



## Factor structure and clinical correlates of the Food Thought Suppression Inventory within treatment seeking obese women with binge eating disorder

Rachel D. Barnes<sup>a,\*</sup>, Takuya Sawaoka<sup>b</sup>, Marney A. White<sup>a,b,c</sup>, Robin M. Masheb<sup>a</sup>, Carlos M. Grilo<sup>a,b</sup>

<sup>a</sup> Department of Psychiatry, Yale University School of Medicine, USA

<sup>b</sup> Department of Psychology, Yale University, USA

<sup>c</sup> Department of Chronic Disease Epidemiology, Yale School of Public Health, USA

### ARTICLE INFO

#### Article history:

Received 14 December 2011

Received in revised form 28 June 2012

Accepted 3 October 2012

Available online 18 October 2012

#### Keywords:

Obesity

Binge eating

Thought suppression

Food

Eating

Measure

### ABSTRACT

Prior research on the relations among eating behaviors and thought suppression is limited to a measure of general thought suppression, the White Bear Suppression Inventory. To address this limitation, researchers recently validated the Food Thought Suppression Inventory (FTSI). Analyses using this measure suggest that food thought suppression is distinct from and is more predictive of eating disorder psychopathology than is general thought suppression. The FTSI, however, has not yet been validated in clinical samples. The purpose of the current study is to examine the factor structure and clinical correlates of the FTSI within treatment seeking obese women with binge eating disorder (BED;  $N = 128$ ). Analyses revealed a valid and reliable one-factor measure of food thought suppression that was related to higher levels of eating and general psychopathology. The findings provide evidence for the use of the FTSI with obese women with BED. Future research should examine the psychometric properties of the FTSI within larger and more diverse samples.

© 2012 Published by Elsevier Ltd.

### 1. Introduction

The Ironic Processes Theory suggests that thought suppression, or purposely trying to avoid certain thoughts, may have unwanted consequences such as increases in priming of the target thoughts (hyperaccessibility; Wegner & Erber, 1992), increases in target thoughts immediately once an individual tries to suppress specific thoughts, and increases in target thoughts following cessation of suppression attempts (the rebound effect; Wegner, 1994; Wegner & Erber, 1992). Rumination may, therefore, be a likely outcome of thought suppression attempts. Research indicates general thought suppression is related to higher levels of psychiatric symptoms, such as depression (Wenzlaff & Wegner, 2000). Thought suppression also has been investigated in the context of specific themes, including food and eating-related constructs. The little existing research examining the association between thought suppression and eating behaviors has resulted in mixed findings. The consequences of thought suppression, such as hyperaccessibility and rebound, have been found to result from attempting to suppress food-related thoughts in some studies (Dejonckheere, Braet, & Soetens, 2003; Smart & Wegner, 1999;

Soetens & Braet, 2006; Soetens, Braet, Dejonckheere, & Roets, 2006; Soetens, Braet, & Moen, 2008) but not all (May, Andrade, Batey, Berry, & Kavanagh, 2010; Soetens & Braet, 2007; Soetens, Braet, & Bosmans, 2008). Of note is that May et al. (2010) did not consider dieting status or weight in their analyses, both of which may influence thought suppression (e.g., Erskine & Georgiou, 2010; Kemps, Tiggemann, & Christianson, 2008; O'Connell, Larkin, Mizes, & Fremouw, 2005; Pop, Miclea, & Hancu, 2004; Soetens et al., 2006).

Initial studies of thought suppression and eating behaviors (e.g. Soetens et al., 2006) were limited to the White Bear Suppression Inventory (WBSI), a self-report measure of *general* thought suppression. To address the limitation that eating-related studies were restricted to a general measure of thought suppression, rather than one specific to eating, researchers recently created the Food Thought Suppression Inventory (FTSI), which was validated with non-clinical samples of women (Barnes, Fisak, & Tantleff-Dunn, 2010) and men (Barnes & White, 2010). The items are based on the WBSI, for example: "There are things I prefer not to think about" from the WBSI was changed to "There are foods I prefer not to think about" for the FTSI. The measure includes a single, reliable, and valid factor of food thought suppression, and higher scores on the FTSI have been shown to be associated with higher BMI (Barnes & White, 2010; Barnes et al., 2010). The FTSI is moderately related to the WBSI and more strongly associated with important eating-related constructs than is the WBSI (Barnes & White, 2010; Barnes et al., 2010), suggesting that food thought suppression is distinct from, albeit related to, general thought suppression.

\* Corresponding author at: Yale University School of Medicine, Program for Obesity, Weight, and Eating Research, P.O. Box 208098, New Haven, CT 06520-8098, USA. Tel.: +1 203 785 6395; fax: +1 203 785 7855.

E-mail addresses: rachel.barnes@yale.edu (R.D. Barnes), takuya.sawaoka@yale.edu (T. Sawaoka), marney.white@yale.edu (M.A. White), robin.masheb@yale.edu (R.M. Masheb), carlos.grilo@yale.edu (C.M. Grilo).

Psychometric evaluations of the FTSI, however, have been limited to non-clinical samples. Existing research indicates that food thought suppression may evidence even greater clinical significance for obese persons with disordered eating such as those with binge eating disorder (BED; i.e., feeling loss of control while eating unusually large quantities of food without inappropriate compensatory behaviors). While Ward, Bulik, and Johnston (1996) posited a relationship between binge eating and thought suppression over 15 years ago, their theory only recently received empirical attention in non-clinical (Barnes & Tantleff-Dunn, 2010; Barnes & White, 2010) and clinical samples (Barnes, Masheb, & Grilo, 2011). The latter study, which compared matched samples of obese persons with versus without BED, reported significantly higher levels of food thought suppression in the BED group (Barnes, Masheb & Grilo, 2011). Barnes, Masheb and Grilo (2011) also reported a positive association between food thought suppression and binge eating frequency among women with BED, a finding that was previously reported in a non-clinical sample of women (Barnes & Tantleff-Dunn, 2010). Unexpectedly, a negative correlation was observed between food thought suppression and binge eating frequency among men with BED, a finding that conflicts with previous reports with male non-clinical samples (Barnes & Tantleff-Dunn, 2010; Barnes & White, 2010).

In summary, preliminary data suggest there may be an association between food thought suppression and various aspects of disordered eating patterns and this relationship may differ between obese individuals with versus without BED. Further investigation of such differences seems indicated, particularly given other well-established differences between obese persons with and without BED on a range of eating and psychological variables (Grilo, Masheb, & White, 2010; Grilo & White, 2011; Grilo et al., 2008). A key step, however, is to confirm the factor structure and validity of the FTSI in clinical samples. The current study, therefore, examined the factor structure and clinical correlates of the FTSI in a consecutive series of obese women with BED. We hypothesized that the factor analysis would result in a valid, one-factor measure of food thought suppression and that FTSI score would be significantly and positively associated with general and specific eating disorder psychopathology.

## 2. Materials and methods

### 2.1. Participants

Participants were a consecutive series of 128 treatment-seeking obese (body mass index (BMI)  $\geq 30$ ) women who met full DSM-IV-TR (American Psychiatric Association, 2000) research criteria for BED based on the Eating Disorder Examination (Fairburn & Cooper, 1993) interview (described below). Overall, participants had a mean age of 47.44 ( $SD=9.04$ , range=21 to 65) years and a mean BMI of 39.03  $kg/m^2$  ( $SD=6.14$ , range=29.52 to 54.67). Ethnicity was as follows: 82.8% ( $n=106$ ) Caucasian, 14.8% ( $n=19$ ) African-American, 0.8% ( $n=1$ ) Asian, and 1.6% ( $n=2$ ) considered themselves “other.”

### 2.2. Procedures

Patients were recruited via advertisements seeking overweight persons who wanted to “stop binge eating and lose weight” for treatment research studies. Exclusion criteria included certain specific serious psychiatric diagnoses requiring alternative interventions (e.g., bipolar disorder, schizophrenia), uncontrolled hypertension, cardiac issues broadly defined, significant neurological history, regular use of purging or restrictive behaviors, and current use of psychoactive medications such as SSRI antidepressants. Patients were interviewed by experienced and trained doctoral-level research-clinicians, completed self-report questionnaires, and were measured for height/weight. Study procedures were IRB approved and all participants provided written informed consent.

### 2.3. Measures

#### 2.3.1. Food Thought Suppression Inventory

Food Thought Suppression Inventory (FTSI; Barnes et al., 2010; Barnes & White, 2010) is a 15-item self-report measure of the tendency to avoid food-related thoughts. Higher scores indicate higher levels of food thought suppression. The FTSI has a unidimensional factor structure and demonstrated validity within nonclinical samples. Scores can range from 15 to 75, with higher scores reflecting higher levels of food thought suppression. The average scores have been reported as 27.8 ( $SD=13.4$ ) for non-clinical community women and 45.0 ( $SD=13.0$ ) for treatment seeking women with BED (Barnes, Masheb, & Grilo, 2011). Cronbach's alpha with the current sample was .92.

#### 2.3.2. The Eating Disorder Examination (EDE)

The Eating Disorder Examination (EDE) (Fairburn & Cooper, 1993) is a semi-structured investigator-based interview that assesses eating disorder psychopathology. The EDE focuses on the previous 28 days, except for the diagnostic items that are rated per the durations stipulated in the DSM-IV-TR (American Psychiatric Association, 2000). The EDE assesses the frequency of *objective bulimic episodes* (OBEs, defined as unusually large quantities of food with a sense of loss of control). The EDE also comprises four subscales (Cronbach's alphas are for current sample): Dietary Restraint ( $\alpha=.55$ ), Eating Concern ( $\alpha=.55$ ), Weight Concern ( $\alpha=.60$ ), and Shape Concern ( $\alpha=.71$ ), and an overall Global score ( $\alpha=.82$ ). The items for the four EDE subscales are rated on a seven point forced-choice format (0–6), with higher scores reflecting greater severity or frequency. The EDE is a widely-used interview method used with BED (Grilo, Masheb, & Wilson, 2001a, 2001b) and has demonstrated good inter-rater and test–retest reliability in diverse patient groups, including BED (Grilo, Lozano, & Elder, 2005; Grilo, Masheb, Lozano-Blanco, & Barry, 2004).

#### 2.3.3. The Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI) (Beck & Steer, 1987) is a 21-item self-report questionnaire that assesses current depression level and symptoms of depression. It is a widely used and well-established measure with excellent reliability and validity (Beck, Steer, & Garbin, 1988). Higher scores reflect higher levels of depression and, more broadly, negative affect and are an efficient marker for broad psychopathology (Grilo, Masheb, & Wilson, 2001c). Cronbach's alpha with the current sample was .88.

#### 2.3.4. Ruminative Response Scale (RSS)

Ruminative Response Scale (RSS) (Treyner, Gonzalez, & Nolen-Hoeksema, 2003) is a well-established 10-item questionnaire that includes two factors: Brooding ( $\alpha=.80$ ) and Reflection ( $\alpha=.76$ ) Rumination. The Brooding subscale (e.g., “Think about how sad you feel”) measures “moody pondering” (Treyner et al., 2003, p. 251) and the Reflection subscale (e.g., “Go someplace alone to think about your feelings”) assesses neutral contemplation as a means to cope with or attempt to overcome struggles. Participants respond to statements with a four-point forced-choice response (1–4, almost never to almost always). This measure of rumination is unconfounded by depression content, since items assessing depressive features were omitted from this version of the RSS (Treyner et al., 2003). Both subscales also have test–retest reliability (Treyner et al., 2003) and Cronbach's alpha for the current sample were  $\alpha=.80$ , Brooding, and  $\alpha=.76$ , Reflection.

## 3. Results

### 3.1. Factor structure and internal consistency

The original 15-item FTSI, requiring a minimum sample size of 75 (15 items  $\times$  5 participants per item; Bryant & Yarnold, 1994) was

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات