

Research Report

Relations between negative affect, coping, and emotional eating

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Abstract

The study was designed to examine the relations between negative affect, coping, and emotional eating. It was tested whether emotion-oriented coping and avoidance distraction, alone or in interaction with negative affect, were related to increased levels of emotional eating. Participants were 125 eating-disordered women and 132 women representing a community population. Measures included the Positive and Negative Affectivity Schedule (PANAS), the Coping Inventory for Stressful Situations (CISS), and the Dutch Eating Behavior Questionnaire (DEBQ). Both emotion-oriented coping and avoidance distraction were related to emotional eating, while controlling for levels of negative affect. Negative affect did not have a unique contribution to emotional eating over and above emotion-oriented coping or avoidance distraction. The findings suggest that emotional eating is related to reliance on emotion-oriented coping and avoidance distraction in eating-disordered women as well as in relatively healthy women.

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Introduction

It is widely accepted that emotional arousal leads to changes in eating behavior (Ganley, 1989; Greeno & Wing, 1994). Because physiological reactions to negative emotions or stress mimic the internal sensations associated with feeding-induced satiety, loss of appetite and decrease of food intake have been considered natural physiological responses to negative emotions (Schachter, Goldman, & Gordon, 1968). In contrast, an *increase* in food intake in response to negative emotions—emotional eating—has been considered to be an ‘inapt’ response (Heatherton, Herman, & Polivy, 1991). Negative emotions have been shown to result in overeating in obese individuals (e.g., Van Strien & Ouwens, 2003), in eating-disordered women (e.g., Agras & Telch, 1998), and in normal-weight dieters (e.g., Polivy, Herman, & McFarlane, 1994). It is therefore suggested that the relation between eating and emotion is influenced, at least partly, by particular characteristics of

an individual (Greeno & Wing, 1994; Schachter et al., 1968).

Several mechanisms have been proposed to explain this overeating in so-called emotional eaters. One such proposal focuses on learned inadequate affect regulation processes. According to the psychosomatic theory (Bruch, 1973; Kaplan & Kaplan, 1957) and more recently developed affect regulation models (e.g., Hawkins & Clement, 1984; McCarthy, 1990; Telch, 1997), emotional eaters overeat in response to negative affect because they have learned that it alleviates them from aversive mood states. Consistent with these theories, several studies found that an increase of manipulated negative affect was associated with an increase of eating in normal-weight and obese emotional eaters (e.g., Oliver, Wardle, & Gibson, 2000; Van Strien & Ouwens, 2003). Another theory, the escape theory (Heatherton & Baumeister, 1991), posits that overeating in response to negative emotions results from an attempt to escape or shift attention away from an ego-threatening stimulus that causes aversive self-awareness. In this view, threatening information about the self motivates emotional eaters to escape from self-awareness in order to avoid the

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aversive implications and negative affect. They seek to escape aversive self-awareness by focusing their attention on salient external stimuli, resulting in overeating. Results of a recent study indeed suggest that ego-threatening negative affect and high aversive self-awareness contribute to overeating in emotional eaters (Wallis & Hetherington, 2004).

Finally, according to the Restraint theory (Herman & Polivy, 1980), negative affect triggers overeating specifically among people who are restrained eaters. In support, many experimental studies using the original Restraint Scale (RS; Herman, Polivy, Pliner, Threlkeld, & Munic, 1978) have found that restrained eaters show disinhibition of restraint under conditions of negative emotions, while non-restrained eaters decrease their eating or do not change their food intake (e.g., Heatherton et al., 1991; Polivy et al., 1994). However, the link between dietary restraint and overeating was not replicated in experimental studies in which the restraint scales of the Dutch Eating Behavior Questionnaire (DEBQ; Van Strien, Frijters, Bergers, & Defares, 1986) or the Three-Factor Eating Questionnaire (TFEQ; Stunkard & Messick, 1985) were used (e.g., Chua, Touyz, & Hill, 2004; Lowe & Maycock, 1988; Van Strien, & Ouwens, 2003). A possible explanation for these inconsistent findings is a difference in measurement characteristics. The RS of the DEBQ and the TFEQ measure intended and actual control/restriction of food intake (Laessle, Tuschl, Kotthaus, & Prike, 1989). However, the RS includes items assessing not only restraint, but also disinhibition and weight fluctuation (Gorman & Allison, 1995). As a result, the RS may identify a different sort of dieter than the other restraint scales do. That is, the RS tends to select those dieters with a high susceptibility toward overeating. Therefore, overeating in response to emotional arousal may only occur in restrained eaters displaying both high restraint and a high tendency toward overeating (Van Strien, 1999). In support of this assumption, Williams et al. (2002) found that overeating following negative emotions only occurred in restrained eaters who also reported high levels of emotional eating. Overeating did not occur in restrained eaters reporting low levels of emotional eating. These findings indicate that dieting may set up a potential situation to overeat, but it is not a necessary precondition (Van Strien, 1999; Williams et al., 2002).

Thus, as posited by the affect regulation models and the escape theory, emotional eating may occur through a process of emotion regulation and avoidance of aversive mood states. However, a possible mechanism that might, at least partly, function as an underlying mechanism of this process is coping. That is, if emotional eaters try to regulate their emotions by overeating than it seems plausible that their coping strategies fail in down-regulating negative emotions. In an attempt to reduce these negative emotions, overeating may then occur as it is thought to temporarily provide comfort and distraction from aversive emotions.

Coping is a process by which an individual attempts to manage the demands that are perceived as stressful, as well as the emotions that are generated (Folkman & Lazarus, 1985). Endler and Parker (1994) have proposed three coping strategies: task-oriented, emotion-oriented, and avoidance coping. Task-oriented coping involves addressing the problem causing distress. Examples are making a plan of action or concentrating on the next step, and attempts to alter the situation. Emotion-oriented coping is a way of regulating emotions and is particularly aimed to ameliorate the negative emotions associated with the problem. This form of coping includes emotional responses, self-preoccupation and fantasizing. Finally, avoidance coping refers to the avoidance of stress by distracting oneself with a substitute task or by seeking social diversion, such as the company of other people.

Although Lazarus and Folkman (1984) have argued that coping strategies in and of themselves are neither adaptive nor maladaptive, several studies have found that task-oriented coping and avoidance by means of social diversion were either negatively related or unrelated to psychological dysfunction (Endler & Parker, 1990a, b), while emotion-oriented coping and avoidance by distraction were associated with psychological distress (i.e., depression) (e.g., Billings & Moos, 1984; Marx, Williams, & Claridge, 1992; McWilliams, Cox, & Enns, 2003; Turner, Larimer, Sarason, & Trupin, 2005). In addition, results of many studies have shown consistently that emotion-focused and avoidance distraction coping strategies are positively related to dieting, bingeing, and disordered eating attitudes (e.g., Ball & Lee, 2002; Denisoff & Endler, 2000; Fitzgibbon & Kirschenbaum, 1990; Freeman & Gil, 2004; Koff & Sangani, 1997).¹

Several studies have found strong cross-sectional and prospective associations between emotional eating and binge eating in non-clinical adolescent females as well as in eating-disordered females (Stice, Presnell, & Spangler, 2002; Van Strien, Engels, Van Leeuwe, & Snoek, 2005). For example, Stice et al. (2002) found that emotional eating was an important predictor for future binge eating in adolescent females. Furthermore, emotional eating has been shown to distinguish dieters with high versus low susceptibility toward failure of dietary restraint (Van Strien, 1997a, b; Van Strien, 1999). Therefore, the role of coping strategies in emotional eating might advance our understanding of this type of eating behavior as a possible etiological factor for the onset or progression of eating pathology.

¹It is important to note that the associations of emotion-oriented coping and avoidance distraction with negative outcomes might be the result of the way these coping strategies are measured (Stanton, Danoff-Burg, Cameron, & Ellis, 1994; Stanton, Kirk, Cameron, & Danoff-Burg, 2000). For example, Stanton and colleagues (Stanton et al., 1994) concluded that most emotion-oriented subscales contain solely distress-laden content or are confounded with distress, resulting in a positive relation with psychological distress.

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