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Negative feelings and the desire to eat in bulimia nervosa

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Abstract

This study examines a broad range of negative feelings as possible antecedents of binge eating in bulimia nervosa (BN). Another goal is to explore the connection between negative feelings and the desire to eat as recorded continuously during two consecutive days. This is the first study comparing data from BN patients with a relevant clinical control group. Forty female BN patients, 40 female panic disorder (PD) patients, and 40 healthy women continuously recorded their feelings and the desire to eat while in their natural environment. Both patient groups reported more negative feelings than the healthy controls. BN patients had higher within-subject correlations between most negative feelings and the desire to eat than the two control groups. BN patients rated most feelings more negatively in the hour prior to binge eating than during the rest of the day. BN patients' general mood state worsened after binge eating but returned to prebinge levels after purging. The study provides additional evidence that unspecific negative feelings play an important role in the context of binge-eating behavior in BN. © 2001 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Negative mood states are often thought to be involved in perpetuating bulimia nervosa (BN). According to some theorists, binge eating may provide a mechanism for coping with stressful situations and negative mood states. Overeating may function as a distraction from

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negative experiences (Cattanach, Malley, & Rodin, 1988; Davis, Freeman, & Garner, 1988; Elmore & de Castro, 1990; Fairburn & Cooper, 1987; Hawkins & Clement, 1984; Heatherton & Baumeister, 1991; Hsu, 1990). According to this view, binge eating should occur at times when mood is particularly low and negative mood states should improve during the course of a binge-eating episode.

The importance of negative mood states as antecedents or correlates of bulimic binge-eating episodes have been supported by clinical impressions (e.g., Chiodo, 1987) and a number of early systematic descriptions of BN patients (Abraham & Beumont, 1982; Johnson, Stuckey, Lewis, & Schwartz, 1982; Mitchell, Hatsukami, Eckert, & Pyle, 1985; Pyle, Mitchell, & Eckert, 1981). Here, patients often reported tension, anxiety, and sadness as typical antecedents of their binge eating. However, due to the retrospective nature of these reports, conclusions about the role of mood states in BN remain tentative. Retrospective accounts are hampered by poor memory recall and by the tendency to heuristically reconstruct events of the past (Shiffman & Stone, 1998). More specifically, retrospective assessment may also be influenced by specific evaluative biases of patients with an eating disorder (Gleaves, Williamson, & Barker, 1993). Interestingly, some laboratory studies, which minimize these problems, show similar effects of mood and eating behavior. For example, if food is provided in a laboratory situation that allows observation, BN patients rate their mood lower before binge eating than controls do before they eat a regular meal (Kaye, Gwirtsman, George, Weiss, & Jimerson, 1986). Also, if negative mood is experimentally induced loss of control is greater and the occurrence of binge eating is increased in eating disordered women (Agras & Telch, 1998). But laboratory studies may be limited in their potential to simulate conditions representative for everyday mood states and eating behavior in BN patients.

Naturalistic field studies provide a straightforward avenue for ecologically valid investigations. Moreover, if feelings are probed continuously throughout the day this yields a considerably more accurate assessment than retrospective estimations of past psychological states (Shiffman & Stone, 1998). In Johnson and Larson's (1982) landmark study, BN patients were asked to record their mood states every 2 hours. Compared to healthy controls, BN patients described themselves as generally more lonely, sad, weak, irritable, passive, and pressured. Their mood was more negative before binge eating occurred. During binge eating, their mood deteriorated further but improved afterwards.

There is a number of naturalistic studies examining mood states in the context of binge eating (Cooper & Bowskill, 1986; Elmore & de Castro, 1990; Gleaves et al., 1993; Lingswiler, Crowther, & Stephens, 1989; Rebert, Stanton, & Schwarz, 1991; Schlundt, Johnson, & Jarrell, 1985; Sherwood, Crowther, Wills, & Ben-Porath, 2000). Like Johnson and Larson (1982), one of these replications in BN patients assessed ratings continuously during the day (that is, independently from times of food consumption) and compared them with healthy controls (Davis et al., 1988). Here, global mood state was worse before binge eating when compared to the time before normal meals. But the interpretation of this finding is complicated by the fact that BN patients' mood before normal meals relative to their average mood was better than that of control subjects. Because only a global mood rating was assessed in this study the specific quality of emotions or feelings cannot be determined.

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