 1996). Cronbach's alpha was 0.93 in the present investigation.

#### 2.2.2. White Bear Suppression Inventory (WBSI; Wegner & Zanakos, 1994)

The 15-item WBSI assesses the tendency to suppress unpleasant or unwanted thoughts. Each item is rated on a 5-point scale from "strongly disagree" to "strongly agree." Possible scores range from 15 to 75 and higher scores reflect a greater tendency to engage in thought suppression. Example items include "There are things that I try not to think about" and "I have thoughts that I try to avoid." The measure has exhibited adequate internal consistency and test-retest reliability (Wegner & Zanakos, 1994). In the current study, Cronbach's alpha was 0.94.

#### 2.2.3. Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003)

The 15-item MAAS assesses the tendency to be aware of and attentive to present moment experiences in day-to-day life. Participants rate how often they find themselves being preoccupied, not paying attention to the present moment, and completing tasks or engaging in behaviors with little awareness. Each item is rated on a 6-point scale from "almost always" to "almost never." Items are averaged to calculate the overall score and higher scores are indicative of greater dispositional mindfulness. Example items include "I rush through activities without being really attentive to them" and "I could be experiencing some emotion and not be conscious of it until sometime later." The measure has evidenced good internal consistency and test-retest reliability

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