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Bulimics' responses to food cravings: is binge-eating a product of hunger or emotional state?

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Abstract

This study examined the roles of hunger, food craving and mood in the binge-eating episodes of bulimic patients, and identified the critical factors involved in the processes surrounding binge-eating episodes that follow cravings. This was a prospective study of the binge-eating behaviour of 15 women with bulimia nervosa. The participants used food intake diaries and Craving Records to self-monitor their nutritional behaviour, hunger levels and affective state. Cravings leading to a binge were associated with higher tension, lower mood and lower hunger than those cravings not leading to a binge. Levels of tension and hunger were the critical discriminating variables. The findings of the study support empirical evidence and models of emotional blocking in binge-eating behaviour and challenge the current cognitive starve–binge models of bulimia. The role of food cravings in the emotional blocking model is discussed in terms of a classically conditioned motivational state. Implications for treatment are addressed. © 2001 Elsevier Science Ltd. All rights reserved.

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Multi-factorial approaches to understanding the aetiology of bulimia nervosa are both well documented (e.g., Lacey, 1986; McCarthy, 1990) and essential, given the heterogeneity of the women who develop the disorder (Striegel-Moore, Silberstein & Rodin, 1986). Specific symptoms and their triggers have been studied in depth, as attempts are made to detail the path and process of binge-eating behaviour (e.g. Abraham & Beumont, 1982; Cooper & Bowskill, 1986; Davis, Freeman, & Solyom, 1985; Cooper & Cooper, 1998; Fairburn, 1986). Distal antecedents to the

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development of bulimia nervosa are complex, with studies focusing predominantly upon development of self-worth, family function, and societal and cultural influences (Lacey, 1986; Pope & Hudson, 1992; Striegel-Moore, 1993). Less is known about proximal antecedents and their interplay in the development and maintenance of bulimia. Two models represent the majority of research in this area — the starvation or dietary restraint model (e.g. Booth, Lewis, & Blair, 1990; Fairburn & Cooper, 1982; Polivy & Herman, 1985) and affective state models (e.g. Edelman, 1981; Shulman, 1991). These models are not competing ones, and share a number of characteristics. In particular, cognitive and environmental influences have been acknowledged within the frameworks of both models (e.g. Hill, Weaver, & Blundell, 1991; Rodin, Mancuso, Granger, & Nelbach, 1991).

To date, the starvation/dietary restraint model has been predominant in guiding research and clinical work (e.g. Cooper, 1997; Fairburn & Cooper, 1989; Vitousek, 1996). The model proposes the development of a pernicious cycle of dietary restraint, food craving and bingeing, which becomes self-maintaining (Mitchell, Hatsukami, Eckert, & Pyle, 1985; Striegel-Moore et al., 1986; Wardle, 1987; Weingarten & Elston, 1990). Within this framework, food craving is understood as a manifestation of the underlying calorific restriction imposed between the bulimic's binge-eating episodes (thus a reflection of underlying biological need), and has been cited as causally linked to the breaching of dietary restraint (Booth et al., 1990; Fairburn & Cooper, 1982). Within this model, a number of factors have been identified as triggers of binge-eating episodes. Such factors include unstructured time and being alone following a period of dietary restraint (Johnson, 1985; Pyle, Mitchell, & Eckert, 1981), breaches of dietary restraint, and the eating of "forbidden" foods (Abraham & Beumont, 1982). Mitchell et al. (1985) describe a cycle in which "binge eating interspersed between periods of minimal or little food intake" increases the likelihood of food craving and uncontrollable appetite. Recent adaptations of cognitive models have included a role for negative affect in the maintenance of bulimia nervosa, and have suggested that emotion can precipitate binge-eating episodes (Wilson, 1999). Negative affect is considered to undermine the ability to maintain strict control over eating (Fairburn, 1997). However, Wilson (1999) acknowledges the need to develop a more comprehensive model of emotional factors in understanding and treating patients with bulimia nervosa.

Although the restraint model has considerable support, empirical evidence is increasingly demonstrating that it is not a sufficient explanation (Cohen, Sherwin, & Fleming, 1987; Ruderman, 1986). Some studies have shown that hunger does not have a significant role in the craving experience (Davis et al., 1985; Hill et al., 1991) or in binge-eating episodes (Lingswiler, Crowther, & Stephens, 1989). Similarly, dietary restraint has been found *not* to lead to increased bingeing (Cooper, Clark, & Fairburn, 1993). More recent evidence suggests that the restraint model needs to be complemented by an understanding of affect-driven eating. For example, Agras and Telch (1998) found negative mood and calorific deprivation each play a role in triggering objective binge-eating episodes, while negative mood alone was critical in determining self-defined binges. These findings support the argument that negative affect plays an important part in maintaining the binge-eating cycle. Other authors have concluded that dysphoric mood precedes food craving (Cooper & Bowskill, 1986) and binge-eating in bulimics (Davis et al., 1985; Lingswiler et al., 1989). Laberg, Wilson, Eldredge, and Nordly (1991) reported both enhanced attention to pictures of food and an increase in cravings in bulimic patients when they experienced negative affect.

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