

Difficulties regulating emotions: Do binge eaters have fewer strategies to modulate and tolerate negative affect?

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Abstract

The current study evaluated whether difficulties regulating emotions explained unique variance in binge eating and examined which types of emotion regulation difficulties are most strongly associated with binge eating. The Eating Disorders Diagnostic Scale and the Difficulties in Emotion Regulation Scale were completed by 695 undergraduates. Hierarchical regression results indicated that difficulties regulating emotions accounted for a significant amount of the variance in binge eating over and above sex, food restriction, and over-evaluation of weight and shape. Results also indicated that greater difficulty identifying and making sense of emotional states, and limited access to emotion regulation strategies were primarily responsible for the link between emotion regulation difficulties and binge eating. This supports a model of binge eating that includes emotional vulnerability and a deficit of skills to functionally modulate negative moods.

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Current research indicates that college students report a significant degree of unhealthy eating behavior (Dunn, Larimer, & Neighbors, 2002; Dunn, Neighbors, & Larimer, 2003). Approximately 16–19% of college females and 6–7% of college males report regularly engaging in binge eating (Heatherton, Nichols, Mahamedi, & Keel, 1995; Lynch, Everingham, Dubitzky, Hartman, & Kasser, 2000), defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as the consumption of an unusually large amount of food while experiencing a loss of control over the behavior (American Psychiatric Association, APA, 1994). The two predominant theoretical explanations for binge eating are contained within dietary restraint and negative affect models (Stice & Agras, 1999; Stice et al., 2001; Waller, 2000; Waters, Hill, & Waller, 2001).

Dietary restraint is defined as the intention to restrict food for weight loss or maintenance (Polivy & Herman, 1985). Dietary restraint models are based on evidence that binge eating is the body's response to dieting (Grilo, Shiffman, & Carter-Campbell, 1994; Lacey, 1986; Polivy & Herman, 1985) and that binge eating is prompted by an over-concern with weight and shape which leads to attempts to restrict food or diet (Fairburn & Cooper, 1989; McManus & Waller, 1995).

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The link between weight and shape over-evaluation, consequent dietary restraint, and binge eating has been relatively well supported. However, food restriction is not always associated with increased bingeing behavior (Cooper, Clark, & Fairburn, 1993), implying that other mechanisms may maintain this behavior. In fact, some binge-eating individuals report that at least 50% of their binges are affect driven, rather than due to hunger (Greeno, Wing, & Shiffman, 2000; Wilson, Fairburn, & Agras, 1997).

Affect models, in contrast to dietary restraint models, suggest that binge-eating episodes are triggered by negative affect (Meyer, Waller, & Waters, 1998). Negative affect is indeed the most cited instigator of binge-eating episodes (Polivy & Herman, 1993), and binge eating appears to be associated with a decrease in negative affect (Deaver, Miltenberger, Smyth, & Crosby, 2003). It has been hypothesized then that binge eating functions as a negative reinforcer (similar to other dysfunctional behaviors, such as drinking to self-medicate), reducing aversive states by temporarily reducing or numbing negative emotions, or distracting the individual from these aversive emotional states (Arnow, Kennedy, & Agras, 1992; Heatherton & Baumeister, 1991; Polivy & Herman, 1993; Wisner & Telch, 1999).

Research indicates that some women who binge have learned to use binge eating as a coping mechanism for short-term relief from painful emotions (Arnow et al., 1992). Coping skills can be divided into two major forms (Folkman & Lazarus, 1980); problem-focused coping involves actively trying to improve a situation, while emotion-focused coping involves the regulation of distressing emotions surrounding a problematic situation. Binge-eating behavior, from an affect regulation perspective, would then be considered dysfunctional emotion-focused coping. Problematic eating behaviors, such as binge eating, are related to an increased use of dysfunctional coping methods and decreased use of adaptive coping methods (Mayhew & Edelman, 1989; Troop, Holbrey, Trowler, & Treasure, 1994). Binge eaters may lack certain emotion-focused coping/emotion regulation strategies or skills, rendering them more vulnerable to urges (potentially initiated by negative affect and/or food restriction states) to binge eat (Wisner & Telch, 1999).

Researchers have emphasized the need for an assimilation of affect and dietary restraint models (McManus & Waller, 1995; Meyer et al., 1998), and subsequent models have been integrated to include both dietary restraint and affect or emotion regulation-based models (Stice, 2001; Stice & Agras, 1999; Stice et al., 2001; Waters et al., 2001). Indeed, it has been consistently found that restrained eaters are likely to overeat under experimentally induced dysphoric moods (Westenhofer, 1991). The current study was designed to elaborate on this perspective by examining a model including successful dietary restraint (i.e., food restriction), over-evaluation of weight and shape, and emotion regulation difficulties. Further, we will examine whether individuals who binge eat are more likely to experience general difficulties regulating their emotions (not specifically in relation to their eating behavior), and whether these difficulties explain unique variance in binge eating frequency beyond food restriction and overevaluation of weight and shape. In addition, more specifically, we aimed to identify which aspects of emotion regulation difficulties are most strongly associated with binge eating.

1. Method

1.1. Participants and procedures

Participants included 695 (284 men, 411 women) undergraduate psychology students at a large northwestern university. The average age of participants was 18.7 years ($SD=1.64$). After providing informed consent, students in psychology courses participated in a one-hour mass testing session during which a number of paper-and-pencil measures were distributed. All measures and procedures were reviewed and approved by the local Human Subjects Review Board.

1.2. Measures

In addition to demographic variables (age and sex), we assessed four key constructs: food restriction, over-evaluation of weight and shape, difficulties regulating emotions, and binge eating. Participants were urged to answer items honestly and were reminded that all answers would remain anonymous.

1.2.1. Disordered eating behavior and attitudes

Food restriction, over-evaluation of weight and shape, and binge eating were assessed with the Eating Disorders Diagnostic Scale (EDDS; Stice, Telch, & Rizvi, 2000). The EDDS is a 22-item self-report scale intended to assess the DSM-IV (APA, 1994) criteria for anorexia nervosa, bulimia nervosa, and binge eating disorder (Stice, Fisher, & Martinez, 2004; Stice et al., 2000). This measure is well validated and reliable, exhibiting validity with interview-based

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