Food for thought: Examining the relationship between food thought suppression and weight-related outcomes

Rachel D. Barnes *, Stacey Tantleff-Dunn

4000 Central Florida Blvd, Department of Psychology, University of Central Florida, Orlando, FL 32816, United States

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Abstract

The current study sought to extend previous eating behaviors and thought suppression literature by assessing the relationship between food thought suppression and weight-related outcomes. Three hundred and twelve overweight/obese community men and women completed self-report measures of thought suppression, weight history, and eating behaviors. Women were more likely than men to endorse food thought suppression, as were individuals who currently were dieting, when compared with those nondieters. Food thought suppression also predicted binge eating, food cravings, and other eating disordered symptoms. Results have implications for obesity and support further exploration of third wave interventions, such as Acceptance and Commitment Therapy and Mindfulness, in the treatment of obesity.

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1. Introduction

In a seminal study, researchers instructed participants to suppress thoughts about a white bear (Wegner, Schneider, Carter, & White, 1987). Participants were unsuccessful at completely suppressing the target-thought and also reported a “rebound,” or increase, in white bear thoughts after the suppression period (Wegner et al., 1987, p. 7). Wegner (1994) developed the Ironic Processes Theory to explain the findings. The theory suggests that the outcomes of thought suppression include an immediate increase in target thoughts following instructions or attempts to suppress thoughts; an increase in target thoughts following suppression; and an increased priming of the to-be-suppressed thoughts as measured by Stroop tasks (i.e., hyper-accessibility; Wenzlaff & Wegner, 2000).

The importance of examining the relationship between thought suppression and eating behaviors has been stressed in the literature (Polivy, 1998; Ward, Bulik, & Johnston, 1996; Wenzlaff & Wegner, 2000). The aforementioned outcomes of thought suppression (e.g., hyper-accessibility) have been demonstrated experimentally with individuals attempting to suppress food-related thoughts (Dejonckheere, Braet, & Soetens, 2003; Smart & Wegner, 1999). Dieting individuals may be even less able to suppress food- and weight-related thoughts when compared to nondieters (Giannopoulos, 2001; Harnden, McNally, & Jimerson, 1997; O’Connell, Larkin, Mizes, & Fremouw, 2005), particularly if they are obese (Soetens & Braet, 2006). Suppressing food-related thoughts may not only increase the thoughts but also may alter individuals’ behavior.

Researchers theoretically linked thought suppression to bingeing (Ward et al., 1996) but few studies have examined the behavioral consequences of instructed suppression. Johnston, Bulik and Anstiss (1999) asked cravers and noncravers of chocolate to suppress thoughts about chocolate. Following the suppression period, and regardless of craving status, participants worked harder at a computer game to earn chocolates when compared to the nonsuppression control group. If women of a healthy weight respond to thought suppression by seeking more food, perhaps the unique response to thought suppression experienced by obese individuals may lead to more dramatic behavioral consequences such as binge eating.

Making certain food forbidden increased thoughts of the food but did not result in increased food intake (Mann & Ward, 2001). The study, however, may have failed to replicate the experience of individuals who utilize thought suppression because participants were forbidden to eat certain foods but were not instructed to suppress thoughts. Additionally, participants’ body mass indices (BMIs) were not reported. The sample consisted of undergraduates, and studies utilizing similar populations reported participant BMIs within the healthy range (e.g., Harnden et al., 1997). The participants may have managed their weight effectively, therefore limiting the generalizability to overweight or obese individuals. An exploratory investigation randomized thirty participants to a suppression or control condition and further categorized by weight and high/low restraint (Pop, Miclea, & Hancu, 2004). Two weeks of suppression...
resulted in increased food-related thoughts, regardless of weight, and increased food intake in restrained overweight/obese participants. The published abstract of this experiment did not include the age or sex of the participants. Regardless of the participant demographics, results certainly support further exploration of food-related thought suppression within an overweight/obese population.

There appears to be a linear relationship between weight and utilization of food thoughts suppression, with healthy weight, overweight, and obese undergraduate women endorsing progressively higher levels of food thought suppression (Barnes, Fisk, & Tantleff-Dunn, 2010). Food thought suppression also predicted the young women’s eating disorder symptomatology. Conversely, among a group of binge eaters, suppression of negative affect did not lead to increased food intake (Dingemans, Martijn, Jansen, & van Furth, 2009). However, researchers collapsed participants among weight categories rather than comparing healthy weight individuals to overweight/obese participants who may be more likely to experience the negative consequences of thought suppression (Pop et al., 2004; Soetens & Braet, 2006).

Taken together, the literature suggests that attempting to suppress food and weight-related thoughts may lead to increases and hyper-accessibility of the thoughts (Soetens & Braet, 2006; Wenzlaff & Wegner, 2000) and individuals even binge-eat (Ward et al., 1999), seek out food (Johnston et al., 1999), or increase food intake as a result of thought suppression (Pop et al., 2004). However, existing research generally is limited by samples of young, healthy weight undergraduates. Of the scant literature examining thought suppression within overweight or obese individuals, most have utilized an undergraduate sample. Of the scant literature examining thought suppression within overweight or obese individuals, most have utilized an undergraduate sample rather than examine potential sex differences. Recent findings suggest that adolescents may respond differently to suppression than adults (Soetens & Braet, 2007), overweight/obese individuals respond differently than healthy weight individuals (Pop et al., 2004), and women rely on thought suppression more than men (Barnes, Klein-Sosa, Renk, & Tantleff-Dunn, in press).

The current study sought to determine if food thought suppression was related to binge eating and food cravings as both may be related to obesity and other eating disorder symptomatology (Hudson, Hiripi, Pop, & Kessler, 2007; Weingarten & Elston, 1990; White, Whisenhunt, Williamson, Greenway, & Netemeyer, 2002). Previous literature will be extended by the use of an overweight/obese sample of men and women recruited from the community. The current study tested the following hypotheses: 1. women and current dieters will be more likely to utilize food thought suppression than men or non-dieters; 2. individuals with a tendency to utilize general thought suppression will be more likely to attempt to suppress food-related thoughts; 3. food thought suppression will predict weight-related outcomes (e.g., food cravings, binge eating) after accounting for the general tendency to suppress thoughts.

2. Method

2.1. Participants

The initial sample included 352 community members. Participants excluded from the analyses were: 5 who took the paper copy (small number did not allow for comparisons with online group); 5 who responded incorrectly to two or more validity questions (see Measures); 28 who reported bulimic symptoms in the last month; and 2 who did not provide adequate data to be screened for eating disorders (EDs). Individuals with active ED symptoms were removed because preoccupation with appearance and food are diagnostic criteria for anorexia and bulimia nervosa and may skew results (American Psychiatric Association, 1994). The final sample of 213 women and 99 men had a mean age of 40.00 (SD = 12.15) and BMI of 32.57 (SD = 6.51). All participants fell within the overweight to obese category (BMI ≥ 25).

2.2. Measures

2.2.1. Demographics and weight history

Participants were asked to provide demographic (e.g., age, ethnicity, sexual orientation) and weight-related information (e.g., current height, weight, dieting status). Research suggests that individuals’ self-reported weight accuracy is sufficient for studies not examining weight loss interventions (e.g., Bowman & Delucia, 1992). Participants were asked to respond yes or no to the question “Are you dieting currently?” The response to this question was used to categorize participants as either currently dieting or not currently dieting.

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

The WSI is a 15-item measure of general thought suppression. Participants responded to questions such as, “I always try to put problems out of my mind” on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Cronbach’s alphas for the current sample were .92 for men and .94 for women.

2.2.3. Food Thought Suppression Inventory (FTSI; Barnes et al., in press; Barnes & White, in press)

Food Thought Suppression Inventory is a one-factor 15-item measure of the tendency to avoid thoughts regarding food. Participants responded to questions such as, “There are foods that I try not to think about” on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Cronbach’s alphas for the current sample were .97 for men and .96 for women.

2.2.4. Food Craving Inventory (FCI; White et al., 2002)

The 25-item FCI is based on research suggesting that food cravings may be related to episodes of overeating. For the current study, the total score was utilized. Current Cronbach’s alphas were .91 for men and .88 for women.

2.2.5. Eating Disorder Examination—Questionnaire (EDE-Q; Fairburn & Beglin, 1994)

The EDE-Q was used to measure frequency of binge eating in the past 28 days and screen out participants who reported symptoms of anorexia or bulimia nervosa. Included were examples of what a binge entails (Golfein, Devlin, & Kamenetz, 2005). The EDE-Q also generates four subscales: dietary restraint, eating concern, weight concern, and shape concern, and an overall Global score. Current Cronbach’s alphas ranged from .70 to .87.

2.2.6. Validity items

Five questions were inserted throughout the survey to assure that participants were maintaining attention to the questions and address potential random endorsement (e.g., “For this question, please choose answer choice 3”). Excluded from analyses were participants who responded incorrectly to two or more of the five validity questions.

2.3. Procedures

The current study received Internal Review Board (IRB) approval. Participants were recruited via the internet at general (e.g., Craigslist.com) and weight loss (e.g., Weight-loss-forum.com) and at local gyms within a large southeastern city (i.e., YMCA, LA Fitness). At the gyms, participants were asked to provide their email address and they received a link to complete the study. The questionnaires were available at a secured website (Zoomerang). At this website, participants were asked to provide informed consent, complete the
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